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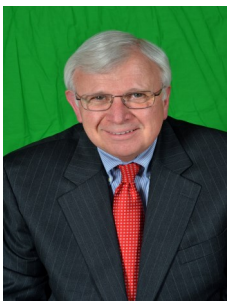
The Oslerian

A Message from the President

Robert Mennel



President
Robert Mennel
52nd AOS President
installed at the 2021 Zoom
Board of Directors
Meeting.

Hippocratic Oath: Modern Version

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

—Written in 1964 by Louis Lasagna, Academic Dean of the School of Medicine at Tufts University and used in many medical schools today.

All of us who have attended medical school have taken some version of the Hippocratic Oath upon graduation. These are principles that are supposed to guide us in our daily practice of medicine. However, the practice of medicine relies on many professionals, Hospital and Practice administrators, Insurance Companies, Employers, Information Technology Groups, etc. These groups have their own guiding principles that may be different from ours. These groups have not taken the Hippocratic Oath, and this may lead to a conflict with the practicing physician. For the vast majority of time these groups help us practice medicine and are good for our patients. However, in my 55 years in medicine I have seen trends that are troubling and need to be addressed for the protection

Please turn to next page

President's Message (*Continued from page 1*)

of our patients and our profession. For the record, I am a practicing Oncologist so my examples will come from Oncology but are applicable to every field in Medicine. Also, this article represents examples from my experience and is not an exhaustive research project. We must remember that medicine is a complex field and as much as we hate to admit it, medicine is a big, very big business. This intersection of different disciplines with different objectives will lead to conflict. If all of these groups could follow this one principle, "What is best for the patient, and not what is best for me or for my group is what I am going to do", we would have much less conflict.

"I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick."

Conflicts that I have seen with this excerpt from the Hippocratic Oath are primarily with Insurance Companies. I look at this as the practice of medicine without a license. Insurance companies and all of us have guidelines. In Oncology, the NCCN Guidelines (National Comprehensive Care Network Guidelines) is the Gold Standard. All of us that have been on Guideline Panels realize that Guidelines are just that—guidelines, not absolute statements of care. Also, any of you, who have taken part in developing a guideline, know that the process leading up to the guideline involves debate, argument, compromise, and appeasement. Any of us who care for patients realize that often patients do not fit the guideline. More and more third-party payers are denying therapy if it does not absolutely fit the guideline. This has the risk of decreasing creative thought based on the newest science about a patient's illness and appropriate treatment. Guidelines may encourage the development of physicians who check the box for a therapy without understanding all the arguments for and against such therapy, and whether their patient actually has a chance of benefit from the suggested therapy. I have seen many examples where an Insurance Company is willing to pay for a therapy that I know will be ineffective but is standard therapy. However, these companies are not willing to pay for a therapy based in science that has not made it as an approved guideline. Often, I can get around this with a PEER-to-PEER encounter. However, this takes a lot of time, delays the therapy, gives me someone who may not be trained in this field and who may or may not be willing to approve the therapy, or send me to someone more knowledgeable to discuss the case with and hopefully get approval for the more logical therapy. My point is that this approval process delays therapy, takes a lot of extra time for the physician, and trains physicians to avoid conflict and time delays by checking a box, and not spend the time trying to get a therapy that you think may be better for your patient. Don't get me wrong. This problem is not as simple as I have just portrayed it. We are also dealing with very expensive therapies and the Insurance Companies do need a gate keeper. We need a system better than the one that now exists, a system that is guided by what is best for the patient and does not squelch creative and scientific thought that may benefit of our patients.

Let me give you a recent example. Last week, I saw a 50-year-old woman for a newly diagnosed infiltrating high grade ductal carcinoma of the right breast. She was weakly estrogen receptor positive, progesterone receptor negative, Her 2 negative, BRCA 2 mutated with a high replication rate. Twenty years ago, she was treated with an anthracycline for a large B cell lymphoma, and 2 years after this had a stem cell transplant because of recurrent lymphoma. She also had IgG deficiency requiring IV IG to prevent recurrent infections. In summary, she had a very high-risk breast cancer. My choices for therapy, did not include the therapy which I thought that she needed and actually suggested a regimen that was probably contraindicated because of her previous therapies with anthracyclines. Since my choice did not meet the guidelines, I had to put in an exception, which at the time of me writing this, still has not been approved 4 days after I applied for the exception. I think guidelines are absolutely necessary and beneficial, but they can be dangerous and delay therapy if all of the history and facts about the patient are not known, or the physician does not realize all of the implications of the tests that he/she has in front of him/her. These problems can usually be overcome by practicing Osler's teachings about observation, research, rational thought and communication, but they do it at a considerable cost of time for the physician and patient and they give an entity without a license to practice medicine the ultimate power to deny a test or therapy by refusing to pay for it. What is behind this? Answer: **MONEY.** Medicine is a very big business. In the US we spent $3.8 Trillion (18% of GDP) on healthcare in 2019. With this level of healthcare spending, we do need a gatekeeper. However, the gatekeeper with ultimate power on what should be done for the patient should not be the entity whose goal is profit but a consortium of providers whose goal is what is best for the patient and is affordable. I realize that I am a critic without an absolute solution. This is a difficult position to defend. I am just pointing out that forces are in effect practicing medicine without a license by exercising financial pressures. With this much money involved, more and very powerful players will be involved. We as individual physicians and as the AOS need to be more involved and be gatekeepers for what is best for our patients, not insurance companies, not pharma, not hospital administrators. We need to collaborate and not compete.

"I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug"

Osler taught the value of listening to the patient. Today, less value is given to listening to and thinking about the patient than to ordering and evaluating test results. Lab tests, imaging, and procedures are compensated at a higher monetary rate than academic thought about the patient's problems. We have to remember that medicine is a business, but the end product of this business has to be a

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President's Message (*Continued from page 2*)

better life for our patient. This is often forgotten by the administrators of a practice and unfortunately by some physicians. I have found that most administrators and hospital boards are populated by people with a business background and a peripheral knowledge of the practice of medicine. Although lip service is given to the proclamation "the patient comes first" in actuality "the bottom line comes first". This is another example of non-medical professionals influencing the practice of medicine. Although I have personally not been asked to see patients more quickly, my daughter, an endocrinologist, and her cardiologist husband have. Time is the commodity that allows us to take the best care of our patients. Asking us to see patients more quickly shows a disregard for the value of time spent with our patient, a disrespect for the basic tenant of patient care.

My personal physician retired a year ago. I sought out a younger physician, for whom I had a great deal of respect, based on my personal observation of the care that he gave to his patients. He is a member of a large internal medicine group. I had noticed that there was an exodus of many of his partners to Concierge Medicine. I asked what his intent was. He said that his intent was to stay in his present group. Recently, I received notification that he is joining a concierge group. He is an honorable individual and he confided to me that the reason was that there was increasing pressure from the group to see more patients. This caused him to lose much of the joy that he derived from practicing medicine the way that he wanted. The flyer that came with his decision to become a concierge doctor stated that one of the reasons to join the practice was "This type of practice allows doctors to spend more time with patients to educate them on the importance of wellness, prevention, and managing any chronic medical conditions. We work together with patients to prevent illness and achieve their healthcare goals in an individualized medical environment." My concern about concierge medicine is that it excludes a large population of people from these physicians' practices, because many people do not have the money to buy into these practices. People of lower financial ability also have a higher probability of having chronic disease and need such physicians. This is another example of outside influences, a practice administration asking a physician to see more patients and spend less time with them, changing the practice of medicine for the worse and not for the better.

"I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm"

My last example of influencers outside of medicine assailing our Hippocratic oath comes from my daughter Emilie, an endocrinologist practicing in a Catholic Hospital in Michigan. Em did her Endocrine Fellowship at the University of Michigan, which has a large transgender patient population. One of the U of M's patients visiting western Michigan, developed a problem and sought out care with Emilie. Because of Emilie's care, a number of transgender patients also sought Em's care. Emilie was approached by a group from the hospital's administration explaining that her care for transgender patients made some people uncomfortable and may not be in keeping with the hospital's Catholic mission. Emilie presented multiple recent articles from all of the major Endocrine Journals showing that Transgender Medicine is a legitimate part of Endocrinology. However, her coup de grace was a speech that Pope Francis gave when he visited my alma mater, St Joseph's University, in February 2015. In it Francis encouraged us to stand with the most marginal and the most under respected of our society, and do not tolerate violence and injustice against people of color, immigrants, Muslims, Jews, refugees, the LGBTQ community, and all of those who have had been excluded from society and discriminated against. I am happy to say that if you are transgender visiting western Michigan and need care, Emilie and also her hospital will be happy to care for you.

Who do we have to blame for these forces outside of medicine, causing us to be less than faithful to our Hippocratic oath? I think we must blame ourselves. I know that I went into a MEDICINE because I enjoyed caring for people. I received my calling when I had rheumatic fever as a child and saw the dedication of my physician to my care. All of us are very busy caring for patients and we don't have time for some of the political actions needed to keep our profession pure and unsullied by outside forces. We, especially as members of the American Osler Society, need to be more active in deciding how medicine needs to be practiced. We have lost a lot of ground primarily to financial forces that is going to be very difficult to reclaim. However, we must try. To give you something to think about let me leave you with:

The Oath of Maimonides**

The eternal providence has appointed me to watch over the life and health of Thy creatures. May the love for my art actuate me at all time; may neither avarice nor miserliness nor thirst for glory or for a great reputation engage my mind; for the enemies of truth and philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children.

May I never see in the patient anything but a fellow creature in pain.

Grant me the strength, time and opportunity always to correct what I have acquired, always to extend its domain; for knowledge is immense and the spirit of man can extend indefinitely to enrich itself daily with new requirements. Today he can discover his errors of yesterday and tomorrow he can obtain a new light on what he thinks himself sure of today.

Oh, God, Thou has appointed me to watch over the life and death of Thy creatures; here am I ready for my vocation and now I turn unto my calling.

Welcome to Galveston
AOS 2022 Annual Meeting Preview

By Joan Richardson

The 2022 annual meeting of the American Osler Society will be held April 10-13, 2022, in Galveston, Texas. Part Southern, part Texan, abloom with towering oleanders of every color and rich with history and stories, Galveston is known as the "The Republic of Galveston Island" by its residents because it is so unlike the rest of Texas. The Island is 32 miles long and two-and-a-half miles wide and located 2 miles off the coast of Texas, 50 miles south of Houston.

When the first Europeans landed there in 1538, Galveston Island was home to Akokisa and Karankawa Indians. The Spanish explorer Cabeza de Vaca was shipwrecked on the Island and lived among the Karankawa for several years as a medicine man and slave. In the late 1600's, French explorer Robert La Salle claimed this area for King Louis and named it St. Louis. Galveston was named for Bernardo de Gálvez, a Spanish colonial governor and general.

How can you resist a town whose first known European settler was a pirate? The privateer Jean Lafitte established the colony of Campeche on Galveston Island in 1817, but was eventually forced to leave. Galveston was founded by Michel Menard and Samuel May Williams, and the homes of these early island pioneers are still standing.

Everything in Texas was done first in Galveston. Incorporated in 1839, Galveston quickly became the most active port west of New Orleans and the largest city in the state. This wealthy, sophisticated city built the state's first post office, first opera house, first hospital, first medical school, first nursing school, first golf course, first country club, first private club, etc, etc.

It was another "first", however, that was the most devastating. On September 8, 1900, Galveston was suffered the most deadly natural disaster in U.S. history, known 120 years later as the Great Storm. At the time of the 1900 Storm, Galveston had a population of 37,000 and was the fourth largest city in Texas following Houston, Dallas and San Antonio. One-third of the city was completely destroyed, more than 3,600 buildings. More than 6,000 people were killed. The 1900 Storm looms large in the island's collective memory and stories of survival and loss have been passed down for generations. Those who survived and stayed were determined to rebuild. They raised the entire level of the city by eight feet, 17 feet at the Seawall, slanting the ground so water would run off into the bay. The engineer responsible for this remarkable feat was Henry Martyn Robert, the author of Robert's Rules of Order. The grade raising was successful, and when another hurricane as ferocious as the 1900 storm hit Galveston in 1915, the city was safe and only eight people were killed.

Unfortunately, Galveston never returned as the city it once was. Prosperous because of its port, Galveston commerce was eclipsed when Houston dug its Ship Channel in 1917. Starting with Prohibition-era bootlegging, Galveston evolved into a gambling and drinking resort town. At the high end was Sam and Rose Maceo's star-studded Balinese Room, and at the low end were numerous saloons for wayward sailors. However, this era came to a dead halt on June 10, 1957 when the Texas Rangers raided the city and ended gambling in Galveston for good.

The Island languished for years. Then, in the early '80s, Galveston began a campaign of renewal that has been very successful. The revitalization effort, focused first on overhauling and promoting the Historic Downtown District, which contains one of the largest and most well-preserved concentrations of Victorian iron-front commercial architecture in the country. A dedicated team brought the 1877 Tall Ship ELISSA to Galveston and restored it to its glory days of full white sails and exquisite wooden cabinetry. The extensive collection of Victorian homes have been largely renovated, and currently Galveston is home to six historic districts. The Galveston Historical Foundation has been instrumental in encouraging preservation and restoration. Currently over 2000 buildings in Galveston are listed on the National Register of Historic Places.

Home base for the AOS meeting will be the San Luis Hotel, located on Seawall Boulevard just across from the Gulf of Mexico. The San Luis houses a hotel, conference center, meeting rooms, several restaurants and bars, fitness center and spa, and

swimming pool. It will serve as the location for the daily meeting sessions. The AOS banquet and Presi-

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dential address will be held on the stage of the Grand 1894 Opera House, located on the Strand in Historic Downtown Galveston. Festivities on the second night will move to the Bryan Museum. This venue is located in the former Galveston Orphan's Home, a large Victorian facility which survived the 1900 Storm and now houses one of the largest museums of cowboy and Texas memorabilia. The evening will feature a western band and barbecue.

Meeting attendees and guests will also have an opportunity to tour very special facilities located on the campus of the University of Texas Medical Branch, including the Blocker Rare Books Collection and the Old Red Medical Museum located in the iconic Ashbel Smith Building, the original site of the first medical school in Texas.

Don't miss the opportunity to visit this unique place, explore it's amazing collection of Victorian homes and buildings, get a little sand between your toes, and sample some Texas hospitality with a special Galveston twist.

COMMITTEE	CHAIR	CURRENT MEMBERS
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McGovern Award*	M. Jones	C. Partin, M. Molina
Lifetime Achievement Award	D. Canale	J. Alperin, L. Drevlow, P. Miller, R. Nesbit
Nominating*	M. Jones	C. Partin, M. Molina
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*Chaired by the most recent living Past President and comprised of the 3 most recent living Past Presidents
†Chaired by the Second Vice President
#Chaired by the First Vice-President

OSLERIAN VIEWS

Class of 1889, University of Pennsylvania Department of Medicine
(University of Pennsylvania Archives)

Journal of an Oslerian

"Aequanimitas" in Context

Osler gave his signature "Aequanimitas" address to graduating medical students at the University of Pennsylvania on 1 May 1889 in Philadelphia's Academy of Music, one of the world's great concert halls. He defined two qualities the students would need in practice: imperturbability ("coolness and presence of mind under all circumstances…") and its mental counterpart, "a calm equanimity" or *Aequanimitas*.

Through the years Osler's ideal of "Aequanimitas" has been assailed in various quarters on the grounds that it precludes empathy, sympathy, or emotional resonance with patients. Elsewhere, I have responded to Osler's critics by pointing out that, among other things, he deliberately kept his remarks brief on that occasion.[1]

Osler did not, as some critics imply, try to give the graduating students comprehensive advice about how to practice medicine. The students had chosen him as commencement speaker, but they also sought to honor D. Hayes Agnew (1818–1892), the retiring professor of surgery, and to that end had commissioned Thomas Eakins for a portrait. They could hardly wait to see it unveiled, especially since many of them had sat for the artist. Osler wanted to be short, sweet, and, perhaps, memorable.

The purpose of this, the first of a projected series of brief articles based on updates on Osler and Osleriana since the publication of *Sir William Osler: An Encyclopedia*, is to draw attention to a new article pointing out just *how* busy the commencement program was that day. Larry R. Kaiser, dean emeritus at the Lewis Katz School of Medicine at Temple University in Philadelphia, and Jon B. Morris, vice chair of education in the Department of Surgery at the Perelman School of Medicine at Penn, have brought out what appears to be the first comprehensive account of the commencement ceremony on 1 May 1889, at least in the secondary medical literature.[2]

The program, reproduced in the article by Kaiser and Morris, is informative. Festivities began at 11:00 AM with four pieces played by H. Wannemacher's Military Band. There followed the procession, a prayer, the conferring of degrees of medicine to 128 students while the band played Franz von Stuppé's Light Cavalry Overture, and the conferring of degrees in dentistry while the band played Albert Corbin's Santiago Waltz. Then came Osler, followed by the unveiling of Eakins's massive masterpiece and, finally, the awarding of prizes while the band played John Howard Payne's "Home, Sweet Home."

As Kaiser and Morris point out, "To say that May 1, 1889, was quite a day would be an understatement…" To reiterate, Osler was deliberately and appropriately brief. And, these authors summarize, "Despite the few naysayers, Osler's 'Aequanimitas' has stood the test of time."

Charles S. Bryan
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1. Three articles in *Sir William Osler: An Encyclopedia* (Novato California: Norman Publishing/ HistoryofScience.com; 2000) address these points: "'Aequanimitas,' Essay by William Osler" (pp. 10 –12); "Halpern, Jodi, Criticisms of William Osler" (pp. 321–322); and "Weissmann, Gerald, Criticisms of William Osler" (pp. 825–826). See also Bryan CS. "Aequanimitas" redux: William Osler on detached concern versus humanistic empathy. *Perspectives in Biology and Medicine* 2006; 49(3): 384–392.
2. Kaiser LR, Morris JB. The University of Pennsylvania Medical School commencement of 1889: *Aequanimitas* and *The Agnew Clinic*. *Annals of Surgery*, in press). doi: 10.1097/ SLA.0000000000004302. Online ahead of print.

Editorial note: The photograph of the graduating Penn students (above) confirms the absence of women but the presence of an African American, William Cromwell Green. The first African American to receive a medical degree from Penn was Nathan Francis Mossell, class of 1882. Osler left Penn in 1889 to join

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the faculty of the new Johns Hopkins Medical School in Baltimore, which included women in its charter class and in every class thereafter. However, it was not until the class of 1967 that the first Blacks (one a Kenyan, the other African American) received medical degrees from Johns Hopkins.

Learning Aequanimitas

In medical school, the first time I experienced something close to shame or humiliation and recognized it as such was during the beginning of a course in the preclinical years. At that time, I had been sternly reprimanded by a professor for not meeting their expectations. A few days later, I opened up to a friend over text about the incident -- how I had felt unheard and dismissed when the whole thing was taking place, and that the expectations set by my professor seemed unrealistically high. To my surprise, she replied, "Oh yeah, [classmate] was telling us about that." Until that moment, the feelings that had predominated were mostly confusion and frustration. Now, I was a bit hurt to learn that my peers were discussing the incident with those outside our class for conversation sake. Looking back at the incident, I think shame has to do with how we are made to feel by our superiors with regard to our performance and worth compared to our contemporaries. On the other hand, guilt can often be a more self-driven reflection over one's actions.

When I spoke to my family about this, my mother's words of wisdom gave me some hope, relief, and encouragement to slow down and breathe while I reflected. She reminded me that if I did not intentionally do wrong, there was no benefit in taking anything personally, and I should instead focus my energies on preparing in advance for next time to meet expectations as best as possible. Shrugging off feelings of inadequacy and embarrassment was not so easy, but fear of reviving those uncomfortable emotions motivated me to come prepared for the following sessions, in which I noted that I was not the only one to go through such incidences with our professor.

The fear of doing no harm promotes positivity in the form of doing what is best for the patient. This positivity, in my opinion, is a *far* more powerful, and self-renewing motivator than the avoidance of negativity (shame).

During a recent doctor's visit with a new provider, I received meaningful words of advice from a senior physician who shared his experience with me upon learning that I am a medical student. He made references to Sir William Osler and said, "Make sure you do what you know is right for your future patients, regardless of whether or not other people appreciate or agree with it." While worrying about how others regard us as providers is a superficial, external motivator, the desire to do what is right for our patients is an evergreen internal motivator. To me, this is the essence of vulnerability in medicine - rising beyond worry of appearances, and letting your heart and conscience guide you in patient care.

My takeaway from the videos and readings is that as medical students, a good way to practice resilience is practicing gratitude daily. In my first year, practicing gratitude during the learning process was almost natural. As a freshly minted MS1, every experience was enthralling, from getting to hold a human heart in anatomy lab, to practicing physical exams, even on standardized patients and friends. Learning about the human body in such depth is a gift. As a second year, when the books weighed significantly higher than patient interactions, I personally struggled at times to keep as frequent of a conscience remembrance of that same awe and wonder. During that time, I found that keeping myself rooted by participating in activities that have grounded me since before starting medical school (music, prayer, service with family) was integral in experiencing gratitude even on the most difficult days. I was able to reset and remind myself - learning about the human body in such depth is a gift. As I approach a new phase of life and learning in clinical rotations, I will dwell on the mantra that Brene Brown shared, which can extend from growing children to anyone at any point of growth in life, including myself and other medical trainees: "You're imperfect and wired for struggle, but are worthy of love and belonging [here]."

From a Third Year University of Texas Medical Branch Student

MEDICAL HUMANITIES

In 2002, AOS members, Drs Pierach and Drevlow began mentoring groups of first year medical students at the University of Minnesota. For the first few years of the program they were assigned group number five. From this humble name, Dr. Pierach dubbed them, the "Fivers" and cleverly, expertly and wisely helped them to bond as young colleagues.

Though the group number has changed over the years, the Fiver club lives on. The bonds shaped by Oslerian ideals (and shared weekly baked goods) are strong and resilient and classmates have stood up for each other at weddings, funerals, in times of stress, distress, joy and celebration. Many of these former students regularly keep in touch with each other and with their mentors. Over the past 2 decades it has become a coveted position among UMN medical students – to be so fortunate as to be assigned to the family of Fivers that now stretches across the globe.

This year, in the midst of a medical school year strangely remodeled by a global pandemic, the Fivers of graduating class 2024 wrote these lovely bits of poetry to acknowledge this moment in time and the bonds that helped to sustain them.

By Laurel Drevlow

Fall 2020 Fiver cento

We made a self-portrait with Dr. Sun
For the compassion and care
The flow of the air lifting them skyward
The golden apples of the sun
The face that thinks
With giggles or with prairie squints
We take a history
The silence of peaceful accord
Sings the tune without the words
Telling you the diagnosis
For what matters finally
A figure that has never varied yet.

by Zelda Mae Pike Blair

Haiku - The First Class

Nervously waiting,
What if I'm deaf? What if I –
Whoa! Those are heart sounds!

by Andrew Wang

Together
We've made it
One eighth of the journey
Together
Fivers
We're here now
The journey we've embarked on
One day, doctors shall we be
Fivers family we'll always be

by Phuong Dang

The perfect duet

this song is one I've yet not heard
two voices, one
like the crash and retreat of a wave
harmoniously opposed
perfectly antagonized
the push overtaken by the pull
the pull in turn surrendering
one picks up where the other left off
and never do their voices fade
lub and dub
the perfect duet

by Sarah Schmidt

Blithesome

A young man embarks on a new journey
In a year consumed by fear and worry
He meets the Fivers
Led by the two best providers
They now have put him at ease
One day he shall receive his degree
And share his expertise

by Aziz Abdilahi

You are more important than you know

You are one
In one hundred
Thousand million stars

I know that it's hard to feel significant.

But remember –
A constellation is a pattern
That is thrown off by one missing piece.
A constellation loses its identity
When it loses you.

by Alison Leslie

Our group number
Eleven
But we are Fivers
A label that we were told early on
Carries weight

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MEDICAL HUMANITIES

(Continued from page 8)

Through foggy veils
We shared baked mouthfuls
Later, our faces welded into a virtual mosaic
We have shared tired smiles
A hard year it has been
Different than expected
Fiver
A label that I was given
I now understand what it means
A family
Close confidants
Group eleven
But always a Fiver

by Sophia Mavrommatis

Inside

A quick glance to the greens and blues
The skyline's details fading
Another evening's hues
Long nights in the same building
The world is changing colors
Wonder if I'm missing it
Glance back to all the others
If they noticed, they've dismissed it
Are the colors a distraction
Or do I have a different focus
As my time becomes more rationed
Will I no longer notice?

by Altair Alonso

Turned group 11 into 5
Our conversations are so alive
Although I was stressed
Being part of this group I have felt blessed
Even though we couldn't all be in a room
You made us feel like family through Zoom
Our time together has been sweet
And thanks once again for all the treats
You taught me I am my own academic driver
I am ever so grateful to be a Fiver

by Devante Delbrune

Pizza

Oh how I dreamt about thee
The night before Histo
All I could think about
Cheese, pepperoni, tomato
But
Histo was calling me
Pink, purple, blue
Must I differentiate these stains
The colors began to blend
Pepperoni apart from cheese
That I can tell

by Phuong Dang

Lily

A gardener of her own soil
She spent months, even years
Sculpting her own pot
Watering the soil, at times, with tears

Her first pot shattered
But she had a job to do
She put the pieces together
And built her mold anew

With the change of a season
The gardener was handed a seed
She imagined a pale pink lily
And planted her hope to succeed

At the first sign of growth
She felt a bewildered sense of joy
Persistent watering and waiting
There was nothing that could destroy

But there was, she realized
For what good was her watering alone?
True strength required sunlight
A provision the gardener lacked on her own
Her hope was unwavering
And in time the clouds moved west
With the gentle hand of warmth and light
She grew tall as her loneliness regressed

As she reached new heights
The gardener came to find
That she was never alone at all
For her branches had become entwined

Surrounded by daisies and daffodils
They begin to blossom with the sun
Though each at their own pace
The gardener felt as though they were one

by Katie Duncan

OPINION

Osler and The Island

Articles expressing opinions on contemporary issues related to the medical humanities, ethics, and practice of medicine will be presented in this section.

Joan Richardson has given you a wonderful brief history of "The Island" in her preview (page 4) of the American Osler Society Annual Meeting scheduled to occur in Galveston on April 10-13, 2022. There was certainly overlap between Osler's life and the hey-day of Galveston's period at the end of the 19th century when it was known as the Wall Street of the Southwest. There is, to my knowledge, no evidence that Osler ever made a trip to Galveston. He was, however, well aware of the happenings at the University of Texas Medical Branch (UTMB). The Medical Branch had opened its doors to the first class of students in 1891, two years before Hopkins Medical School opened in 1893. Osler was very aware of the nine faculty who had been recruited to UTMB and evidently knew and, in fact, tried to lure two of them away with the following telegram:

Baltimore, May 15th, 1894
Dear Dr. Thompson:

I enclose a circular from the University of Virginia. You will see that there is a pretty good berth vacant for which you or Keiller might care to apply. The University of Virginia is a delightful place, and the men very pleasant, though of course the chances for large surgical work are not so good as in Galveston.

I hope you will come North to the Congress in Washington. I should be pleased to introduce you to a number of surgeons. You should come up for membership too, in the American Surgical Association. I am sure they would be very pleased to have you.

Sincerely yours,
Wm. Osler

The Dr. Thompson referred to in the telegram was James E. Thompson (1863-1927) born in Norwich, England and educated at London University. He did postgraduate work in Paris and Vienna and was admitted to the Royal College of Surgeons in 1886. He was teaching at Manchester Hospital when he responded to an advertisement in the *British Medical Journal (June 27,1891):*

University of Texas—A medical department will be opened at Galveston, in connection with the University of Texas, in the autumn of the present year. The buildings are fitted with all the necessary equipment for the teaching of medicine and surgery and the ancillary sciences. A three years' graded course of instruction will be given, each annus academicus to consist of eight months. There will be nine professors "to begin with," who will be paid on the average 3,000 dollars each for the session. "Comparatively young men, possessed of elements of success and capabilities of making reputation for the institution, would, in the main, be preferred." If there are any "comparatively young men" who would not mind exchanging the barren pavements of London for what Johnson would have called " the potentiality of growing rich beyond the dreams of avarice" in the Great West, they might think it worth while to apply to Dr. Thos. D Woolen (sic.), of Austin, Texas, President of the Board of Regents of the University of Texas, who would, no doubt, give any information that might be required. It may be mentioned, as a matter not altogether irrelevant to the subject, that Galveston is a growing place, and is believed to have a great commercial future before it.

Who could blame Dr. Thompson for aspiring to leave the "barren pavements of London" for the "Great West" based upon a preview of life as rendered in the ad. Thompson would become Professor and Chief of Surgery at UTMB at the very young age of 28. He would go on to become a founding member of the American College of Surgeons (1913) and President of the American Surgical Association in 1920.

The other individual mentioned in Osler's telegram to Thompson was William Keiller (1861-1931). Keiller was born in Midlothian, Scotland and educated at the University of Edinburgh. He started his university career as an art student for two years, but discovered anatomy and switched to medicine. He was awarded medical degrees jointly from the Royal College of Physicians and Surgeons, Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow, in 1888. Upon arrival at UTMB he was named Professor and Chair of the Department of Anatomy. He taught and lectured for 40 years at UTMB until two weeks before his death. Many of his detailed anatomic drawings are preserved in the Blocker History of Medicine Library at UTMB.

Thompson and Keiller along with 7 other faculty would welcome the first class of 24 students as UTMB opened its doors on October 5, 1891. As the doors opened in Old Red conditions were primitive at best. Thompson commented: "Try to imagine a series of empty rooms, scantily furnished and almost void of equipment. Picture the basement as a huge space, with a sand floor, uninterrupted save the pillars which supported the superstructure; no library; nothing but a bare room littered with journals thrown higgledy piggledy in disorderly heaps upon the floor." Things would get better, but lurking in the not too distant future would be a monster of a storm that would challenge not only the Medical Branch, but the entire Island of Galveston.

By Michael Malloy

Peter E. Dans (1937–2021)

In Memoriam

Peter E. Dans—A Modest Man for All Seasons

Peter Dans, an AOS member since 2002, died on February 28, 2021, from COVID-19 after a long bout with Parkinson's disease.

Peter was perhaps best known internationally as an authority on physicians as depicted in motion pictures. However, he was many things to many people. To me he was especially special (how can I say this any better?) because, had it not been for Peter, I might not have had enjoyed my second career as an amateur medical historian and biographer.

In any field of scholarship, the first splash is the most difficult. It was Peter who, serving as deputy editor of the *Annals of Internal Medicine* in 1991, shepherded my first manuscript on Osler through to publication despite reviewers' initial reservations. The paper was published in 1992, giving me sufficient confidence to attend an AOS meeting in 1993 and apply for membership.

I thanked Peter the best way I knew how, which was to invite him to dinner the next time I was in Philadelphia. And not just to any restaurant—to Le Bec-Fin, named at the time the best French restaurant in America by *Esquire* and—in a reader's poll conducted *Condé Nast*—the best restaurant in America, period.

We had never met and knew little about each other. We shared life stories over an incredible dinner and good wine. Peter was born into a large Catholic family and grew up in a cold-water flat on the Lower East Side of Manhattan. He won a scholarship to LaSalle Military Academy in Oakdale, New York, from which he graduated valedictorian at age 15. He received his medical degree from the College of Physicians and Surgeons of Columbia University. He served as an intern and assistant resident on the Osler Service of the Johns Hopkins Hospital, and in 1963 was among the first Osler residents to go to India to study cholera.

Peter's career was diverse. In 1964 he joined the staff of the Laboratory of Viral Diseases at the NIH, after which he did a clinical infectious diseases fellowship at the Thorndike Memorial Laboratory of Boston City Hospital's Harvard University Service. In 1969 he joined the faculty at the University of Colorado Medical Center, where he directed the student and employee health services, helped start walk-in clinics including one for seasonal (migrant) farmworkers, and developed a series of films that led to his appointment as editor of "The Physician in the Movies" series in *The Pharos*. In 1976 he received a Robert Wood Johnson fellowship at the Institute of Medicine of the National Academy of Sciences, where he wrote about the need for more emphasis on care of the aged in medical education. In 1978 he returned to Johns Hopkins as associate professor of medicine and of health policy and management. At Hopkins he established a course in ethics for first-year students and developed one of the nation's first offices of medical practice evaluation. He later went part-time at Hopkins to become deputy editor for the *Annals of Internal Medicine,* which was to my everlasting good fortune.

Peter told me over dinner that as a result of his changing interests—virology, clinical infectious diseases, care for the underserved, care for the elderly, ethics, practice evaluation, and medical writing—he had not stayed in any one national organization long enough to rise to the top. He suggested on another occasion that he never made full professor at Johns Hopkins because he put the interests of his family first. What really matters in the long run? Peter was, as I see it, a modest man for all seasons who could do just about anything and who chose to touch as many people's lives in as many ways as he could.

After that memorable dinner we kept up through holiday cards, news items, invitations to speak at our respective AOA chapters, and book exchanges. I treasure my copies of *Doctors in the Movies: Boil the Water and Just Say Aah* (2000), which is probably the most comprehensive treatise on the subject, and *Perry's Baltimore Adventure: A Bird's Eye View of Charm City* (2003), a children's book inspired by a pair of peregrine falcons that nested on a downtown skyscraper in that city. I can imagine Peter in his afterlife stopping by from time to time to check in with Perry and his father, Beauregard, as they fly around Baltimore visiting some of Peter's favorite haunts.

Peter's wife, Colette, who taught French in the Baltimore County Public Schools, predeceased him by 17 years. He is survived by four children and 12 grandchildren.

Peter Emmanuel Dans, 1937–2021. Thank you.

By Charles S. Bryan
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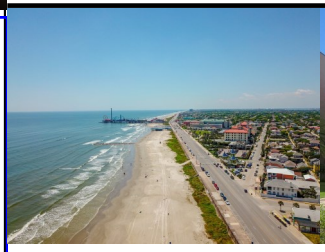
The* AMERICAN OSLER SOCIETY *exists to bring together members of the medical and allied professions, who by common inspiration are dedicated to memorialize and perpetuate the just and charitable life, the intellectual resourcefulness, and the ethical example of Sir William Osler, who lived from 1849 to 1919. The* OSLERIAN *is published quarterly.

We're on the Web!
√ us out at: www.americanosler.org

Looking Forward to Galveston, TX



Save the dates of April 10-13, 2022 for the AOS meeting in Galveston, Texas. The planning committee has selected an enticing venue at the San Luis Hotel along the Seawall and put together inviting extracurricular and banquet experiences. More information will be forthcoming.

Call for Abstracts for 2022 Annual Meeting in Galveston, TX, April 10-13, 2022

Abstracts should be sent by e-mail to: aosrenee@gmail.com and must be **received** by **15 November 2021.** Abstracts submitted by e-mail will be acknowledged. The abstract should be no longer than one page. It should begin with the complete title, the names of all co-authors, and the corresponding author's mailing address, telephone number, FAX, and e-mail address. This should be followed by a two to three sentence biographical sketch indicating how the author would like to be introduced. (This will probably be your entire introduction. Don't be modest!) The text should provide sufficient information for the Program Committee to determine its merits and possible interest to the membership. The problem should be defined and the conclusions should be stated. Phrases such as "will be presented" should be avoided or kept to a minimum. Only one abstract per person will be accepted.

Three learning objectives should be given after the abstract. Each learning objective should begin with an active verb indicating what attendees should be able to do after the presentation (for example, "list," "explain," "discuss," "examine," "evaluate," "define," "contrast," or "outline"; avoid noncommittal verbs such as "know," "learn," and "appreciate"). The learning objectives are required for Continuing Medical Education credit.

A cover letter should state: Whether any of the authors have a potential conflict-of-interest such as direct financial involvement in the topic being discussed, and whether there will be any mention of off-label use of drugs or other products during the presentation.

Each presenter will have a 20-minute time slot, which will be strictly enforced. Presenters should rehearse and time their papers to 15 minutes, in order to permit brief discussions and to be fair to the other speakers. Although 20 minutes might seem quite short for a paper in the humanities, our experience with this format has been overwhelmingly favorable.

AOS Members — *Please forward to the editor information worth sharing with one another as well as "Opinions and Letters".* - MHM (mmalloy@utmb.edu)