



The Oslerian

A MESSAGE FROM THE PRESIDENT

HENRY KESSLER'S EXCELLENT ADVENTURE

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President Sandra Moss, 43rd AOS President installed at the 2012 meeting in Chapel Hill

Dear Oslerians,

You are missing a lot here! As most of you know, Philip Leon, literary scholar and a true gentleman, was asked to accept the second vice presidency of the AOS just two years ago. He declined, not trusting his health to hold out long enough for him to take on the first vice-presidency and ultimately the presidency. Sadly, he was right, and died shortly before our 2012 meeting. His final duty to the AOS was his review of abstracts for the 2012 program committee. So there will be no beautifully crafted literary essays to expand our horizons, no explication of poems touching the lives of healers and the sorrows of the sick.

Charley Bryan assumed the presidency as I became the second vice president. Our research paths crossed over yellow fever. Among Charley's legion of historical and humanistic interests is yellow fever and the actors in that historical drama. My narrow focus was on the experiments conducted in Cuba by investigators other than Walter Reed and the Yellow Fever Commission. Charley was generous with advice and graciously added my tidbits to a history of yellow fever he was writing for *Clinics in Infectious Diseases*. And that's not all – during his presidential address in Philadel-

phia, Charley received a cell phone call from William Osler himself. I left a message for Lady Osler, but so far, nothing.

When Joe Lella, past president and chairman of the nominating committee, called me two years ago to propose my nomination, I asked him who would be president before me. Of course, that was Michael Bliss. Oh? Eh? (for the Canadians) Terrific!! I was supposed to follow the man known as "perhaps Canada's greatest living historian" (no "perhaps" about it, but that's what Canada's *Maclean's Magazine* wrote) and "leading public intellectual," author of fourteen books including the monumental biographies of Osler and Cushing, and the winner of just about every prize Canada has to offer – not to mention the Welch Medal of the American Association for the History of Medicine and the Lifetime Achievement Award of the AOS. I may have a silk scarf designed by Charley Bryan that says "AEQUANIMITAS," but my aequanimitas titer took a nosedive!

So – I will stick with what I know. And what I know is that a good number of the speakers at our recent North Carolina meeting -- indeed, all Oslerians -- share something with a New Jersey doctor named Henry H. Kessler. I heard those groans -- "Oh, good grief -- not New Jersey again . . ."

But stay with me – you'll like Henry. I was struck by how many Oslerians

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President's Message (Continued from Pg 1)

sought out places far and near to bring their research to life: among many others -- Janet Murray standing alongside the Edith Cavell statue in London; Eric Matterson tracking down Kussmaul in Germany; Joe Lella hunting the haunts of Osler and Bethune; Richard Kahn bounding about after the burghers of Bangor; and William Sodeman and his son pursuing a botanist physician around Honolulu. Bob Turk took advantage of his journeys to Mali, Gambia, and the Niger River (with finishing touches in Scotland) to enhance his talk on the ill-fated Mungo Park.

So, may I present Henry H. Kessler and his Oslerian adventure?



Henry H. Kessler, M.D. Ph. D.
(1896-1978)

Kessler, born in working class Newark, NJ, in 1896, began his orthopedic career with an appointment to the New Jersey Rehabilitation Commission. He considered himself a protégé of Fred Albee, an early-twentieth-century American orthopedist who made significant strides in bone grafting and operative procedures. Albee conceived and directed a model federal military orthopedic rehabilitation hospital (located in central New Jersey, of all places!) for WWI wounded. From 1920 until 1941, Kessler devoted part of his professional time to the New Jersey State Rehabilitation Commission, working under the direction of Albee, who conceived and headed the commission.

Called up as a Naval Reserve surgeon in 1941, Kessler served on Efate (New Hebrides/Vanuatu) in the South Pacific in WWII. As gravely wounded men were transported from Guadalcanal to the Quonset hut operating room, he found himself performing guillotine amputations on shrapnel-

infected legs. "I, Henry Howard Kessler, rehabilitation expert, was putting in the war maiming young men." (We will return to guillotine amputations later on.) Later in the War, Kessler headed the amputation rehabilitation center at Mare Island Naval Hospital in California, putting to work for the military what he had learned at the New Jersey Rehabilitation Commission. As his expertise in rehabilitation grew, he also developed considerable skill in prosthetics and particularly upper limb "cineplasty" – a procedure to enable controlled movements of the prosthetic hand by a system of pulleys attached to pegs inserted under surgically exteriorized tunnels in the proximal muscles of arm – state of the art at the time.

From his base in the Kessler Institute for Rehabilitation (founded in 1949 in West Orange, NJ) Kessler would spend much of his post-war career as an international ambassador for comprehensive rehabilitation of the entire spectrum of disabled children and adults. Along the way, he garnered innumerable honors, both foreign and domestic. Across the decades, his kindly, round face beamed forth from dozens of photographs as he stood surrounded by patients, staff, and colleagues.

Eager to improve the mediocre rehabilitation landscape in America, Kessler traveled to London in 1952 for the first post-war meeting of the International Congress of Physical Medicine, and a meeting of the British Orthopedic Association (June 28, to July 26, 1952). He kept a detailed travel diary, later transcribed, and now resting in the archives of the University of Medicine and Dentistry of New Jersey in Newark.

At the conferences, he made many notes: on the use of strepto-mycin and isoniazid in tuberculous bone and joint disease; on a new ultrasound deep heat apparatus; on the function of social workers in rehabilitation facilities; and on the general lack of interest in rehabilitation medicine among American physicians. He was impressed by the famous military hospital at Aldershot, the Robert Jones Orthopaedic Hospital in Oswestry, and the treatment of congenital hip disorders at the Royal National Orthopaedic Hospital in Stanmore. On a tour of a large plastic surgical unit in East Grinstead, a physician from Argentina invited him to a congress; Kessler dutifully jotted: "I must learn Spanish."

On the social side, he noted: the flight over was "smooth and comfortable"; hotel arrangements were "difficult"; the first day's meals "about five percent better than last time"; and the beer was warm (in fact, correctly at cellar temperature in the British style). However, many pleasant and elegant meals followed in the course of the meetings. There were side trips, including a visit to the Lake District, where Kessler confined his notes to the astonishing revelation that Wordsworth's "relationship with his sister was a very close one." At Welbeck Abbey (think Downton Abbey on steroids), the butler to the Duchess of Portland showed visitors

the “help” quarters, as well as the family plate and silver, tapestries, the library’s Audubon books, and a tome called *Quain’s Anatomy*.

As the conferences dragged on, Kessler was busy planning his excellent (Oslerian!) adventure. His mission: to travel to Holland and find out when and where Peter Stuyvesant’s leg was amputated and the details of the surgery and the famous peg leg. He learned what he could at London bookstores and the British Museum. Never one to miss an opportunity to learn about prosthetics, Kessler had tea with Dorothy Wedgewood, who promised to look up her ancestor Josiah Wedgewood, the celebrated potter, and his artificial leg. Wedgewood’s leg, deformed in childhood, had been amputated electively in 1768.

Peter Stuyvesant’s life story is worth reviewing. Son of a Dutch Reformed minister, young Peter was dispatched in the 1630s by the Dutch West India Company to a series of Dutch holdings in the Caribbean. In his early 30s, he was promoted to governor of Curaçao, Aruba, and Bonaire. On his own authority, he decided that St. Maarten, 500 miles away, needed to be reclaimed from the powerful and eternal Spanish enemy. With 300 Dutch soldiers he landed early in 1644, staged his first assault on the Spanish fort, and was immediately struck in the leg by a musket ball or cannonball fragment. He maintained the siege for 28 days, in pain and probably septic. Blaming his men (“unwilling dogs”), he reluctantly returned to Curaçao.

He wrote that the attack “did not succeed as well as I had hoped, no small impediment having been the loss of my right leg, it being removed [?] smashed] by a rough ball,” and of “pain, distress, and difficulties” and a “grave illness.” He sailed for Leiden from Curaçao in June, 1644, but stormy seas drove the vessel to Ireland. He did not arrive in Leiden, where his sister lived, until late in the year.

Apparently recovered and fitted for his peg leg (with a decorative band around the top), Stuyvesant was appointed Director General of the Dutch Colony New Netherlands, the only governor to be so designated. His rehabilitation seems to have been complete – irascible, stubborn, and determined, he ruled New Neth-



Stuyvesant’s peg leg
(Photo courtesy of Ms. Lindsay Oshman)

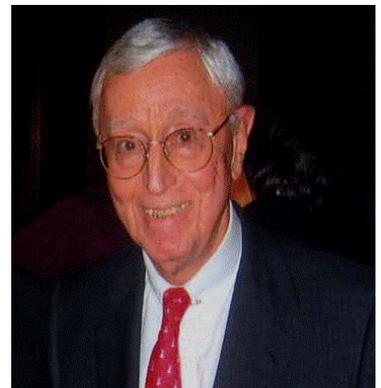
New Netherlands with an iron fist from 1647 until 1664. It was said that he banged his wooden leg on the floor whenever he thought his authority was threatened. As governor, he took his enemies where he found them: Lutherans, Catholics, Jews, Quakers, Indians, **(Please continue President’s Message on Pg 8)**

DR. BARONDESS HONORED FOR LIFETIME ACHIEVEMENT

Jeremiah A. Barondess, M.D., a member of AOS since 1975, was honored with the AOS 2012 Lifetime Achievement Award, joining seven other dedicated members whose contributions have brought luster to the profession and to the Society. Elected into ΦBK and ΑΩΑ during his training years at Michigan and Johns Hopkins, he was a research fellow at Penn and completed his internal medicine residency at New York Hospital-Cornell Medical Center. He rose through the ranks to become the William T. Foley Distinguished Professor of Clinical Medicine, where he taught until he was selected to head the prestigious New York Academy.

Barondess has had a tripartite career: Academic Clinician, Professor of Medicine, and President of the New York Academy of Medicine (NYAM).

His publications number over 120 and his Presidencies (in addition to the AOS in 1983-4) include many distinguished societies: the ACP, the AOA, the American Clinical and Climatological Association and the NYAM, where he served at the helm from 1990 to 2005. Perhaps his greatest accomplishments were during those sixteen years, when he brought to prominence the study of Urban Health as an important medical discipline. He’s been an editor for all four volumes of *The Persisting Osler*, publishing outstanding papers from the AOS over its four decades of existence. **KUDOS FOR YOUR AWARD!**



“Medical Exceptionalism” — The 2012 Presidential Address by Michael Bliss

My subject is ambitious, the state of health care globally in 2012. As William Osler’s most recent biographer, I’m often asked what Osler, who died in 1919, would say about this or that issue in health care if he were alive today. My usual, and safe, answer is that I don’t know. But in some cases I think I do know, and in this case I will attempt a broad answer. Suppose Osler was asked where we are at in the profession and practice of medicine in 2012? What has, say, the last five or six centuries of medical history, come down to?

First another small thought - about the meaning of history. Historians, as you know, tend to be a skeptical and critical lot. We have an occupational tendency to be particularly skeptical about a view of history that we often hear from people who don’t know or think much about it: the idea that things are getting steadily better and better, the idea of history as a record of progress. A lot of people like to do history as celebration – stories of the heroic achievements of great men and women, the inspiring achievements of great men and women. We’ve occasionally heard talks like that at the Osler Society or the American Association for the History of Medicine – some of you may have given such talks - and as you may know they often generate scornful comment from trained historians. The doctors are hero-worshipping again; they’re over-simplifying; they’re hagiographers; and so on.

In general historians tend to be edgy about optimistic, feel-good approaches to history. We distrust many value judgments about historical events, especially, perhaps, the idea of history as progress. What are we to say in 2012, for example, about human progress, as we spend our time commemorating past wars – this year the war of 1812, two years from now the onset of the ghastly slaughter of World War I – even as we talk about the prospect of current and future wars – in Afghanistan, Syria, Iran, and some day among nations using nuclear weapons? What are we to say about the toll of human suffering and misery caused in our times by wars, violence poverty, ignorance, and evil? History as progress? Humbug. (It’s all very well for my optimistic countryman, Steven Pinker, to try to claim that *The Better Angels of Our Nature* have the upper hand nowadays and that human violence is decreasing. Most historians are critical of his arguments, stressing the greater likelihood that we are fallen angels).

Closer to home, who can be happy about what our history has come to? Who can be happy about the state of, say, North America in 2012? Do we have a better class of politicians in the United States and Canada than we had back in the

the days of our countries’ founding fathers? Do we have higher standards of political morality? Do our legislators do a better job? Are our bankers and financiers more thrifty and restrained than their ancestors, our lawyers more devoted to the public good, our clergymen more devout and saintly? It’s hard not to guess the likely answers to these questions. Oh, it’s true that we have vastly better technology than any other generation ever had, but surely technology is morally neutral in most cases, the creator of weapons of mass destruction in others. And then there are the very many historians, especially of a younger generation, who simply refuse to answer any of these questions on the grounds that most historical truth is highly relative.

And in health care, what are we to say about the state of North American medicine? A year or two ago I asked several people in the highest echelons of health care to describe its state in our countries in a single word or phrase. The most common words used were “troubled” and “broken”. We don’t need to go into details of the troubles. As a Canadian I could talk so long about queues for health care that you’d feel you were waiting forever for me to stop. And I know many of you could educate me about the problems of Obama-reformed health-care and/or unreformed health care in the United States, at least so far as anyone can begin to understand what’s actually going on or what will happen as a result of the Supreme Court’s impending ruling.

Many experts would say that in 2012 every country’s health care system is troubled, every system is in crisis, every system is probably unsustainable. And many would add that standards of professionalism in medicine are nowhere near what they used to be, medical students are not being as well trained as they used to be, and we’re not even sure any more whether we want to encourage our sons or daughters, or grandsons or granddaughters, to enter what was once a noble profession, but now is something much less. In this society’s John P. McGovern Lecture in 2008, the dean of American medical historians, Charles E. Rosenberg, lugubriously described the modern practice of medicine as little more than fear-inducing bureaucratized risk-factor therapy to stave off chronic disease; the final heading of his lecture is the loaded judgmental phrase, “The More Things Change.”

William Osler, to whose values and love of medicine and humanity this society is dedicated, knew more than most the limits of human progress. Osler understood frailty – the frailties of our bodies, the frailties of our knowledge, the frailties of the way his generation practiced medicine. After all he wrote a whole textbook mostly about the limits of our medical knowledge

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MEET YOUR NEW AOS SECRETARY — Christopher J. Boes, M.D.

Chris joined the AOS at the 2010 Annual Meeting in Rochester, where he is Associate Professor of Neurology on the faculty of Mayo Medical School’s department of Neurology. A graduate of Creighton University, he received his MD from University of Nebraska in 1996, followed by a residency in neurology at Mayo and a headache fellowship at Queen Square in London. His first presentation before the AOS was on migraine, given at the 2009 meeting in Cleveland. He presented a paper, “Osler and Gowers” at the AOS 2012 Meeting in Chapel Hill.

A Highlight of the AOS Meeting Chapel Hill, NC April, 22-25, 2012



~ A VISIT TO DUKE'S CONSERVATION LABORATORY ~

A special treat for attendees at the AOS2012NC Annual Meeting was to visit the Conservation Laboratory at the Duke University Libraries. We were shown around by Beth Doyle (center above), who explained that the Lab came to be through a generous gift of Dr. Verne and Tanya Roberts. Dr. Roberts believed that "Preserving the past is vital to meeting the needs of the future." Since its inception in 2003, the Lab has been working to preserve and conserve Duke Library materials, including: making 50,611 book repairs; 2,402 flat paper repairs, and creating 51,030 custom enclosures. Ms. Doyle gave us a brief overview of their work and then let us circulate among the various stations where their staff was doing a variety of conservation tasks as shown in the attached pictures. For more information, please visit their site: www.library.duke.edu/about/depts/conservation



**TWO DYNAMIC DUOS
(HUSBAND & WIFE OSLERIAN FIRSTS)**

JOHN AND KATIE RAY from UW Madison, → gave a paper on "Physician Civil Disobedience: A Historical Perspective on Current Controversy."

← **DAVID AND STEPHANIE DARROW**, UTMB presented their paper, "The Most Distressing of All Human Maladies: An Applied History Approach to the Modern Treatment of Schizophrenia." "



“Medical Exceptionalism” — by Michael Bliss (Continued from Pg 4)

and practice, mostly about what doctors were unable to do. As a physician he understood and preached the need for iconoclasm and skepticism, the need to distrust the rosy, false promises of nostrum-peddlers, over-prescribers, and most kinds of faith healers.

As a thinker, Osler’s Church of England Christian heritage included a well-formed understanding of human sin and depravity. When he began to succumb in the early years of the twentieth century to some of the optimism of what so many thought was an age of progress, he and his whole generation were called back to awful reality when the guns began firing across Europe in August 1914. The Great War destroyed so much of the Oslers’ optimism and hope, both in the way they thought about the woes of humankind, and as they mourned the death of their only son. Even before the war, Osler could speak and write with brutal frankness: In the struggle for existence in which all life is engaged, disease and pain loom large as fundamental facts. The whole creation groaneth and travaileth, and so red in tooth and claw with ravin is Nature, that, it is said, no animal in a wild state dies a natural death. The history of man is the story of a great martyrdom – plague, pestilence and famine, battle and murder, crimes unspeakable, tortures inconceivable; and the inhumanity of man to man has even outdone what appear to be atrocities in nature.

But you know – you do know this - Osler had always made an exception for medicine and for doctors. Medicine, he taught, was the least inhumane – the most humane - of the professions. Medicine, especially in the age of science, was the most progressive profession, a profession advanced by a series of great physicians whose lives and works were indeed inspirational – and a series of ordinary physicians, countless dedicated general practitioners, whose dedication and sacrifice were even more inspirational. Doctors were potentially the one universal profession, especially when they were freed from the curses of nationalism and chauvinism and became truly doctors without borders. Medicine, medical progress through time, slow, fitful, erratic as it might be, had the potential to free humanity from physical suffering. Medicine could bring about “man’s redemption of man.” “Medicine is the only world-wide profession”, Osler wrote in 1905, following everywhere the same methods, actuated by the same ambitions, and pursuing the same ends. ...

In a little more than a century a united profession, working in many lands, has done more for the race than has ever before been accomplished by any other body of men. So great have been these gifts that we have almost lost our appreciation for them. Vaccination, sanitation, anaesthesia, antiseptic surgery, the new science of bacteriology, and the new art in therapeutics have affected a revolution in our civilization. ... a revolution which for the first time in the history of poor, suffering humanity brings us appreciably closer to that promised day ... when there should be no more unnecessary death, when sorrow and crying should be no more, and there should not be any more pain.

Osler said this over and over again, in speech after speech. Medicine is exceptional. Medicine is the greatest profession, a hilltop citadel of professions. Its great men have done incalculable good; its foot soldiers and its servants – especially nurses – are beloved by God. Medicine’s progress is staggering, its prospects unlimited – its history inspiring.

No wonder Osler was accused of promoting *historia amabilis*, feel-good history. He was accused of this by America’s first professional medical historian, Henry Sigerist, a man who certainly wasn’t going to make anyone feel good about the state of medicine in the United States or Europe. Beginning with Sigerist, it’s the Oslerian tradition in medical history that the professional historians so distrust.

When I wrote *William Osler: A Life in Medicine*, I treated these views and these issues carefully. I tried to present Osler’s attitudes to history, medicine, and progress, as clearly as possible, without passing judgment. This was Osler and this was his style; and this also explained the approach underlying any number of papers and presidential addresses I would sit through at annual meetings of the Osler and other medical history societies, paying my dues.

But, if you attend enough meetings presided over by the spirit of Osler, something of that spirit begins to seep into you, and it begins to change your outlook. If you give enough talks about Osler, about his joyous enthusiasm for medical achievements and his arguments for the exceptionism of the medical profession, you begin to reflect on the deep truth underlying his wonder at medical progress in his time. And then ...

If you happen to write about and reflect on the medical achievements Osler just missed, especially the coming of insulin, and the way it offered something close to resurrection for the doomed, starved victims of juvenile diabetes; If you go into neurosurgical operating rooms in your pursuit of Harvey Cushing, and watch surgeons at work on the human brain; If you have the opportunity to spend time with the best and most idealistic medical researchers of your generation; If as a historian you reflect on what we all know about medical achievement since Osler’s and Cushing’s day, beginning, say, with the coming of the antibiotics and extending now to our cumulative advances in the struggle against virtually every form of chronic disease, generating, along with better prevention and public health, the remarkable extension of life expectancy that has occurred in the past half-century; If, in becoming older and beginning to face personal infirmity and mortality, you begin directly to experience the life-transforming, life-saving therapies offered by modern medicine; If, all of these things and more happen to you, as they have to me .

Well, then you begin to discard your dispassion, and you begin to think that perhaps a value judgment is in order. Maybe in the broadest sense Osler was right about medicine and the medical profession’s capacity to improve the human condition. For me the epiphanous moment was a morning on Canadian national radio – when I was on a panel of historians **(Please go to Page 7 →)**

asked to consider when in all of human history we would most prefer to have lived – Plato’s Greece, Renaissance Italy, Edwardian England, any of the greatest ages of culture and achievement. We all instantly agreed that the best time in history to be alive is right now, the present. We all agreed that the reason for this is that modern health care gives life incomparably more potential, for both rich and poor, than it has ever had in human history.

Osler would be the first to agree that in medicine the past is never dead, should never be forgotten or neglected. But he also understood that there is no case for nostalgia in medical history, no Belle Époque to which we want to return. Never has the outlook for the profession been brighter. Everywhere the physician is better trained and better equipped than he was twenty-five years ago. Disease is understood more thoroughly, studied more carefully and treated more skillfully. The average sum of human suffering has been reduced in a way to make the angels rejoice. Diseases familiar to our fathers and grandfathers have disappeared, the death rate from others is falling to the vanishing point, and public health measures have lessened the sorrows and brightened the lives of millions.

Those words are as true now as they were when Osler wrote them, 110 years ago. Osler’s only mistake in those years was that he was misled by the hardened arteries of cadavers and he estimated that the period of our natural lifespan was fixed at about seventy years. He would be thrilled today to see how wrong he was, and how rapidly we are moving towards the fixed period that makes his own father’s and mother’s lifespans, 89 and 100 years respectively, the new normal rather than the wonderful exception. The wonderful exception as the new normal.

This is not just an exercise in *historia amabilis* designed to butter up a medical audience. I suggest seriously that we cannot understand modern health care in its social, economic, and political dimensions if we fail to appreciate the enormous force of respect that peoples everywhere have for health care – for doctors, hospitals, medicines – as a most wonderful social good. We want to spend money on health care; we want to use our wealth, our resources, in this great quest for extending the quality and length of our physical lives. We must understand, as we often do not, that our tendencies to be critical of modern medicine are not rooted so much in the objective failings of the system, as they are in our high and continually rising expectations of what medicine properly organized and delivered can do for us. The profession and its contributions have not declined. They have not even stood still. This is not at all an issue of whether the glass is half-empty or half-full. The glass has become seven-eighths full. We handle it carefully and critically because we desperately want every last sip, and we are terrified of spilling.

To change the metaphor, we are in the twenty-first century approaching the day Osler foresaw in his great essay, *Man’s Redemption of Man*, “the day when a man’s life shall be more precious than gold.” In helping to bring about that day the work of the borderless community of doctors and other health-care workers, has been an exception and a rebuke to our skepticism and our iconoclasm. Medical history, both when it is written intuitively and especially when it is written with the highest respect for empiricism, evidence, and balance, is progressive and inspiring. The true historian of the sciences, especially the biomedical sciences, understands with Hershel the inexhaustible satisfaction of knowing that “Where the uninformed and unenquiring eye perceives neither novelty nor beauty, he walks in the midst of wonders.”

Read carefully, Osler teaches us that medicine, what he called “our ministry of health,” is the greatest bridge we have between the wonders of science and the wonders of human compassion. Scratch most medical historians deeply enough and a few of them, perhaps even Professor Rosenberg, will agree. Even the late Roy Porter, as professional and critical as any historian could be, took for the title of his great history of medicine, a characterization borrowed from Samuel Johnson. This is the profession, these are the people – you are the people - who provide, Johnson and Porter agree, “*The Greatest Benefit to Mankind*.”

As Oslerians and historians, part of our vocation is to transmit a sense of wonder at the possibilities of medicine as science and art, and at our own possibilities as humans. Our attitude towards health care should be to cherish its progress, expose its shortcomings, celebrate its achievements, and, weighing it in the scales of history, feel very good about a profession that does more than any other to redeem, to rescue, to save us from the pain and suffering and early death that has been our natural state.

Never discourage a young person from choosing medicine as a profession. Nurture, celebrate, cherish, share their enthusiasm, their idealism, their humanism.

That is what Osler would tell you about medicine today.

— Michal Bliss

Michael Bliss, Ph.D., immediate Past President of the AOS, is Distinguished Professor Emeritus at the University of Toronto and a Member of the Order of Canada. His books include *The Discovery of Insulin*; *William Osler: A Life in Medicine*; and *Harvey Cushing: A Life in Surgery*. (The Address “Medical Exceptionalism” was given at the 42d Annual Meeting of the AOS in Chapel Hill, NC on April 24, 2012.) [A list of references for this Presidential Address is available on request from the Oslerian editor at joebv2@live.com.]



OSLERIANS IN THE NEWS Charles S. Bryan, Emeritus Chair of Internal Medicine at the University of South Carolina, who has long served the AOS in a variety of offices, and who received the Society’s 2010 Lifetime Achievement Award, was inducted into the Society of St. Luke at Providence Hospitals, Columbia, SC in April 2012. The award citation praised him for having served in an “outstanding capacity ... (with a) sense of responsibility and compassion ... and love for the practice of medicine.” *Well deserved, Charley!*

(Continued from Pg 3 — President's Message — HENRY KESSLER'S EXCELLENT ADVENTURE)

Swedes in New Sweden, English settlers anywhere, German settlers, residents of Long Island and the future Queens, Indians, independent-minded Dutch patroons along the Hudson River, the Dutch in Fort Orange (Albany), the Dutch in outlying villages, assorted Dutch citizens of New Amsterdam, his own Council members, and from time to time, the Dutch West India Company directors who pulled the strings in Old Amsterdam. But he was a Company man and his motto was, "We derive our authority from God and the Company, not from a few ignorant subjects."

The Hollywood moment was the arrival of the British fleet from Boston in August, 1664. Imagine Stuyvesant, hopelessly outnumbered and outgunned, woefully short on supplies, stomping up to the parapet of the little fort at the tip of the Manhattan, peg leg planted firmly on the wall, glaring out at the British fleet, his gunner ready with lighted match to take on the might of Great Britain. His own burgomeisters, an angry mob, and prominent citizens (including his son Balthazar) begged him to surrender. Two ministers of the town led him quietly away from the fort. His last official act was to free eight of the Company's slaves. Called to account to the Company in Amsterdam, he spent the next three years defending his reluctant capitulation. He lived out the remainder of his 60 years on his farm, the Bouwerij or Bouwerie (later Anglicized to Bowery), just north of the old city of New Amsterdam. He is buried in what is now St. Marks Church in the Bowery.

Kessler's research focused on Stuyvesant's amputation and prosthesis. He initially speculated that the surgery was delayed for months until Stuyvesant's return to Holland. As late as 1751, a British surgeon's mate wrote that "amputation in the Caribbean was almost always fatal . . . they mortify most furiously, and the patient's condition being already lowered by the enervating air, soon sinks to rally no more." Stuyvesant would have undergone an anachronistically named guillotine below-knee amputation with cauterization, and a lengthy period of secondary healing. (New Jersey Oslerian Kenneth Swan, a trauma surgeon with extensive military experience and an expert on amputation – and who spoke to us about the Gigli saw -- would consider guillotine amputation today in highly selected cases.) [Parenthetically, it should be called a "Louis amputation," as it was Dr. Antoine Louis (he of the sternal angle of Louis), and not Dr. Guillotin, who was most responsible for the construction of the "French razor." Of course, "guillotine" as applied to amputations of the leg (not the head), came more than a century after Stuyvesant's amputation.]

Here is a summary of Kessler's notes on his journey to Holland after the conferences in London and before his return to New Jersey:

July 21st. Toured Amsterdam canals; visited a bookseller with nothing at all on Stuyvesant, whose local reputation appeared to have dimmed as a result of losing New Amsterdam; met in a second bookstore a classics professor

July 22nd. Traveled by train to the Hague; found only general works on Dutch colonial history at a famous bookstore; "alerted" the bookseller to keep an eye open for information useful to Kessler; met with a Dutch physician (who was unable to find anything about Stuyvesant's doctors in *History of Three Centuries of Dutch Medicine*), so he "alerted" said doctor as to his quest; was shown records at the National Archives in the Hague of the Dutch West India Company and a letter in Stuyvesant's hand (duly photographed for Kessler), and the names of physicians contemporary to Stuyvesant at the University of Leiden; travelled by train to Leiden but was told by a librarian that such surgery would have been done by guild surgeons, so he returned to Amsterdam.

July 23rd. Purchased several useful works at a medical bookstore in Amsterdam; visited a limb maker who sold him (for \$6) an old peg leg thought to be similar to the type made for Stuyvesant, possibly in Paris. [It ended up at the museum at the Kessler Institute.] Then Stuyvesant moved on to the Amsterdam Municipal Archives to find out about barber-surgeon guilds and limb maker guilds – no luck, but the director of the current guildmakers was "alerted"; went to the Maritime Museum where he found a 17th century book on health regulations for crews on East India Company ships (he assumed West India Company regulations were similar); he "alerted" the curator there as well as to his quest. **(Please continue reading on page 9 →)**



(Photo courtesy L. Oshman)

(Continued from Pg 8 — President's Message — HENRY KESSLER'S EXCELLENT ADVENTURE)

July 24th In a final surrealistic scene, Kessler was “accosted” at the airport by an amputee who saw him carrying the antique peg leg under his arm, and asserted that he was most satisfied with his lightweight aluminum Desouter prosthesis introduced in Britain after World War I.

Whew! What came of this breakneck research jaunt and the “alerts” scattered like breadcrumbs along his trail? The Holland Society of New York awarded Kessler its gold medal for “outstanding service to humanity” in 1956 – no doubt his interest in Stuyvesant led him to consult the Society and they honored him in the best way they could. In 1959, Random House published *Peter Stuyvesant and His New York: A Biography of a Man and a City*, co-authored by Kessler and writer Eugene Rachlis. Kessler had come around to the idea that the amputation was done in the Caribbean, either at St. Maartens or Curaçao, with the prosthesis being fitted in Holland. The leg wound and amputation took up just two pages in that book. So, there it is . . . Henry Kessler died in 1978, eight years after the founding of the AOS. He had an Oslerian spirit – he coulda been a contender!

— Sandra Moss

OSLERIAN QUOTE OF THE ISSUE

Sir William would not condone this latter-day exchange:

A patient in a managed care plan went to see a specialist for the first time. “Who did you see before you came here?” the doctor asked.

“Dr. Core,” the man said.

“Dr. Core!” the doctor exclaimed. “The man’s an idiot.

What nonsense advice did he give you?”

“Well,” the patient replied, “he told me I should go see you.”

‘If you cannot say anything good about a man, say nothing.’ — W.O.

BOOK REVIEW

Michael Bliss. *WRITING HISTORY A PROFESSOR'S LIFE*. Dundurn Press Toronto 2011 (Amazon \$26.40)

If you liked the Bliss biographies of Osler and Cushing, you'll like this newest offering by the historian who just stepped down as President of the AOS. Many of us have heard him speak and realize his talks are pure Bliss (excuse the pun): He speaks clearly and without any sense of rushing through his material. His slides are concise & thoughtful of his audience – meaning that no slide presents more than can be digested – he finishes on time; a standing ovation is more the rule than the exception. Questions from the floor are repeated and the Socratic exchange is concluded with the thought that a master teacher has been in charge.

And so it is with his autobiography. The son of a general practitioner in the small town of Kingsville, Ontario, and the younger brother of a brilliant science scholar, you might think he was headed for medicine. But an early experience he early knew that medicine was not for him.

[T]here was a Sunday afternoon when Dad's and my Scrabble game was interrupted by the appearance at the office door of a policeman with a drunk in tow, the drunk having been in a fight and suffering a badly slashed face. Dad had to sew him up, suturing both inside and outside the cheek, and invited me to watch what would be a demonstration of his surgical skill [...] with blood and alcohol fumes everywhere, reflecting on my own complete disinterest in and lack of manual skills, I decided that this was not what I wanted to do in life. And that was the end of my ambition to be a doctor. (1)

At age sixteen he began to keep a journal as a way to “scrupulously record and preserve the very passing of Time” (quoting Joyce Carol Oates). Thus he relates he met and loved at first sight the “stunningly good looking” Elizabeth Haslam of Harrow – eight miles from Kingsville – on Sadie Hawkins Day, November 19, 1957.

(Please continue reading on next page →)

(Book Review, Continued)

An excellent student, Bliss won a scholarship to the University of Toronto in Honours Mathematics, Physics and Chemistry, but was interested only in a course in English Literature, and he opted out of science and into Honours Philosophy with a goal of a United Church ministry. After a summer as a student minister in 1961, he gave up a churchly career, married Liz, and spent two years teaching high school history before going back to the University of Toronto to finish graduate studies in history. He joined the faculty in 1968, and his doctoral thesis was later published as *A Living Profit*. Other volumes of social history of Canada followed.

A suggestion from his brother Jim planted the seeds for a book about the discovery of insulin, but Jim died just a year later. The idea did come to fruition after consulting Frederick Banting's original research notebooks and was published in 1982 as *The Discovery of Insulin*, a well-received work that was republished in a silver anniversary edition in 2007. It marked a transition in Bliss' career toward medical biography that was followed by the outstanding biographies of Osler (1999) and Cushing (2005). Regarding the former, in his autobiography, Bliss writes

"I was with O [Osler] and company from about 8:15 each morning until 4:30. The experience was so rich that I found myself saying that this will do: I've been standing on the academic mountain-top, breathing that magnificent air – week after week of it actually – and if I never have the opportunity or perhaps energy to attain such heights again, it's okay."

Along the way he garnered many honors, including election into the Order of Canada, the Welch Medal of the AAHM, the Tyrell Medal and three Jason Hannah Medals of the Royal Society of Canada, and the Garneau, Macdonald, and Ferguson prizes of the Canadian Historical Association, plus the National Business Book Award of Canada. Although he retired in 2006 as University Professor of History at the University of Toronto, he stayed as busy as ever, including presiding over the AOS in 2011-12. His Presidential Address, "Medical Exceptionalism" is found beginning on page 4 of this newsletter. We are proud to call him our own!

— John Carson, M.D.

(1) Not related by Bliss in *Writing History*. Found rather in "Figuring the Social: Essays in Honour of Michael Bliss." (Li, Haeman, McKeller, editors. University of Toronto Press. 2008.)

PLEASE MEET THE NEW 2012 INDUCTEES INTO THE AOS!



Barbara Thompson, Galveston, TX
bathomps@utmb.edu

Sponsors: Jack Alperin and Joan Richardson MD UTMB 1971.

Practice: Family Medicine (Prof. and Chair, UTMB)

Interests: Many. As an Oslerian Scholar at UTMB she championed the ongoing drive to convert the Old Red building into an Anatomical and History of Medicine Museum.

AOS Meetings: All since 2003, Presenter at two meetings.



Thomas Christian Sodeman, Toledo, OH
thomas.sodeman@utoledo.edu

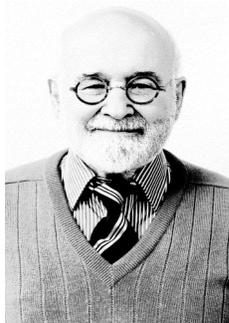
Sponsors: William A. Sodeman and T. Jock Murray MD Medical College of Ohio, 1995.

Practice: GI Medicine (Prof at U. Toledo).

Interests: Biomathematics, Baron Larry, Teaching medical history, military medicine.

AOS Meetings: Presenter 1999, "William Osler and the Amoeba Revisited: A Newer Understanding"

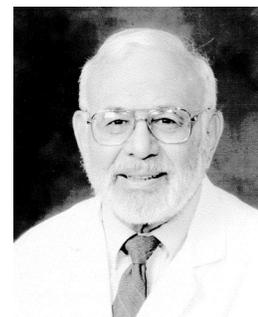
MEET THE NEW 2012 INDUCTEES INTO THE AOS! (Continued)



Milton G. Roxanas
Wahroonga, NSW Australia
 mroxanas@bigpond.net.au
Sponsors: Richard Golden and Charles Bryan
 MB BS (UNSW 1968) FRANZCP
Practice: Psychiatry in Sydney.
Interests: Osler and Cushing, Medical history of Australia; Rare medical books and instruments, medical prints, Aboriginal art.
AOS Meetings: Presenter 2011 "Osler's Connections with Australia"



Chris Lyons
Montreal, Canada
 christopher.lyons@mcgill.ca
Sponsors: Richard Golden and William Feindel
 MA History, Concordia (Montreal), 2002, MLibSci, McGill, 2004
Practice: Acting Head, Osler Library, McGill
Interests: Osler, Hx Medicine
AOS Meeting: Presenter 2009, "The William Osler Photo Collection at the Osler Library"
 [Chris has been a dedicated assistant to those seeking help at the Osler Library]



Irving Kushner,
Shaker Heights, OH
 ixk2@case.edu
Sponsors: Leonard Calabrese and James Young
 MD Washington U. (St. Louis).
Practice: Emeritus Prof. Medicine, Case Western.
Interests: Rheumatology, Dittrick Medical Museum, Cleveland.
AOS Meetings: 2009, CLE 2012 Chapel Hill



Dr. Richard Fraser
Montreal, Canada
 richard.fraser@mcgill.ca
Sponsors: Pamela Miller and Abraham Fuks
 MDCM McGill 1976.
Practice: Pathology.
Interests: Medical Museums, Maude Abbott (He re-edited Abbott's *Atlas of Congenital Cardiac Disease* for 2006 publication.)
AOS Meetings: 2006, 2011, 2012



Faustino Bernadett,
Long Beach, CA
 tino@bernadett.org
Sponsors: Mario Molina and John Carson
 M.D. Univ. of California, 1970.
Practice: Pain Management. President of Pacific Healthcare IPA
Interests: Osler, American economic and financial history.
AOS Meetings: Attendee 2011, 2012 Abstract accepted and presented by Dr. Molina ("William Osler Defines a Century of Medical Education")



Sara Ellen Walker
Las Cruces, NM
 walkers@health.missouri.edu
Sponsors: T. Jock Murray and Herb Fred
 MD UTMB 1964.
Practice: Professor Emerita, Internal Medicine, U. of Missouri.
Interests: Aspects of Medicine in Art.
AOS Meetings: Presenter 2007 ("Medical Scrolls, The Healing Art of Ethiopia")
 2012 Abstract accepted but unable to be presented ("Michelangelo's Knee: Signs of Disease in Raphael's Figure of Heraclitis")

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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

“Find a need and fill it.” **Philip Wheeler Leon (1944–2012)**

Philip Leon came to the American Osler Society by happy accident. A colleague had gone to McGill seeking new material on Mark Twain, found little or nothing of interest, but upon return told Phil about some unpublished correspondence between Walt Whitman and a doctor named William Osler. Phil took the bait. Carwile Leroy (1933–2002) heard about Phil's interest and invited him to the 1993 AOS meeting in Louisville. Phil went, hoping to find a person or two interested in his manuscript, *A Poet and His Physician*. What he found instead was a group of physicians, in Phil's words, “literally hungry to learn more about the humanities.” Having found a need, Phil proceeded to fill it with grace, humor, creativity, and humility up until his death on February 20 from renal cell carcinoma, which he had confronted for several years, as Osler would have it, “the courage befitting a man.”

Born in Memphis, Tennessee, Phil graduated from Wake Forest University and promptly took a commission in the United States Army, commanding companies in the 7th Infantry Division in the DMZ in South Korea. and in the 18th Airborne Corps at Fort Bragg. After his tour of active duty he returned to Wake Forest for a master's degree in English, and then went to Vanderbilt to get his doctorate. In 1975 he began his career as an English

professor at The Citadel, where he became a charter member of the Graduate Faculty, rose to the rank of full professor, and received the Faculty Achievement Award. He also served 30 years in the U.S. Army Reserve, retiring with the rank of Colonel and receiving the Legion of Merit. His Army career was spent mainly in military intelligence, but he also served as a paratrooper and served as a three-year term as a senior advisor to the superintendent at West Point. In 1985 he became one of ten Army Reservists nationwide selected to attend the Army War College, the army's highest educational level.

The AOS became Phil's favorite organization by far. He regaled us nearly every year with an entertaining paper, usually a biography, pertaining to the medical humanities. He served two years on the Board of Governors. He wrote “The Oslerian Grace” for North Americans (the Osler Club of London has its separate grace) and at several meetings distributed copies to all attendees. Here it is, for all Oslerians to memorize: “In discussion and debate/ In good fellowship and cheer/ Let us pause to celebrate/ Æquanimitas, be here.”

Phil's was a unique presence at our meetings—a professor of English for whom the AOS meeting became an important annual pilgrimage. It may comfort the many Oslerians who mourn his passing to know that his oncol-

Oslerians who mourn his passing to know that his oncologist had been an English major at Cornell, and hence appreciated Phil's contributions for what they were. Two of Phil's seven books dealt directly with Osler. For the record, Phil's other interests included jogging, woodworking, and the Presbyterian church, in which he served several terms as an elder and was a longtime Sunday School teacher.

Phil is survived by his devoted wife of 44 years, Joan Martin Leon (who graced so many of our meetings); their son Brad, his wife Kristyn, and their sons Adam and Jack; his mother, Jennie Sue Leon; two brothers and their wives (Robert A. Leon Jr. and his wife Mary Jane, and R. Steven Leon and his wife, Terry); and by several nieces and nephews.

Post Script: Charlie received a note from Joan Leon after the Chapel Hill Meeting. In it she wrote that she was “deeply moved...about the remembrance of Philip at this year's Osler meeting. He would have been profoundly honored and humbled. What a premier organization the AOS is. The annual meetings brought us much joy and continued fond memories.”

IN MEMORIAM

Philip W. Leon
1944-2012



(By Charles S. Bryan)

— CSB