Greetings, Fellow Oslerians!

Our American Osler Society is now 30 years old. As we have gracefully aged a generation, our membership has naturally changed. From the original members, 29 in number (24 physicians, 27 men) and strongly oriented towards leading figures in academic internal medicine, we currently have 144 members including 78 active, 53 emeritus, 6 associates, 5 honorary, and 2 students. A review of our total roster (active and emeritus) provides some interesting information about our current membership. Our average age is 67.1, ranging from age 40 (John Golden) to age 94 (Saul Jarcho). There are 29 members over age 80; 8 over age 90; and 41 under age 60. Thirteen members are non-MDs. Only 6 members are women. We have an international representation: 18 members live in Canada, 4 in England, 1 each in Japan, Australia, and Wales. About 85% are or were in academic positions.

Internists or internal medicine subspecialities constitute our greatest number (at least 61), but we also have 15 professional historians, 8 medical librarians, 8 neurologists, 5 neurosurgeons, 4 psychiatrists and pathologists, 3 editors and radiologists, a bioethicist, a sociologist, and a professor of English. Cardiology is the most represented medical subspecialty (14) followed by gastroenterology (6). Many of our members are or were deans, chiefs of divisions or departments, educators, historians, or have other high professional ranking.

There were 104 responses to the questionnaire (79% of active members, 70% of emeritus). Just slightly over half (50.5%) felt that the total active membership should be limited to a specified number of people. As far as requirements for membership, an overwhelming 75% favored retaining a presentation as a requirement and 69% preferred that 1 meeting, not 2, be required for consideration. 72% favored expanding the meeting to 2 and 1/2 days if warranted; an identical number voted against poster presentations. Of the 102 responses, 24 (23.5%) belong to the AAHM. 66% of all respondents stated that it was not important to meet with the AAHM. Of those 34 who felt that we should meet with the AAHM, 9 (26%) do not actually attend the AAHM meeting. 71% felt that a member should be dropped for failure to attend 5 AOS meetings in a row.

A number of important suggestions were offered: Meet on the weekends to take advantage of lower plane fares and improve attendance; keep meetings small to preserve scholarly fellowship and intimacy; allow more time for the presentation of speakers but not permit speakers to go over their allotted time; provide adequate time for discussion and socialization; have invited topics for presentation and discussion; continue to emphasize a broader approach to the history/humanities of medicine; add exhibits of materials by members; avoid becoming a cult or too bureaucratic; add younger and more female members; introduce Osler to housestaff and medical students; and promote Oslerian scholarship.

I appreciate your enthusiastic response to the questionnaire which will be most helpful in planning the future of our AOS. As one member responded, "It is a minor miracle that the AOS has continued to flourish. Let the miracle continue!"

Mark E. Silverman
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Oserian Profile

Pierach’s Postcards

Among W.O.’s many endearing habits was his penchant for the postcard as a medium for communication. Oserian Claus Pierach has elevated the postcard to an art form. Claus, as far as we can tell, does not own a conventional envelope. When there is a need to send an enclosure, he’ll use any-old-thing—say the envelope from his last electric and gas bill. But my are his postcards fabulous! Shown at the above left are examples of the annual Pierach holiday card showing Claus with children and grandchildren (currently 3 of each). A typical Pierach missive will conclude “Life is good.” And so it would seem.

A quick MEDLINE search will tell you that Claus, who is professor of medicine at the University of Minnesota, is among the world’s experts on porphyria. Recent papers include a history of Friedrich Wilhelm I and porphyria published in Sudhoff’s Archiv (wouldn’t W.O. be proud?) and a comprehensive review of “Environmental chemical exposures and disturbances of heme synthesis.” But, like so many Oserians, he has wide-ranging interests both in and out of medicine. These include woodworking, photography, and free-lance writing. He writes a weekly column about what’s happening in the United States for the Wetterauer Zeitung, a newspaper in Bad Nauheim, Germany, where he once lived. In this connection, Claus wrote the following piece in response to a call from a local radio station for essays about musical instruments.

Bechstein

Like many a childhood mine was a happy one. Until the summer of 1944. When we fled from the Russians. That was in Memel, Germany, on the Baltic Sea. We children were supposedly left in the dark. Hush hush. No, we are not going on a big trip. Just one more time on vacation. But we had just been on holiday, lovely, in grandfather’s house on the sea. Where are we going. Oh, never mind. . . . What can we take? Just a little. We’ll be back soon, don’t worry about your fish tank.

But it dawned on me that this trip was unlike any other we had ever taken. Why those big wooden boxes? Crates for the carpets. And the pictures were stored between those rugs. Late in the evening, we were supposed to be sound asleep, we heard the grownups talk. So quietly. We understood nothing. But if felt uneasy.

Even more often than usual mother would sit at the piano in the music room. The piano, was it a baby grand, was a Bechstein. Beautiful cherry wood. Grandfather had started out as a carpenter but towards the end of his life had a fine furniture store and also sold pianos. His principle was never to sell anything black. He thought wood was far too beautiful to ever be painted black. So my parents received a beautiful piano made out of what looked to me like golden wood, a masterpiece and a gem even if nobody would have ever played on it.

Mother played softly. Had her music turned sad? Now never a waltz. Or was there a Valse triste? And father, who often sang so loudly while playing that nobody would hear how poorly he played, or so he might have thought, well, we didn’t hear him any more.

We left Memel. And never returned. The piano was left behind and we never found out what happened to it. The sad truth sank in: the music was over. At first I could not understand why that beautiful instrument had to be left behind. After all, I was merely ten years old and the war was not part of my thoughts and like everybody else I did not understand what was going on. Did I feel sorry for us or for the piano? Poor piano, it had been too much a part of our happy family.

Crisscrossing Germany we settled in the West. And never again had a piano in the house. Oh, father once came home with one of those little imitations, an electric keyboard. I think it had to be plugged into the radio so that the loudspeaker would emit the tinkly sound. We all shook the head. And father sang loudly, this time perhaps so that nobody could hear how poorly this contraption sounded.

Wow! —CSB
Swick seeks definition of professionalism

When we think of "medical professionalism" we think of W.O. although, to be sure, he never proffered a definition. And perhaps with good reason. New member Herbert W. Swick, in a major statement, concludes that "medical professionalism" does not really lend itself to a dictionary definition. However—as with Justice Potter Stewart's definition of pornography—we know it when we see it. Swick concludes that "medical professionalism" comprises at least 9 sets of behaviors, as follows:

1. Physicians subordinate their own interests to the interests of others.
2. Physicians adhere to high ethical and moral standards.
3. Physicians respond to societal needs, and their behaviors reflect a social contract with the communities served.
4. Physicians evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness.
5. Physicians exercise accountability for themselves and for their colleagues.
6. Physicians demonstrate a continuing commitment to excellence.
7. Physicians exhibit a commitment to scholarship and to advancing their field.
8. Physicians deal with high levels of complexity and uncertainty.
9. Physicians reflect upon their actions and decisions.

The context of Swick's statement, it should be noted, is a renewed interest in the "professionalism" that permeates the recent medical literature. The former editor of JAMA, for example, argues that we must promote professionalism "by appealing to the fundamental good that rests within almost all who were originally attracted to medicine as a service profession by demanding that professionalism include self-governance, self-determination, and self-policing and then performing successfully in good faith." Oslerian Kenneth M. Ludmerer, in his much-acclaimed Time to Heal, observes that market forces including the general abandonment of fee-for-service reimbursement for managed care "pose an unprecedented threat to medical professionalism—particularly the physician's obligations to serve the needs of patients." Major statements about professionalism have also appeared in recent months in Lancet and New England Journal of Medicine.

Swick, a neurologist by training, is no newcomer to this dialogue. At the Medical College of Wisconsin, he designed and directed a 2-year sequence of courses known collectively as the Promotion of Medicine Program (POMP) designed for this purpose. He continued his interest at the University of Kansas, and as Scholar in Residence at the Association of American Medical Colleges. He is now director of the Institute of Medicine and Humanities at Saint Patrick Hospital, Missoula, Montana, where he continues this work.

REFERENCES

2. Lundberg GD. The business and professionalism of medicine. JAMA 1997; 278: 1703-1704

—CSB

McGovern makes another major contribution

As is made clear in the article by Charles Roland on the early history of the American Osler Society, the importance of Dr. John P. McGovern to the founding of the AOS cannot be overestimated. Recently, Dr. McGovern has made another $20,000 contribution to the John P. McGovern Lectureship Fund. Should this not be an example to us all as we plan our charitable contributions and our estates with the aim of making AOS a major voice in medicine? —CSB
Stanley W. Jackson, M.D. (1920-2000), psychiatrist and medical historian, died in New Haven, Connecticut on 24 May 2000. He was completing his second year as president of the American Association for the History of Medicine. Born in Montreal, Canada, on 17 November 1920, he graduated from McGill University in 1941, then served from 1941 to 1945 as flying officer (Navigator) in the Royal Canadian Air Force. He later often reflected that he had never considered a career in psychiatry until he found himself acting informally as counselor and therapist for many of his fellow airmen. He returned to Montreal committed to “talking medicine,” and in 1950 received his M.D. degree from McGill. He practiced as a psychiatrist in Seattle and, in 1962, graduated from the Seattle Psychoanalytic Training Center and the San Francisco Psychoanalytic Institute.

In 1964 Dr. Jackson and his wife, sociologist Joan K. Jackson, moved to New Haven, where for two years, supported by a NIMH special training grant in the history of psychiatry, he was Research Fellow in the Department of the History of Science and Medicine at Yale University. At Yale, he became Professor in the Department of Psychiatry and in the Section for the History of Medicine, and was appointed Professor Emeritus in 1991.

Wide-ranging in his intellectual and professional passions, Dr. Jackson was especially known in psychiatry for his devotion to mentoring and his clinical and administrative prowess. His numerous articles and reviews in the history of medicine spanned ancient to modern times. He was Editor from 1991 to 1996 of the Journal of the History of Medicine and Allied Sciences, and author of Melancholia and Depression (1986) and Care of the Psyche: A History of Psychological Healing (1999). He was a member of the American Osler Society since 1994 and a member of the American Association for the History of Medicine since 1963 and its most recent president. He completed his Presidential Address on “The Wounded Healer,” which was presented in his absence at the annual AAHM meeting in Bethesda, during his final weeks as an oncology patient at Yale-New Haven Hospital. A man of gentleness and sharp insight, a consummate healer and scholar, Stan will be greatly missed.

—Naomi Rogers and John Harley Warner

Roland Becomes AOS Historian

President Silverman, with approval of the other officers, has appointed Dr. Charles G. Roland as AOS historian, fulfilling an office consistent with our Bylaws. As a charter member, and former board member, secretary-treasurer, and president, Chuck Roland is of course eminently qualified for this position. He has composed a working job description, as follows:

The responsibilities of the Historian, AOS, should include activities designed to assure the ongoing preservation of the history and the archives of the American Osler Society. Carrying out this would entail obtaining for preservation appropriate documents, photographs, and artifacts. At the discretion of the Secretary-Treasurer, the Historian could advise with respect to selection of material to be added to AOS archives at the Osler Library, McGill University, Montreal. The Historian should act as liaison between the AOS and the Osler Library. In addition, the Historian would carry out such additional duties as may be requested by the President or the Board of Governors.

In that spirit, Chuck seeks photographs of our meetings and other artifacts (handouts, brochures, etc.). These will be copied and returned promptly. They should be sent to: C. G. Roland, Hannah Professor Emeritus, 3N10-HSC, McMaster University, Hamilton, Ontario L8N 3Z5 (rolande@fhs.mcmaster.ca). Let Chuck hear from you!

—CSB
The Formative Years of the American Osler Society

Charles G. Roland

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The American Osler Society held its first formal meeting in 1971, an event that will represent not the beginning of this essay but, rather, almost the end. Though some portion of the founding story has been told by Alfred Henderson,¹ and again by Henderson and McGovern,² I believe that there is a duty for any society—particularly an historical society—to record its own origins as thoroughly as possible while the principals remain on the scene.

This essay is based on my personal involvement in the founding and the early years, on interviews or correspondence with other founders, and on examination of the limited published material. The contributions of two primary movers, John P. McGovern and Alfred Henderson, will be documented. Some information is available about the process whereby the original contingent of Oslerians was selected, the constitution created, and the meeting arrangements made.

Zeitgeist is defined as a pattern of thought or feeling characteristic of a particular period or time. In the 1960s, the North American medical zeitgeist was such that the desirability and need for an international Osler society expressed itself in several minds more or less simultaneously. One factor helping to fashion this Zeitgeist was increasing concern among thoughtful physicians—and non-physicians—about the growing sterility induced by the prevailing emphasis on science in medical education.

The concern was not a reaction against science but rather with the apparently concomitant loss of humanity and humanness in our profession. Technology threatened to substitute for caring: A humanist role model was needed, and who better than William Osler?

The two minds most productively tuned to the desirability of creating a society were those of John P. McGovern, in Houston, Texas, and Alfred Henderson, in Washington, D.C. Neither man remembers, now, exactly when the initiating thought began to flower in his mind. McGovern recalls discussing the topic with Grant Taylor while both men were attending scientific meetings in the mid-1960s. Henderson, in 1966 and 1967, “...Brought the subject up to a number of Oslerians, including Wilbur C. Davison and Wilder Penfield... All were of one accord—that such an organization was, indeed, overdue.”³

¹ Dean Davison played a pivotal role here. He was Jack McGovern’s professional mentor and hero, and close friend, and Jack had already discussed his idea with Davison. Thus when Henderson called, Davison promptly suggested a meeting between the two men.

² McGovern had occasion to attend a medical meeting in Washington in October 1967; there, at Davison’s suggestion, he met Al Henderson for the first time. Al was then at the Smithsonian Institution, where they met.⁴ The two men quickly established the existence of mutual aims. They agreed to work together toward creating an Osler society. As it turned out, Houston, Texas was to be the birthplace and Jack McGovern the presiding man-midwife. Those who know McGovern, his enthusiasm for William Osler, his boundless, restless energy, will not be surprised to learn that he devoted this energy to the cause unceasingly.

In the last half of 1969, Henderson traveled to Houston to meet with Jack and to discuss how to set up the society. The process was very much a “smoke-filled backroom” operation (though without the fumes since none of the founders smoked). Jack had been part of the establishment of another society and had come to believe that the initial planning should be done by the smallest possible group. He functioned as the nucleus of the AOS group.

McGovern and Henderson and, on one occasion, Tom Durant, spent time together in Houston trying out ideas and making decisions. At other times Jack, with regular consultation with Henderson and others, moved the planning and organization along. Various decisions and suggestions were tested on a few others including Dean Davison, Grant Taylor, and myself.

A slate of officers was an early requirement. McGovern would have been happy to see his hero, Davison, as the first president, but the Dean urged that someone younger was needed.

John P. McGovern and Alfred Henderson, Houston, Texas, August 1970, planning the AOS

Alfred Henderson, Tom Durant, and John P. McGovern, Houston, Texas, 21 February 1970
The apparently unanimous choice was William B. Bean, then Sir William Osler Professor of Medicine at the University of Iowa. This invitation epitomizes the process of our founding. On Sunday 30 November 1969, Jack McGovern called Iowa City and traced Bean to Clinton, Iowa, and to—not surprisingly—a tennis court. A call to the clubhouse brought Bill breathlessly away from his game. Jack explained what was happening, because at this stage Bean was unaware the society was being created. McGovern extended the invitation, Bean accepted, and returned to finish his set.

McGovern asked Henderson to nominate an officer and Henderson suggested Tom Durrant, whom Jack didn’t know. Durrant had taught Henderson at Temple, and was interested enough to attend and participate in the second meeting between McGovern and Henderson. He was very positive about the new society, and he ultimately was named 2nd Vice-President. McGovern wanted to have well-known physicians among the first set of officers, to provide a cachet to the Society. In recent interviews, he has been candid about this—the aim was to find an initial slate of people who would do the job, but who were also prominent in American medicine. So as well as Bean and Durrant, George Harrell was to be an officer—Vice-President (and thus President-elect)—and Ed Rosenow Jr to be Secretary-elect. McGovern was the first Secretary. Henderson was the Treasurer-Historian. In 1974 this last position was transformed into the current Secretary-Treasurership; the other positions rotated upwards annually, Secretary to second Vice-President, and so on.

George Harrell was on the original slate of officers, having been invited both to join and to serve by Jack McGovern. Because these initial contacts were all made by telephone, documentary support is minimal. Harrell later recalled that at the time he joined, he had not thought of Osler in an historical sense—at least, I think that is what George recalled: one of the challenges of historical research is interpretation! Of course, George soon became a major laborer in the Oslerian vineyard.

This is perhaps the proper place to mention my own modest role in these formative days. I had met Jack McGovern on a trip to Houston in about 1965, soon after I had joined the editorial staff of JAMA. It was the editor, John Talbott, knowing of my interest in Osler, who suggested that I should meet McGovern. Sometime in 1967 we agreed to work on a project related to Osler, the end product of which was the book, William Osler: The Continuing Education, which was published in 1969. Thus we were in regular correspondence and met frequently about the book while the Osler Society began to take shape. Also I was organizing the special issue of JAMA for 22 December 1969, commemorating the 50th anniversary of Osler’s death. Among those whom I invited to contribute an article was Jack McGovern. It was this connection that led McGovern to put my name forward not only as a Charter Member but also as a member of the initial Board of Governors. Moreover, McGovern and I talked on the telephone, frequently and at length, about various aspects of the new organization, the form it should take, who should be approached to join, and similar questions. So I was not among the very small group that met once or twice in Houston but was fully aware of what was happening, and I provided some input into the process.

An informal division of labor seems to have been worked out between McGovern and Henderson. McGovern, from the functional center of operations in Houston, played the larger role in contacting potential officers, governors, and Active Members, arranging for incorporation, and planning the Galveston meeting that became a sort of informal first meeting of Oslerians in advance of the Osler Society. Henderson began to draft a logo, arrange for the printing of membership certificates and programs—his father-in-law was a printer—and other similar tasks. This division was not absolute and never formal.

The officers and the members of the first Board were invited by telephone; no letters. Charter Members were largely invited by letter. For example, I invited Earle Scarlett, Earl Nation, Bill Gibson, Ray Pruitt, Tom Keys, R. Palmer Howard, and Edward H. Bensley. All except Bensley accepted promptly and happily. Edward Bensley informed us that he had just discovered he belonged to 40 societies and had vowed to cut down. Characteristically, given this, and despite his great interest in Osler, he felt obligated to decline.

The statement of purpose of the fledgling organization was as follows:

The purpose of the Society is to unite into an organized group, physicians, and others allied to the profession, with a common interest in memorializing and perpetuating the lessons of the life and teachings of William Osler, to meet periodically for the purpose of presentation and discussion of papers on the life and influence of Osler, and to publish these essays as a Proceedings of the Society; to
REFERENCES
3. Ibid, p. 1209.
4. Ibid.
10. CG Roland, TLS to JP McGovern, 28 January 1970, reported the acceptance by Osler, Howard, Scarlett, and Gibson: Keys and Pruiit had expressed their acceptance in person.