The Oslerian

A Message from the President
Victor A. McKusick—A Johns Hopkins Legend

Greetings, Fellow Oslerians!

In September my son Rob and I had the pleasure of traveling to Baltimore to meet Victor McKusick for a filmed interview. He had just returned from vacation in Nova Scotia and greeted us warmly and with great enthusiasm. During our visit he showed us a number of mementos, including one of the original latch keys and Osler's desk from his home at 1 West Franklin Street. The interview was held in the Osler Textbook Room. On the door is a small plaque which states that "William Osler wrote his textbook Principles and Practice of Medicine in this room in 1892."

Victor McKusick is indeed a legend at Johns Hopkins! He arrived there in 1943 as a medical student and received his MD in 1946. He was an intern, resident, and chief resident on the Osler service and, except for a two year stint as Chief of the Cardiovascular Unit at Baltimore Marine Hospital, has been at Hopkins ever since. He established the Division of Medical Genetics in 1957 and became full Professor in 1960. From 1973 to 1985, he was the William Osler Professor of Medicine, Chairman of the Department of Medicine, and Physician-in-Chief of the Johns Hopkins Hospital. Since 1985 he has been the University Professor of Medical Genetics and, since 1999, Director of the McKusick-Nathans Institute of Genetic Medicine. Dr. McKusick is a well-known cardiologist as well as a medical geneticist. The author of over 750 publications which span more than a half-century, Dr. McKusick has published extensively on cardiovascular disease, genetics, and medical history. He was co-author of the classic articles on Peutz-Jeghers syndrome published in the New England Journal of Medicine in 1949. His series of articles on "heritable disorders of connective tissue" became a classic monograph in 1956 familiar to many of us. His comprehensive catalog of human genes and genetic disorders, Mendelian Inheritance in Man, is now in its 12th edition and available online. Since 1985 he has been editor-in-chief of Medicine. He is a member of numerous societies and has received many honors. These include membership in the American Society of Clinical Investigation, Association of American Physicians, National Academy of Sciences, and Institute of Medicine. He is a Master of the American College of Physicians, a Fellow of the Royal College of Physicians of London, a Fellow of the American Academy of Arts and Sciences, and a Fellow of the American Association for the Advancement of Science. He has received twenty honorary degrees. In 1997 Dr. McKusick was recipient of the Albert Lasker Award for Special Achievement in Medical Science and, in 2000, the John P. McGovern Compleat Physician Award. Last year he was awarded the National Medal of Science by President Bush.

With Dr. A. McGhee Harvey, Dr. McKusick co-edited Osler's Textbook Revisited in 1967. He also served as one of the editors of the successor to the Osler textbook, Principles and Practice of Medicine. During his tenure as Osler Professor and Chair of the Department of Medicine at Hopkins, he reorganized the Osler Medical Service into four "firms," each with its own chief resident. He is co-author of the three volumes commemorating the Hopkins Centennial in 1989, one of which is a history of the Department of Medicine, entitled Osler's Legacy. Dr. McKusick is also a continued on page 2
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Charter Member of the American Osler Society.
A member of the Human Genome Program Advisory Committee from 1988 to 1992, Dr. McKusick is a founding member of the American Board of Medical Genetics. He has been closely associated with human genome research for many years and is co-author with Francis Collins of the article, “Implications of the Human Genome Project for Medical Science” which appeared in *JAMA* in 2001. He is also co-author of the paper announcing the sequence of the human genome, published in *Science* in 2001. Victor McKusick is unique in his vast knowledge of Osteriana, his 60 year tenure at Johns Hopkins, and his pioneering achievements in medical genetics. He continues to be an active participant in genomic science, certainly one of the most exciting areas of 21st century medicine. Does he remain devoted to Osterian ideals and precepts? You bet he does!

On another matter, I have appointed a committee to further the topic of “professionalism” which Herb Swick, Charley Bryan, and Lawrence D. Longo discussed in Edinburgh. Members are: Herb Swick (chair), Charles Bryan, Lawrence D. Longo, Daniel Morgan, Cynthia Pitzcock, Preston Reynolds, Dennis Wentz, and myself. The charge to the committee is to expand the dialogue and recommend whether a policy statement from the Society on this subject is appropriate. We need your input on this important matter; please send any comments you have to Herb or me.

I hope all of you are well. Happy Holidays to you and your families!

Marvin J. Stone
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Evaluation of the 2003 Meeting—What Participants Had to Say

Requirements for continuing medical education (CME) include evaluations by participants and construction of needs assessments for future meetings. Comments on the 2003 annual meeting in Edinburgh, Scotland, were generally quite favorable as follows:

- **Activity met my needs:** 80% responded “excellent” and 15% responded “good.” Only a single respondent checked “poor.”

- **Activity made me want to learn more:** 87.5% responded “excellent” and the remaining 12.5% responded “good.”

- **Activity valuable to me professionally:** 57.5% responded “excellent,” 27.5% responded “good,” and the remaining 6% responded “satisfactory.”

- **Format facilitated learning:** 70% responded “excellent,” 22.5% responded “good,” and 7.5% responded “satisfactory.”

- **Opportunities for participation:** 47.5% responded “excellent,” 35% responded “good,” 15% responded “satisfactory,” and only one respondent checked “poor.”

All of the respondents indicated that the sessions were presented objectively and fairly, although one commented that the “old boy network tends to dominate.” Suggestions for improving future meetings included the following:

- **More time for discussion.** Nearly one-fifth (19.5%) of participants felt that not enough time was allotted for the presentation and discussion. Several respondents complained about speakers who went overtime, and there were requests for shorter sessions with fewer papers.

- **More on professionalism.** Several respondents listed the symposium on professionalism as a highlight of the meeting. Two suggested that an entire session be dedicated to discuss a controversial issue such as professionalism.

- **Content of presentations.** One participant wanted “less Osler, more medical science.” Another suggested that “a major problem is the depth of presentations. The relation to Osler is often vague and perhaps the Society should bend on the authenticity and deal with the depth and thoroughness. I wonder if Osler would enjoy these activities.” A third suggested that “perhaps the restrictions for membership of having to give a talk is actually antithetical to the purpose of the organization.”

Many thanks to everyone who completed the evaluation!

---CSB
So You Think You Know Osler’s Textbook? An Open Book Quiz, with Prize

To celebrate the imminent publication of Richard Golden’s magisterial monograph on Osler’s textbook, a handsome, suitable-for-framing color print of Osler at the Bedside (shown at right, and otherwise available from Historical Medical Art, 204 West Main Street, Danville, KY 40422 (telephone 859-236-9684; toll-free telephone 1-888-282-0970; Fax 859-236-6703; www.historicalmedicalart.com)) will be given to whoever makes the highest score (or in case of a tie, the earliest submitted) on the following matching quiz. — CSB

PATIENTS
1. Austin Flint
2. Marcus Aurelius
3. A Cornish miner
4. Louise Lateau
5. Colonel Townsend
6. An army surgeon from the Civil War with recurrent hemoptysis
7. Oliver Appleton
8. Prisoners at Amberg
9. Thomas King Chambers
10. A stout, powerfully built man who had been struck by an electric car.
11. A waitress at a hotel who was frightened by two men who were fighting
12. Ignatius Loyola
13. The victim in the Palmer murder trial
14. Laurence Sterne
15. Brunettes more than blondes
16. Blondes more than brunettes
17. Montaigne
18. Schmeesberg coal miners
19. New England fishermen who frequent the outer banks
20. Jerome Cardan, Thomas Sydenham, and the elder Scaliger
21. Renforth, the oarsman
22. A young Irish cab-driver
23. Julius Caesar and Napoleon
24. Chalmers, the celebrated Scotch divine
25. The astronomer Airy
26. Baron Wassermar
27. Dr. Anstie
28. A pullman car conductor from Chicago
29. The Farr family
30. Hartley Coleridge
31. Poor washer-women
32. Hilton Fagge
33. A Bavarian physician
34. Master McGrath, the celebrated greyhound
35. A sailor from the Mediterranean
36. A sailor who fell on the deck
37. An Arab covered with blood

who was picked up by the police
38. Chancellor Ferrier of McGill University
39. A young, remarkably healthy-looking Irish girl
40. The Sheffield workers
41. Bright’s celebrated patient, Cardinal
42. Eclipse, the race horse
43. One of the most prominent clergymen on this continent
44. Worshippers at the shrines of Bacchus and Vulcan, and often Venus as well
45. Laborers in Geneva
46. A “poor fellow” who was discharged from the Montreal General Hospital as a malingerer
47. A large, powerfully built imbecile
48. Ottawa lumbermen in the winter months
49. A man who was paid to stay away from a restaurant at which dinners were given at fixed prices
50. Clergymen, hucksters, and certain others

CONDITIONS
A. Vertigo with paraparesis and depression
B. Obliterative endarteritis of the coronary arteries
C. Acute pulmonary edema
D. Mitral regurgitation
E. Aortic regurgitation
F. Tetanus
G. Pneumococcal pneumonia
H. Cardiomyopathy
I. Epilepsy
J. Beri-beri
K. Chronic pharyngitis
L. Multiple peripheral arterial aneurysms
M. Oudt
N. Diabetes mellitus
O. Acute tuberculous pneumonia

P. Migraine
Q. Cardiomegaly
R. Perforation of the bile duct with biliary fistula
S. Hydrocephalus
T. Peritonitis due to perforated viscus
U. Locomotor ataxia
V. Dysentery
W. Traumatic neurosis
X. Aortic aneurysm
Y. Lung cancer
Z. Habit spasm
AA. Primary or essential anemia
BB. Rupture of the esophagus
CC. Anaesthetic leprosy
DD. Tuberculous meningitis
EE. Chronic rheumatism
FF. Hemophilia
GG. Brain abscess
HH. Pneumoconia
II. Muscular dystrophy
JJ. Pleural fistula
KK. Allergy to feather pillows
LL. Septicemia
MM. Neureses of the stomach
NN. Hysteria with skin hemorrhages
OO. Smallpox
PP. Recurrent renal calculi
QQ. Could slow his heart rate at will
RR. Irregular heartbeat
SS. Acute chorea
TT. Pulmonary hemorrhage
UU. Malignant scarlet fever
VV. Lyme disease
WW. West Nile encephalitis
XX. None of the above

Answer Sheet
(Mail this form or a copy thereof to Charles S. Bryan, Two Medical Park, Suite 502, Columbia, SC 29203, by 1 April 2004)

1. __ 26. __ 2. __ 27. __ 3. __ 28. __
4. __ 29. __ 5. __ 30. __ 6. __ 31. __
7. __ 32. __ 8. __ 33. __ 9. __ 34. __
10. __ 35. __ 11. __ 36. __ 12. __ 37. __
13. __ 38. __ 14. __ 39. __ 15. __ 40. __
16. __ 41. __ 17. __ 42. __ 18. __ 43. __
19. __ 44. __ 20. __ 45. __ 21. __ 46. __
22. __ 47. __ 23. __ 48. __ 24. __ 49. __
25. __ 50. __
The American Osler Society has been founded for the purpose of bringing together members of the medical and allied professions who are, by their common inspiration, dedicated to memorialize and perpetuate the just and charitable life, the intellectual resourcefulness and the ethical example of William Osler (1849-1919). This, for the benefit of succeeding generations, that their motives be ever more sound, that their vision be on everbroadening horizons, and that they sail not as Sir Thomas Browne’s Ark, without oars and without rudder and sails and, therefore, without direction.

Whither the Relationship Between the AOS and the AAHM? Any Suggestions for the 2005 Annual Meeting?

The relationship between the American Osler Society (AOS) and the American Association for the History of Medicine (AAHM) has become a subject of some concern to the leadership of both organizations.

On the one hand, many AOS members belong to AAHM and some AOS members participate regularly in the AAHM annual meetings. Moreover, the current president of AAHM, Kenneth Ludmerer, is an active member and former president of AOS. On the other hand, some AOS members suggest that our organization should go its separate way. These members perceive little overlap between our programs—which tend to emphasize humanism in medical practice, medical biography, and the histories of disease entities—and the AAHM’s programs, which tend to emphasize social history. To that end, it has been suggested that we should choose our meeting venues independently of the AAHM.

Our 2004 meeting in Houston will mark the second consecutive year that we will have met independently of the AAHM. In 2005, the AAHM will meet in Birmingham, Alabama. The AOS Board of Governors has tentatively agreed to meet in tandem with the AAHM. However, some of our members have already suggested that we meet somewhere other than Birmingham.

A liaison committee has been formed to explore the future of this relationship. The AOS representatives on this committee are Richard Kahn and Paul Berman. With the committee’s blessing, Steve Peitzman (who is active in both organizations), Ed Mormon (from the AAHM), and I discussed possibilities for the 2005 meetings scheduled for Birmingham. We came up with the following:

- We should consider the possibility of meeting concurrently, rather than in tandem, at least for a portion of the meetings.
- We should consider the possibility of joint sessions devoted to issues of common interest (for example, medical professionalism; the place of history in the medical school curriculum).
- We should consider relaxed registration fees for persons who wish to participate in both meetings.

Input from AOS members is badly needed. Moreover, it has been suggested that the AOS should add to the liaison committee one or more persons active in the AOS who have been active in AAHM. If any of you would like to belong to this committee, or if you have any suggestions concerning the AOS/AAHM relationship, please correspond with Richie (rkahn@midcoast.com and/or Paul (docph@crock.com). Many thanks!

—CSB