



# The Oslerian

## A MESSAGE FROM THE PRESIDENT

### Osler's Compass. III. Auscultation

<b>Inside this issue:</b>	<b>Pg</b>
<b>President's Message (Continued)</b>	<b>2</b>
<b>Oslerian Progress Note</b>	<b>2</b>
<b>President's Message (Concluded)</b>	<b>3</b>
<b>Review of Cooper's book <i>Open Heart</i></b>	<b>3</b>
<b>Looking to AOS PHL</b>	<b>3</b>
<b>FINAL Call for Abstracts</b>	<b>4</b>

Dear Fellow Oslerians,  
 "Auscultation," our third point on Osler's compass, comes from the Latin *auscultare*, which means "to hear with attention." Thus, auscultation implies *attentive* listening—grasping the speaker's full meaning including the emotional overtones of what someone else wants to tell us. By most accounts, William Osler was an excellent listener — and we're not just talking about his prowess with a stethoscope (Figure 1).

Osler's enormous popularity among his contemporaries was undoubtedly due in large measure to his ability to listen. Thayer observed that Osler "was a good listener and had an unusual skill in guiding a conversation." Osler seldom told long stories or anecdotes, nor was he a maker of puns or a teller of jokes of the kind that rely on surprise punch lines. He listened *attentively*.

The 10 works or authors on Osler's recommended bedside reading list offer sound advice on listening. From **Proverbs (1:5)**: "A wise man will hear, and will increase learning, and a man of understanding shall attain wise counsels." From **Plutarch**: "I am of the opinion that listening ought to be a constant topic of discussion... Most people go about the matter in the wrong way; they practice speaking before they have got used to listening." From **Marcus Aurelius**: "Accustom yourself to give careful attention to what others are saying, and try your best to enter into the mind of the speaker." From **Shakespeare (Hamlet)**: "Give every man thy ear, but few thy voice." I especially like this one from **Oliver Wendell Holmes**: "If you ever saw a crow with a king-bird after him, you will get an image of a dull speaker and a lively listener."

We in the American Osler Society do an excellent job listening to each other. Indeed, I know of no other meetings where the audiences are so attentive. At least two of our recent presidents, Mark Silverman and Chester Burns (both now deceased; *lacrimae rerum*), sought to listen more broadly to our membership through survey instruments. Mark focused mainly on membership requirements and meeting formats. He determined that 75% of membership favored retaining a presentation as a membership requirement; 71% felt that a member should be dropped



**FIGURE 1 — ASCULTATION**

One of his best-known if probably apocryphal aphorisms reads: "Listen to the patient, he is telling you the diagnosis." (I receive from time to time queries about the provenance of this aphorism; the only source of which I'm aware is a medal designed for the Jikei Medical College of Tokyo, Japan.)



*Greetings, Fellows!*

**President Charles Bryan, 41st President of the AOS, installed at the 2010 meeting at the Mayo Clinic in Rochester, MN.**

**Please continue on Pg 2 →**

## President's Message (Continued from Pg 1)

if he/she failed to attend 5 consecutive meetings; 72% favored expanding the meeting to 2 and ½ days; 72% opposed poster presentations; and 66% felt it was not important to meet in tandem with the American Association for the History of Medicine (AAHM).<sup>1</sup> Chester carried out an ambitious survey of both

the AOS and AAHM memberships to test the desire and feasibility for a tighter overlap.

Here's the thrust of this message: *The future of our society depends far less on our relationship to the AAHM than it does to the members of "Generation X" and their successors.* (Please see adjacent Table.) Indeed, this should be our central focus.

Generalizations about generations are, of course, simplistic in the sense that human nature seems to have changed little if at all during recorded history. (If you don't believe it, go back to the Hebrew Bible or Plutarch.) However, demographers and sociologists agree that each generation develops its somewhat unique spectrum of values and characteristics based on the social environment encountered in their early years. Our membership consists mainly of Veterans and Baby Boomers. We have relatively few Generation Xers. This should concern us.

Those of us who are Veterans or even Baby Boomers and chose careers in medicine had little if any problem buying into many and perhaps most of Osler's take-home messages. We had little if any problem with the central themes of "A Way of Life" and "The Master-Word of Medicine"—paens to a work ethic whereby we defined ourselves largely through our careers. Consider the following: "Throw away... all ambition beyond that of doing the day's work well"; "The master-word is *Work*"; "Put your affections in cold storage for a few years"; "You are in this profession as a calling, not as a business; as a calling which exacts from you at every turn self-sacrifice." We, like Osler, gave primacy to professionalism and duty. We, like Osler, often saw our incomes as being of secondary importance—we were more concerned about respect (our own and others'). Most if not all of us would appropriate for ourselves the subtitle of Michael Bliss's magisterial biography of Osler: *A Life in Medicine*.

Gen Xers tend to see it differently. Being a physician forms only *part* of their identities. They want to be physicians on *their own* terms—not ours or Osler's. They want balanced lives. Their families and friends matter more than their careers. They increasingly seek to limit their time commitments to medicine through employment models that make them, in essence, shift workers. They're more comfortable with interdependence and delegation of responsibility. They're present-oriented. They're skeptical of authority.<sup>2</sup> And the generations that follow them (tentatively called "Generation Y" and "Generation Z"—let's hope this isn't the end of humanity!) will be even more technologically-savvy and individualistic. **(Please continue on pg 3 → )**

**OSLERIAN PROGRESS NOTES:** On September 14th, 2010, an international meeting of the **Osler Club of Buenos Aires** (the only Spanish Osler Club in the World) took place at the Deanery of the Faculty of Medicine, Buenos Aires. Before approximately 50 guests. **Professor Alfredo Buzzi** gave a Power Point presentation on the life of Sir William Osler. Then **Dr. Adrian Thomas**, President of the Osler Club of London (who spoke in English) also elaborated on the Life of Sir William. The 3rd presenter, **Juan Jose Alva**, spoke in Spanish and emphasized the power of words: *meaning versus spirit*. He opined that Osler's Assays will endure and prevail despite technological advances. An elegant dinner at the private home of Professor Alfredo Buzzi followed the meeting.

## Characteristics and Values of Various Generations and Implications for Medical Practice

Generation	Birth Years	Values and Characteristics	Implications for Medical Practice
Veterans	Pre-1946	Value discipline, law and order, and stability; trusting, respectful, hopeful, and loyal; uncomfortable with change	Traditionalist physicians who view their profession as a 24/7/365 calling and focus on professionalism and duty
Baby Boomers	1946–1964	Value job status and social standing; believe employment is for life; more critical, assertive, and demanding than "Veterans"	Although similar to traditionalist physicians on the surface, they place more value on status and tangible rewards
Generation X (AKA "latchkey kids")	1965–1979	Resourceful, individualistic, self-reliant, and skeptical of authority; place less value on corporate loyalty and status symbols	View being a physician as only <i>part</i> of their identity; seek balanced life but also security; often change employers
Generation Y (AKA "millennium" or "net" generation, or "Echo Boomers")	1980–1995	Technologically savvy; comfortable with ethnic diversity; values similar to Veterans in many ways with strong sense of morals	Expect "employment model" with limited, well-defined hours and patient care responsibilities
Generation Z	1995–	Internet-dependent, valuing online communities and social media like Google, MySpace, Twitter, and Facebook	To be determined, but hold the potential for globalization through massive Internet-based collaborations



**FIGURE 2 — THE LATCH KEY**

Gen Xers are also known as “the latchkey kids”— does this not strike irony in the hearts of Oslerians (Figure 2)? They’re so named because of frequent exposures to two working parents, to daycare centers, and/or to divorce during their formative years. (Continued up ↑)

For them, the latchkey symbolizes independence. For us, it stands for belonging among like-minded persons who endorse certain ideals embraced by Osler. Can the twain meet?

Consider this: We took the latchkey because it symbolized access to Osler’s library—now there’s talk that libraries may be approaching obsolescence! The latest word from Johns Hopkins is that even the great Welch Medical Library embraces the idea of digital-only access to everything except its historical collection! The advent of computers and the Internet may render the original Oslerian latchkey obsolete, at least as it pertains to the practice of medicine! The Gen Xers and their successors don’t seem to need books, and perhaps not even teachers. Will Oslerian role models and ideals stay relevant?

Our greatest challenge, in my opinion, is to *listen* to the Gen Xers and their successors.

*Why* might the Oslerian message matter for them? And *how* do they wish to interpret it?

Stay tuned for the last message of my allotted quartet: “Contemplation.”

— Charles S. Bryan, M.D. [cboslerian@gmail.com](mailto:cboslerian@gmail.com)

References:

1. Silverman M. Thirty years later: Who are we? What do we want? *The Oslerian* 2000; 1(3): 1.
2. Bujak JS: Inside the Physician Mind: Finding Common Ground with Doctors. Chicago, IL: Health Administration Press; 2008: 8–10.

**OSLERIANS IN THE NEWS:** David K.C. Cooper’s book *Open Heart: The Radical Surgeons Who Revolutionized Medicine* came out in September 2010. (Kaplan Publishing; h.b.431pg, \$19.43 from Amazon.)

Over a period of twenty years, Oslerian David Cooper conversed with most of the men who were major players in this saga, or spoke with those who had trained under them. His account is full of interesting and amusing anecdotes. He includes three dozen black-and-white photographs of the various pioneers, and he supplements the snapshots with memorable verbal sketches of them, gleaned from the interviews. In fourteen chapters he traces the meandering path of the specialty by concentrating on the lives and accomplishments of the 33 men and one woman (Helen Taussig) who contributed to the development of this ever-expanding field.

Cooper relates all the significant historical events in a readable, limpid style, a pleasant blend of biography and scientific synopsis. But there is an additional, sparkling facet to Cooper’s writing that enhances its appeal: he is a masterful interviewer, and the text is peppered with spicy, revealing comments. *E.G.* At a celebratory banquet, Norm Shumway likened Minneapolis surgeon C. Walton Lillehei - who early on persevered in spite of the death of many of his sick patients, and whose high-flying and chaotic life style led to an investigation by the IRS – compared him to Al Capone, saying: “He killed a lot of people, but the government could only get him on unpaid taxes.”

The text is supplemented by a selected bibliography and a comprehensive index. Those who read *Open Heart* will come away with a new appreciation of the sterling accomplishments and varied personalities of those who developed and made commonplace this once *verboten* branch of surgery. *Bravo!*

**Speaking of good books,** your editor heard a great talk by John C. Bogle about two weeks ago. His book *Enough. True Measures of Money, Business, and Life* (John Wiley & Sons, © 2009, pb 276 pg, \$14.95) is an easy read, full of observations and suggestions by the doyen of American mutual funds, and is particularly relevant given today’s chaotic financial markets. →

**LOOKING AHEAD to AOS 2011 PHL !** Sunday, May 1st at the Hyatt, Penn’s Landing on the waterfront, there will be the *READINGS/RECITATION* and the *CREATIVE WRITING* sessions (as held in Minnesota). Monday AM and PM will be plenary Paper Sessions, and Monday evening there will be a champagne reception at the College of Physicians of Philadelphia, the oldest professional group in the U.S. (founded in 1787). Tuesday the plenary Paper Sessions continue morning & afternoon, and Wednesday morning. Tuesday evening at the Hyatt will be a reception, the banquet, and the President’s Address. Information about the many historic sights in PHL will be available as part of a spouses’ program.

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## Æquanimitas

*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. Its OSLERIAN is published quarterly.*

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

## LAST Call for Abstracts for 2011 Annual Meeting in PHL, PA, May 1-4, 2011

(As of press time there are still slots available for papers on the program!)

**Abstracts** should be sent by e-mail to: [aosrenee@gmail.com](mailto:aosrenee@gmail.com) with a copy to [mueller.pauls@mayo.edu](mailto:mueller.pauls@mayo.edu) and must be **received by 30 November 2010**. 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.

**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.

**Standard audiovisual equipment** will consist of a laptop computer and LCD projector. Presenters should carefully weigh, and justify, requests for *additional* AV equipment since this will add substantially to the cost of the meeting. (*Specifically request additional equipment.*)

**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.

**Abstracts will be accepted by e-mail up until 30 November 2010. Send with objectives and cover letter to:** [aosrenee@gmail.com](mailto:aosrenee@gmail.com) with a copy to: [mueller.pauls@mayo.edu](mailto:mueller.pauls@mayo.edu). Please make submissions in Microsoft WORD format.

**AOS Members** — Please forward to the editor information worth sharing with one another for OSLERIANS IN THE NEWS column, including awards and publications for yourself or other Oslerians. - JBV