Greetings, Fellow Oslerians

As we all know, our organization is working through an important transition from a highly successful period under the inspired guidance of our long-time secretary-treasurer, Charley Bryan. A number of new officers are feeling their way into their jobs and now may not be a good time to launch new undertakings. It may, however, be a good time to brainstorm a bit about the future.

In my first “Message from the President” in the June 2008 issue of The Oslerian I wrote, “We’ve ruminated on the overwhelming proportions of gray- and white-haired men at our meetings” and that “a balance across the ages is still a long way off.” I also commented on our gender imbalance, but concluded that we have been moving in the right direction and implied that improved “outreach” might help us correct both imbalances more quickly.

My initial run through our website’s biographical directory corroborates impressions that our Society tends to be elderly and male. Shown in Table 1 is the distribution of our current membership by age group.

Note the following:

- The average age of our membership is 71.2 years.
- 84.1% of our members are 60 years and older—well above the 22% of all U.S. physicians in that age group (in the year 2000).
- The average age at which current members joined our organization is rather younger (55.6 years).
- Thirty-seven percent of our members joined in their sixties and seventies, and 75% joined in the fifties, sixties, and seventies (Table 2, next page). Those who joined the AOS during the 1980s averaged 52 years of age, and those who joined during the 1970s averaged fifty years of age.

I was able to identify on our membership list (going by names and personal acquaintance; gender is not specifically mentioned on the list) only 14 women, or 8.95% of our 164-plus members. This seems to be well below the proportion of women in the general population of women in the U.S. (24.1% in 2000, and expected to reach 29.4% in the year 2010).

Table 1. Age of AOS Member (Numbers and Percentages of All Members) in 2008

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>Percentage of All Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-plus years</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Eighties</td>
<td>34</td>
<td>21%</td>
</tr>
<tr>
<td>Seventies</td>
<td>50</td>
<td>30%</td>
</tr>
<tr>
<td>Sixties</td>
<td>48</td>
<td>29%</td>
</tr>
<tr>
<td>Fifties</td>
<td>20</td>
<td>12%</td>
</tr>
<tr>
<td>Less than 50</td>
<td>6</td>
<td>4%</td>
</tr>
</tbody>
</table>

Continued on page 2
Oselian Aging and AOS Outreach! (continued)

It is clear that we consistently attract older colleagues into our organization and indeed that we are attracting older men as time passes. Further, those who join us it seems tend to stay. Thus, the group’s membership at any given time is rather older than the average age of those accepted in any given decade.

It may well be that our low percentage of women members reflects the youth of the population of women physicians from which they usually came. It is only within the last several decades that the percentage of women graduating from medical schools has approached that of men. Thus, if we attract older people perhaps the future will see increasing proportions of an aging population of women physicians in our “geriatric” midst.

There is, I think, aside from the extremely low proportion of women, nothing deeply troubling in all this. Our association is thriving. Our meetings are getting better and better and we enjoy each other’s gracefully aging male company with diversity afforded by a few wonderful female and younger colleagues. Further, it well may be as some have conjectured that younger physicians, medical students, interns, and younger practitioners are so concerned with establishing their clinical and scientific careers, paying off their debts, and paying attention to young and growing families that they do not have the leisure to contemplate the “eternal verities” of the humanities in medicine, or the profession’s historical roots. It may take time for colleagues to grow “into us”. The proportions of William Osler’s publications in successive periods over his lifetime drifted from being largely biomedical/scientific and clinical to increased proportions of the social, philosophical, and historical as the man himself, our mentor, aged. It may well be that since things “ain’t broke, we shouldn’t fix’em.”

On the other hand, it seems that more and more of our younger colleagues are receiving training in the humanities and history of medicine both within the pre-medical and medical curricula. Many have access to humanities-in-medicine programs close to home. The literature in these areas is expanding rapidly, and there are a number of professional responsibility wedded to a youthful enthusiasm about their work.

In a paper that I gave to our society in 2001, I addressed the rather arcane entitled subject “Oslerian Filiation”. By “filiation” I meant mentoring but with aspects closer to “father-son” (or parent-son/daughter) relations than the superior-subordinate networking suggested in current usage. “Father-son” to me seems closer to the original, classical notion of mentoring. The paper argues that Osler treated his students and younger colleagues (men and women) somewhat as “sons or daughters” and they him as a “father”—analogously speaking of course.

Larry Longo used to refer to our organization as a family. I think we are that as well as a scholarly association. Family-like, we resist specialized concomitant meetings. Many of us seem to want to know what others (in the family) are “about”. We dine and relax together at AOS functions. Over the years we become as much friends as professional colleagues. I think that our association can offer young people, men and women, Oslerian mentoring or filiation, and that over the years if we attract more younger members we can cultivate such relationships in something like the ways that Osler did.

I am assuredly not recommending that we advertise for members with the slogan “come and find a professional mother/father”. I am, however, suggesting that we try more vigorously to attract younger members by actively informing them of the nature of our society as we live it.

Currently our web-site offers information about our society. Our home page gives a one-sentence description of our goals and a headline announcement of the Bean Student Research Award and link to a brief description of its requirements and application process. There are links to: a list of our officials; a membership list (which members only can access through a code); brief descriptions of our organization’s history; a listing of meeting presentations; and other Oslerian on-line resources including our own searchable Oslerian database. Finally, we offer information concerning how one might become a member. All of these are important to members and people interested in our society. They are essential elements of our outreach.

To develop further, however, our website might embed these materials in a framework that is perhaps more inviting. The home page, for example, might be called “American Osler Society: The Open Arms” and explain the source of this subtitle (the Oslers’ hospitality at 13 Norham Gardens) and its intent. In soliciting presentations and attendance at our meetings we might describe their “shape”, the relatively small numbers of attendees compared to most other national and international professional gatherings, the mix of various medical specialists and non-medical people who attend—many individuals of “many parts” (with interests in book collecting—“bibliomaniacs”, poets, actors, musicians, ethnists, editorialists, medical historians, and dedicated teachers as well as accomplished clinicians, researchers, teachers, and administrators). Members share information about their activities with one another through relationships developed over the years. Such relationships are facilitated through members being present at all papers. At meetings many of us share meals and special trips related to Osler, the history of medicine, and other topics. Other family members who, in turn, become part of our own Oslerian “ended family” often accompany members to papers and other events.

Continued on page 4
Welcome, New Members!

The six new members elected at the 2008 meeting of the AOS are (left to right) John D. Bullock, Leonard H. Calabrese, J. Mario Molina, C. Joan Richardson, Rob H. Stone, and Robert P. Turk.

John D. Bullock relates that a head injury left him with permanent diplopia, forcing his retirement from ophthalmology. He thereupon obtained a MPH degree and now teaches infectious diseases epidemiology at Wright State University School of Medicine in Dayton, Ohio. His many fascinating papers related to the history of medicine include “Was Saint Paul struck blind and converted by lightning?”

Leonard H. Calabrese is professor of medicine and vice-chair of rheumatology and immunologic diseases at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University. He lectures widely on “Osler and Professionalism” and is interested in the intersection of medicine and the performing arts, notably dance.

J. Mario Molina, who became steeped in the history of medicine while training at Johns Hopkins, is president and CEO of Molina Health Care, which focuses on medically underserved populations. His sterling character (Phi Beta Kappa, Alpha Omega Alpha, named one of America’s most influential Hispanic-Americans) is marred only by that most common of Oslerian afflictions: bibliomania.

C. Joan Richardson is Director of the Division of Neonatology at the University of Texas Medical Branch, Galveston, where as an inaugural member of the John P. McGovern Academy of Oslerian Medicine she started the Osler Club. Her work in medical history including three presentations to the AOS focuses mainly on biography.

Rob H. Stone, son of AOS past-president Marvin Stone, has pursued a career in acting, directing, producing, and the writing of films, and is currently president of Vienna Productions. The recipient of numerous awards in his field, he has produced a major documentary film on William Osler.

Robert P. Turk, who has attended nine AOS meetings and presented twice, is Clinical Professor of Surgery and Director of Undergraduate Surgical Education at Wright State University School of Medicine. His presentations on medical history include one of the most memorable of this year’s AOS meeting, on Rembrandt’s subject Dr. Nicolaas Tulp.

In Memoriam

Victor A. McKusick (1921-2008)

Victor Almon McKusick, a charter member of the American Osler Society who, after mastering the field of cardiology, founded the field of medical genetics as we know it today, died at his home in Towson, Maryland, on July 22, 2008, of complications of cancer. Best known in recent years as the prime force behind the Human Genome Project, his passing was noted throughout the world.

The son of a high school principal and former elementary school teacher, Victor was an identical twin and was raised on a dairy farm in Parkman, Maine. After high school Victor and his identical twin brother, Vincent (who went on to become Chief Justice of the Maine Supreme Court) chose different colleges, with Vincent going to Bates College in Maine and Victor choosing Tufts in Boston. In 1937, while at Tufts, Victor was admitted to the Massachusetts General Hospital for a severe infection of his axilla, and that experience steered him toward medicine. He gained early acceptance to the Johns Hopkins University School of Medicine, where he was to spend his entire career. After becoming perhaps the world authority on the heart sounds, he became fascinated with hereditary diseases and founded a Division of Medical Genetics. In 1966 he first published a catalogue of all then-known genes and genetic disorders (Mendelian Inheritance of Man), and in 1969 he proposed mapping the human genome—a project he lived to see to completion.

To the numerous obituaries of this famous man including one in the New York Times we should add that he was an Oslerian to the core. Like Osler, he was a “notebook man”—and also one seldom without a pocket camera. He reorganized the Department of Medicine at Johns Hopkins during his tenure as its chair, during which he oversaw creation of the Aequanimitas necktie and led the restoration of the room in which Osler wrote his textbook. Victor was by any reckoning a Great Man—but he was also a modest man and a quintessential gentleman. It’s difficult to imagine a life better lived.

—CSB
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.

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

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.

Resources

3. For further treatment of the “filiation” notion, see: J.W. Lella, “Oslerian filiation and the McGill tradition: 1874-1887, the Osler Library,” a longer variation of a paper presented to the Society in 2001 and which is available from the author.