

# The Oslerian

## A Message from the President

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#### Greetings, Fellow Oslerians,

As the third Greco-Roman philosopher scheduled for his bedside library recommendations, Osler chose Marcus Aurelius. He was an extremely important choice for Osler because Marcus, fiercely loyal to Stoic ideals, was directly influenced by Plutarch's grandson and by Epictetus, and because Marcus was the king who "governed" the Roman Empire, a role that demanded many practical decisions every day. For Osler, these practical demands were analogous to those made every day in the lives of busy physicians as they provided medical care to their patients.

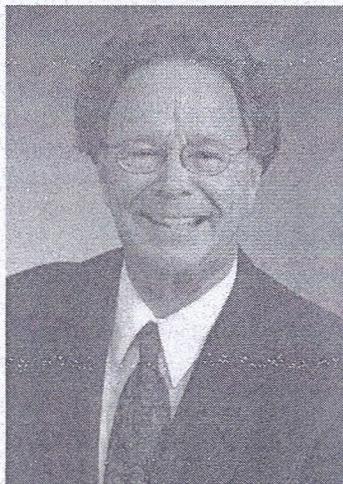
Antoninus Pius, who had succeeded Hadrian as the Roman emperor, adopted 17-year-old Marcus in 138 C.E. Twenty-three years later, he became co-ruler with his father. In 169 C.E., Marcus became the ruler of the civilized Western world. Together with his military generals, Marcus orchestrated numerous battles and died during one of those battles with the Germans in the Danube area in 180 C.E. On his way home from one of these battles, he visited Athens in 176 and endowed four chairs of philosophy, thereby enabling

four professors the opportunity of sustaining the traditions of philosophical reflection developed in ancient Greece and Rome: Epicureanism, Platonism, Aristotelianism, and Stoicism.

Formally educated in law and philosophy, Marcus was perceived by his subjects as a wise and caring king, though many were puzzled by his strong dislike of Christians. Not everyone believed that an emperor could be a good king and a good philosopher also. But, Marcus did not display his philosophy as an evangelical mission for converting all of his subjects or as a universal system of thought that must be embraced by those who seek universal truths. Instead, he embraced a very "practical" philosophy that was designed to help him cope with daily decisions and deal with the realities of governing an empire. Probably begun as very personal "notes on himself" during one of the numerous military battles that occurred during the ten years before his death, *Meditations* was a private diary. For the remainder of his life, Marcus continued inscribing philosophical "thoughts to himself," never intending them for publication.

Consider the following examples from Charles Bryan's *Saints of Humanity*: "Make your rules of life brief, yet so as to embrace the fundamentals; recurrence to them will suffice to remove all vexation, and send you back without fretting to the duties to which you must return." (page 2) "Observe carefully what guides the action of the wise, and what they shun and seek." (p. 30) "Never value the advantages derived from anything involving breach of faith, loss of self-respect, hatred, suspicion, or execration of others, insincerity, or the desire for something which has to be veiled or curtailed." (p. 45) "Cultivate these, then, for they are wholly within your power: sincerity, for example, and dignity; industriousness, and sobriety. Avoid grumbling; be frugal, considerate, and frank; be temperate in manner and in speech; carry yourself with authority." (p. 47) "Enter into the ruling principle of your neighbor's mind, and suffer him to enter into yours."

It would be easy to imagine Osler changing only one word in the last maxim: "neighbor's mind" to "patient's mind"—truly the



Chester R. Burns

## Osler and Marcus Aurelius (*continued*)

heart of compassion and empathy between a practitioner and a patient. Yet, that very maxim would prompt a reflective physician-member of the AOS to wonder: "How do you invite the patient to enter into your suffering mind?" I truly hope that a reader of this column will take the time to study the *Meditations* of Marcus Aurelius and offer some answers to this question and offer responses to other maxims in this famous work that really may not be wholly congruent with Osler as a physician-philosopher. Consider the following as examples: "We must press on then, in haste; not simply because every hour brings us nearer to death, but because even before then our powers of perception and comprehension begin to deteriorate." (p. 12) "Give your heart to the trade you have learned, and draw refreshment from it." (p. 20) "There is nothing easier than criticizing one's neighbor, but we might share the same faults, and such criticism is useless and vain if it fails to lead to any improvement or vigilance in these respects." (p. 51). "Hippocrates cured the ills of many, but himself took ill and died." (p. 82) What do these maxims mean to today's physicians, today's Oslerians?

In 1558-59, the Zurich humanist, Andreas Gesner, published

a translation of the twelve "books" of *Meditations* by Marcus Aurelius, thereby bequeathing the philosophical reflections of this ancient statesman to those in the modern European nation-states who embraced the educational and philosophical legacies of ancient Greece and Rome, including Osler, during the last half of the nineteenth century and the early years of the twentieth century. In my presidential address next April, I shall offer some additional comments about Osler as a physician-philosopher. Meanwhile, I truly hope that an AOS member will study Osler and Marcus Aurelius in detail and, during one of our future meetings, offer further insights for our reflections.

This Oslerian will find the following resources quite useful: R.B. Rutherford, *The Meditations of Marcus Aurelius: A Study* (Oxford: Clarendon Press, 1989); chapter 6 in Pierre Hadot, *Philosophy as a Way of Life: Spiritual Exercises from Socrates to Foucault* (Oxford: Blackwell, 1995), and lecture 17 in Daniel Robinson's series of 24 lectures sold in 2002 by The Teaching Company as "Practical Philosophy: The Greco-Roman Moralists."

On October 29, 2004, Amazon.com listed for sale ten editions of (or commentaries about) the *Meditations* of Marcus Aurelius.

Chester R. Burns

## Oslerian Progress Notes

**Paul Berman** writes: "I am drawing up a list of physician-historians interested in acting as mentors to medical students participating in the William Osler Medal (AAHM) or William Bean Award (AOS) and who don't have the luxury of a medical historian at their particular institution. If interested I participating, please contact me at: [docpb@crocker.com](mailto:docpb@crocker.com). I am also looking for physicians who would be willing to act as consultants for historians who are researching particular diseases."

**John A. Kastor** has had published *Governance of Teaching Hospitals: Turmoil at Penn and Hopkins* (Johns Hopkins University Press). Oslerians were privileged to receive a sneak preview of the Hopkins portion of John's book at the 2003 annual meeting in Edinburgh. He writes: "You can obtain a copy from the Press at a reduced rate by phone at 1-800-537-5487. Be sure to mention the code NAF to obtain the 20% discount."

**Robert M. Martensen** has had published *The Brain Takes Shape: An Early History* (Oxford University Press). Based on the premise that theological and philosophical concepts were instrumental in the making of modern science and medicine, the book uses diverse primary sources to explore how modern beliefs about body and mind were first elaborated during the seventeenth century.

**Allen B. Weiss** and his wife Laura have established an annual lecture on medical history at the New Jersey Medical School. The inaugural lecture was delivered by Allen on September 14, 2004 and was entitled "On First Looking into Jarcho's Leibowitz. The Small Joys and Great Satisfactions of Medical Sleuthing."

**Additional copies of "Our Lords, the Sick: McGovern Lectures in the History of Medicine"**, edited by Lawrence D. Longo with a foreword by Philip M. Teigen, can be obtained from Krieger Publishing Company, 1-800-724-0025. These 18 essays in medical humanism, the publisher notes, "are in many respects ... 'lay sermons' on the philosophy and ethics of health care, ministering to the sick, and professionalism."

**Robert Kimbrough** writes that at the new fellows' banquet at the Royal College of Physicians, Edinburgh, he was invited to sit at the head table and to offer greetings from the United States.

**P. Preston Reynolds** has just been appointed Chief of the Primary Care Medical Education Branch, Division of Medicine and Dentistry, Bureau of Health Professions, HRSA. In this position she is responsible for all of the title VII grant programs: pre-doctoral, residency training, faculty development, academic administrative units, physician assistants, and general and pediatric dentistry (\$80 million and staffing of the Secretary's Advisory Council on Primary Care Medical Education.) Preston tells us that grant applications submitted from Oslerians will receive top priority (Just kidding!). Before joining HRSA she served as visiting professor at the University of Cape Town, South Africa, and then hiked to the summit of Mt. Kilimanjaro with her husband John and seven other people.

**Marvin J. Stone** received the Lifetime Achievement Award from the International Society for the Study of Waldenstrom's Macroglobulinemia at its recent meeting in Paris.

**The Osler Library of the History of Medicine** at McGill University celebrated its 75th anniversary on October 16, 2004, with a seminar on "Medical Books and Medical Libraries in Historical Perspective."

## Osler at Johns Hopkins, 1899-1905: A Previously Unpublished Memoir by Dr. Clinton E. Brush, II

*The following memoir was given to me by Dr. and Mrs. Wave Townes of Louisville, Kentucky, who received it from Mr. C. Beeler Brush of Hampden-Sydney, Virginia. The author, Dr. Clinton E. Brush, II (1879-1982), wrote this sketch at the age of 93 under the title, "My Years at Johns Hopkins Medical School and Hospital." Clinton E. Brush grew up on a farm in Brooklyn, New York (yes, parts of Brooklyn were still rural back then!). He practiced medicine in Nashville, Tennessee, where he was much-beloved and mentally active well into his nineties. I have taken the liberty to correct a few typographical errors in the manuscript, which Beeler Brush has generously allowed us to reproduce in The Oslerian.*

*This memoir clarifies, at least for me, the controversy over Osler's advice to medical students in his famous 1889 "Aequanimitas" address to the graduating students at the University of Pennsylvania:*

The first essential is to have your nerves well in hand. Even under the most serious circumstances, the physician or surgeon who allows "his outward action to demonstrate the native act and figure of his heart in complement extern," who shows in his face the slightest alteration, expressive of anxiety or fear, has not his medullary centres under the highest control, and is liable to disaster at any moment. I have spoken of this to you on many occasions, and have urged you to educate your nerve centres so that not the slightest dilator or contractor influence shall pass to the vessels of your face under any professional trial.

*Various critics have assailed Osler for these remarks on the grounds that he advocated physicians' denial of their own emotions during their interactions with patients. Dr. Brush's memoir explains Osler's motives for this advice:*

One of the requirements that Dr. Osler said every successful physician must strive to attain was complete vasomotor control. In that he meant when examining a patient one must never let any evidence of surprise or concern come into his facial expression because of the fear or worry that it might generate in the patient. In the many, many times that I watched him examine a patient I never saw the slightest change in the expression on his face.

*We must remember that Osler had little to offer most of his patients in the way of specific remedies. Osler's advice was meant to be both kind and humane.*

—CSB

After receiving my B.S. degree from New York University I entered the Johns Hopkins Medical School in 1899. I was thrilled to have been accepted at Johns Hopkins particularly because Dr. William Osler was Chief of Medicine and the chiefs of the other departments were all nationally known men.

Among other reasons for preferring Johns Hopkins was the fact that at that time it was the only medical school in the country

that had as part of its organization a teaching hospital and it was the only medical school in the country that required for admission a college degree and that degree had to represent a certain number of hours of Biology, Chemistry, English, Latin, and Physics with a reading knowledge of French and German so that the student could read articles printed in those languages. Also, Johns Hopkins encouraged original research by the students during their four year course and Johns Hopkins graduates were better educated than the graduates of other schools.

Although I had not visited too many hospitals and medical schools I thought, when I first came to Johns Hopkins, that it was more attractive than any I had seen in New Jersey or New York. Later I learned that the architect had used over 3,000 trees, shrubs, and plants in beautifying the grounds.

The hospital and medical school buildings were on an area bounded by Broadway, Monument St., Wolfe St., and Jefferson St. In the center of the block facing B roadway was the Administration Building flanked by the octagonal building at the corner of Broadway and Monument Streets that was used for private medical and surgical patients with a similar building at the corner of Jefferson St. to house Gynecology and the Nurses home. Facing Monument St. between the private Medical and Surgical Building and the Pathology Building at the corner of Wolfe St. was a row of two story buildings spaced 35 to 40 feet apart. The second floors of these buildings were used for the wards of non-pay patients. The first floor was used for the Out-Patient Dispensary, classrooms, and storage rooms. All of these buildings were connected by a corridor the roof of which was covered by planks to permit walking from one ward to another or to permit beds with patients to be rolled out into the fresh air and sunshine. This walk was called The Bridge.

Dr. Osler abhorred giving medicine to patients unless there was some definite indication for it but he did have great faith in the recuperative effects of fresh air and sunshine. Immediately after his typhoid patients had passed their febrile periods their beds were rolled out onto The Bridge each morning and, weather permitting, remained there all day.

Originally there were 52 students in our class—47 men and 5 co-eds. Two of the men were asked not to return for the second year, not because of scholastic difficulties but because they had demonstrated a lack of the standard in relations with others deemed essential for Johns Hopkins graduates.

Our first class meeting was held in Physiology and I shall never forget it. Dr. Howell came into the room and, without saying a word, stood looking over the class and then said gravely, "Gentlemen, I regret telling you this, but before death overtakes you, five of you will have become drug addicts." It made a tremendous impression upon me and unfortunately his prophecy proved true.

During our first year we studied Anatomy, Physiology, Histology, Pathology, Chemistry, and Clinical Microscopy. In our second year we began studying Medicine, Surgery, Gynecology, Pharmacology, Obstetrics, and Neurology. In the third year we had practically the same subjects but with more clinical work.

## Osler at Johns Hopkins: A Previously Unpublished Memoir (continued)

In the fourth year in Obstetrics we began going out with a nurse to deliver the babies for non-pay patients. In two of my cases there was no nurse available and I had to do everything single handedly. Perhaps it was a good thing for me so that when a similar condition arose in private practice I might appear to know what to do.

In fourth year Medicine we were assigned to the non-pay wards as Clinical Clerks whose duty was to obtain and write a good history of new patients, see that all necessary laboratory tests were made and recorded promptly, and write on the history such notes as the Interne might choose to dictate.

As I recall, we did not meet Dr. Osler in a class until early in the third year but from that time on he was our Guiding Light. He was the greatest teacher I ever was privileged to study under. His energy and memory were marvelous. Tell him or let him read something and immediately it was stored in that remarkable memory of his to be pulled out months or years later when he had need for it. Dr. Osler was extremely charitable and took a deep interest in the students under him. He had the ability to inspire others to follow his lead in going to the bottom of any problem. He had a keen sense of humor and enjoyed a clean joke but would not stand for anything shoddy or common. He enjoyed a practical joke whether perpetrated by him or upon him. He seemed to delight in teasing people.

Dr. Osler was a very prolific writer and to me the most stimulating and helpful address was one delivered by him at a hospital meeting in Toronto in 1903. The title of it was "The Master-Word in Medicine." The Master-Word of course was work, but Dr. Osler did not mention it until near the end of the address. He clothed it in his inimitable style with quotations from the Bible, Kipling, and the great men in medicine. In my opinion it should be read by all students medical or otherwise and woven into the pattern of their lives.

One of the requirements that Dr. Osler said every physician must strive to attain was complete vasomotor control. In that he meant when examining a patient one must never let any evidence of surprise or concern come into his facial expression because of the fear or worry that it might generate in the patient. In the many, many times that I watched him examine a patient I never saw the slightest change in the expression of his face.

Dr. Osler was a firm believer in the value of knowledge gained by observation over that gained by reading books. When he first met our class he said, "I do not want any of you to open a book and read anything about typhoid fever. You will see practically every complication of typhoid either in the Clinic or at bedside rounds and I want you to learn about it by observation."

In addition to bedside teaching at rounds, Dr. Osler held a Clinic once a week when interesting patients were brought from the Out-Patient Department or the hospital for him to examine and discuss. These patients were assigned to the students in alphabetical rotation to be followed by them taking notes on their condition so that a report could be made. At the end of the month the student next in line had to take what we called the "Roundup": a short description of the cases that had been seen with the diagnosis and results. Usually the "Roundup" was a dry statistical report that no one enjoyed, but one month we had seen a man sent in from the Out-Patient Department complaining of shortness of breath, swelling of the abdomen, feet, and legs, and general weakness. He ad-

mitted being a chronic alcoholic. Dr. Osler examined him and found an enlarged liver with free fluid in the abdomen. He diagnosed it as alcoholic cirrhosis of the liver and sent him into the hospital for treatment. On the ward the Interne had a Wasserman test made which turned out four-plus positive. He put the man on strong antisiphilitic treatment and the man improved rapidly. Of course that changed the diagnosis to syphilitic cirrhosis of the liver. The Roundup that month was by a man named Schultz and in reporting the case he said that Dr. Osler had diagnosed it as alcoholic cirrhosis of the liver but that after the result of the Wasserman test and treatment the case really turned out to be a "case of Venus masquerading behind the fig leaf of Bacchus." Dr. Osler just howled with glee at the unique manner in which Schultz had clothed his mistake in diagnosis. He had the man brought back each week to impress upon us the importance of obtaining every possible source of information before making a diagnosis.

In 1903 when I graduated there were 12 Internships in the hospital which were offered to the graduating class in accordance with their grades for the full four year period: 4 in Medicine, 4 in Surgery, 2 in Gynecology, and 2 in Obstetrics. As a rule the first four men chose Medicine. In my class there were five of us so closely bunched at the top of the class that all of us had the same whole number such as 95 and then the grades had to be carried out to the third decimal point to determine our relative standings. I stood fifth in my class. Fortunately for me, Number 1 chose Surgery so that gave me the opportunity to choose Medicine in Dr. Osler's staff.

At the end of my Internship I received a letter from the Dean offering me a position as resident house officer in the hospital in Medicine with the duty of assisting Dr. C. P. Emerson in the teaching of Clinical Microscopy. I accepted promptly as it meant another year of association with Dr. Osler.

Tuberculosis was rampant among the poor of the city at the turn of the century and the tubercular individuals were mixing freely with non-tubercular patients in the Out-Patient Dispensary. This was a source of great concern to Dr. Osler who was anxious to have a separate clinic for tuberculosis so that non-tubercular patients would not be exposed to infection., but the Trustees had not had the funds to provide it. In 1903 at a social function in Philadelphia attended by Dr. Osler and Mr. Henry, a former patient of Dr. Osler, the two men got together and Dr. Osler came away with a check for \$20,000 to be used in starting the Henry Phipps Tuberculosis Out-Patient Department. Dr. Louis Hamman was appointed to organize it, and he asked me to help him which I was glad to do as it gave me an opportunity to study, diagnose, and help treat such a large number of tubercular patients. One of the brightest of the many bright periods of my five years at Johns Hopkins came during my senior year when Dr. Osler had the clinical clerks on Medicine come to his beautiful home at 1 West Franklin St. on a monthly basis to spend an evening discussing one of the Old Masters of Medicine. We were ushered into his dining room and seated around a big mahogany table at the end of which sat Dr. Osler with 6 to 7 books on the table in front of him. These books were mainly first editions of the man whose contributions to medicine he wished to discuss. I was amazed at Dr. Osler's knowledge of the contents of the books. Not once did he have to refer to any of them unless he wished to read verbatim

some paragraph. When he had finished his subject, he sat and talked with us about local conditions until nine o'clock when he rose from his chair and said, "Gentlemen I have enjoyed this evening and will see you again next month. Good night." With that he turned and went to his room leaving us to be ushered to the front door by his butler. In 1904 Dr. Osler received a call to become Chief Physician at Oxford University. He was loathe to

leave Johns Hopkins and his many friends in this country, but he finally gave in and announced that he would leave in September, 1905. Soon after he took the position at Oxford and he was knighted by the king of England.

Dr. Osler died in England shortly after the conclusion of World War I.

## James Tait Goodrich Heads up Historic Operation

Everyone who pays attention to the news knows that on August 5, 2004, 27-month old Filipino twins who were joined at the head were finally separated from each other after a grueling 17-hour operation at the Children's Hospital in New York's Montefiore Medical Center. It will come as little surprise to members of the American Osler Society that the neurosurgeon heading up the team was our own James Tait Goodrich. The event has been declared one of the top news stories for New York City during 2004 and seems likely to be remembered in the annals of medical history especially because Goodrich and his colleagues found the twins' brains to be actually fused. Here's an excerpt from the story as told by Jim to the New York *Daily News*:

Now they were almost at the end, having navigated what they thought were some of the most dangerous moments of the procedure. Suddenly, as they prepared to tease the boys apart for the first time in their short lives, they faced a devastating shock ... the twins' brains were actually fused together.

"This was a curveball. We were just totally not expecting it," said Dr. James Goodrich, the hospital's director of pediatric neurosurgery, and one of the leaders of the team....

"These two brains abutted, and our initial thought had been that there was a separate plane between them.

"We came around to the back side, what we call the parietal lobe.... The left parietal lobe on Carl and the right parietal lobe on Clarence were actually fused, so there was no space to get between them.

"This was a big shock, and we spent two extra hours trying to sort out the anatomy.... The first question was: Were we coming at it from the wrong direction? Were we missing an anatomical division that was there, but we just weren't seeing it? ....

"We looked from every different direction. We made a couple of additional small craniotomies to make sure we weren't missing a window of opportunity, but the consensus was that [the brains] were fused.

"We had to separate those two brains, otherwise we couldn't get the two kids apart.

"It took 20 minutes to do that separation. We picked a place and dissected, and hoped we picked a spot that would not cause significant neurological injury.

"They were on two separate tables, so I asked the anesthesiologist to gently separate the two tables so we could pull them apart. As we pulled them apart, we



**Jim Goodrich signed this print, "To the American Osler Society with thanks for your support! Carl and Clarence Aguirre, August 11, 2004."**

could see the membranes that were interconnecting them.

"Eventually, we just rotated them, teasing the brains apart until they were separated.

"Let me tell you, there was a big hush. It became absolutely rock quiet. It was tense. It was kind of a make-or-break deal. This is such a unique situation. As a neurosurgeon, you're just not used to looking at two brains stuck together.

"It's just something that's physiologically and psychologically not normal. So it was beautiful to see the way Mother Nature had intertwined their two brains."

For Arlene Aguirre it was no doubt even more beautiful to see her twin boys separate for the first time and with the possibility of living out normal or near-normal lives. The twins had undergone three previous operations after arriving in New York in October 2003, and they will need to have their skull caps reconstructed, among other things.

After surgery, the boys were able to look at each other for the first time. Said Goodrich, "I'd like to know what's going through their minds." Here's to you, Jim!

—CSB

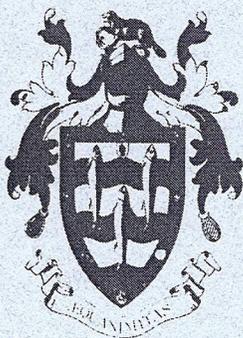
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*Spend the last half-hour of the day in communion with the saints of humanity.*

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### Aequanimitas

**The Oslerian** is published approximately four times a year by the American Osler Society, Inc., a non-profit organization. Members of the American Osler Society are encouraged to send news items of interest, including but by no means limited to their personal activities and accomplishments and accompanied by photographs or other illustrations. For distribution of reprints and other materials of possible interest to AOS members, please send 180 copies. Your ideas for **The Oslerian** are of course most welcome! Direct all correspondence by mail, fax, or e-mail to the Secretary-Treasurer.

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.

## Participants' Evaluations of the 34th Annual Meeting of the American Osler Society, Houston, Texas, 18-21 April 2004

Continuing Medical Education guidelines mandate the systematic evaluation of participants' responses, which should be taken into account when planning future meetings. At the 34th Annual Meeting of the American Osler Society, 42 physician attendants and three non-physician attendants completed their evaluation sheets. All three non-physician attendants opined that the sessions were presented effectively; the only additional comment (that is, over and above the solicited comments) was "Great meeting!" Here are some observations from the 42 physician attendants:

*Were the sessions presented effectively and fairly?* Forty-one respondents said yes; one said no. *Were the following learning objectives (that is, things the participants should be able to do after the meeting) met?*

- *Discuss, in the context of the papers presented at this meeting, the following statement given by Lawrence D. Longo in his Presidential Address at the 2003 annual meeting: "The challenge of us as Oslerians is to eschew hagiography, with excessive reverence for the 'great men and their discoveries,' and to promote scholarship worthy of our namesake. A critical aspect of this endeavor is to gain a broad understanding of the past and its social and cultural milieu, from which we can draw our own lessons."* Thirty-five respondents replied "met"; the remaining seven gave no answer.
- *Compare and contrast the issues facing medicine at the turn of the twentieth century, when William Osler was Professor of Medicine at Johns Hopkins, with issues now facing medicine in the early twenty-first century, and provide specific examples illustrating the ability of individuals to influence events.* Thirty-one respondents replied "met," one replied "unmet," and seven gave no answer.
- *Evaluate the relevance of history to specific diseases, such as diabetes mellitus, chronic renal failure, leprosy, cholera, lymphomas including Hodgkin's disease, and childhood leukemias.* Thirty-four replied "met"; the remaining eight gave no answer.
- *Critique at least three personal ideals of William Osler as they might apply to the early twenty-first century, and evaluate the merit of claims made by Osler's occasional critics.* Thirty-three replied "met"; the remaining nine replied "unmet."
- *Assess the impact of the following successive trends on medical education in the United States: the importation of Old World (and especially Scottish) methods of teaching medicine to the founding of the University of Pennsylvania Medical School; the organization of the Johns Hopkins University; the implementation of full-time clinical professorships; and current attempts to promote Oslerian ideals.* Thirty-three replied "met;" the remaining nine gave no answer..

"Good" or "excellent" responses were given as follows: 81% to having met the participant's needs; 86% to having made the participant want to learn more; 29% to the likelihood of enhancing the participant's practice; 79% to the opportunity for participation; 79% for the audiovisual materials; 83% for the handout materials; and 86% to the overall activity (in a majority of cases in which the response was not "good" or "excellent," no response was given). Additional specific comments should be useful in planning the 35th Annual Meeting.