The Oslerian

A MESSAGE FROM THE PRESIDENT
CHARTER OSLERIAN ILZA VEITH: Part II

By Sandra Moss, M.D. M.A.

ADVENTURES IN ACUPUNCTURE

The fourth annual meeting of the AOS was held at the College of Physicians in Philadelphia in 1974. There were six talks over four hours in the afternoon – no timekeeping gizmos in those days. Of the six speakers, three (all founders) are still alive (Ilza, Fred Rogers, and Alfred Henderson). The focus was narrowly Oslerian and Osler’s name was in the title of all the addresses, including the presidential address by John McGovern (“Wilburt C. Davison: Apostle of the Osler Tradition”). Our late historian Charles Roland spoke on “Osler’s Rough Edge.” Ilza’s title was certainly attention grabbing — “William Osler: Acupuncturist” — and her talk was later published in the Bulletin of the New York Academy of Medicine (51:1975, 394-400). The half-day meeting was followed by a reception and dinner “for members and wives,” the “wives” no doubt including Ilza’s devoted husband.

In her talk, Ilza recalled how she had inherited the medical library of a San Francisco internist and professor; among the books was Osler’s 1892 Principles and Practices of Medicine and there in the index she found three listings for “Acupuncture.” Osler, in his chapter on muscular rheumatism advised: “for lumbago acupuncture is, in acute cases, the most efficient treatment.” He used three or four inch needles (“ordinary bonnet needles will do” — he sterilized them) that were “thrust into the lumbar muscles” and withdrawn after five to ten minutes. Relief was often immediate in his experience.

For sciatica, deep injections of morphine into the nerve were useful but risked “the morphia habit,” prompting him to recommend acupuncture (“thrust deeply into the most painful spot”). A third entry for acupuncture was an error (who did Osler’s index?); it was a description of “Southey’s tubes,” hollow needles inserted subcutaneously to relieve anasarca by the simple expedient of letting the fluid drip out.

By the third edition (1898), acupuncture was gone from the index, but my ninth edition (1920) continues to devote a few lines, almost unchanged from the 1892 original, to acupuncture in lumbago, hattins and all. Cushing recounts a spectacular failure of acupuncture in 1879, when Osler tried the procedure on a rich Montreal sugar-refiner, who “ripped out a string of oaths” before escaping from the earnest young physician. Osler judged that his treatment of the unhappy sugar king lost McGill a million dollar endowment.

Osler’s venture into acupuncture had not been influenced, it seems, by any reading of classic Chinese texts. Ilza pointed out that in his Evolution of Modern Medicine, based on the 1913 Silliman Lectures at Yale, Osler’s impression of Chinese medicine was one of “stagnation and sterility.” Osler was taught acupuncture techniques in 1873 by Dr. Sydney Ringer, London physician, physiologist, and pharmacologist (yes, the Ringer’s lactate Ringer). In fact, acupuncture had been flitting around Europe from the 17th century. In America, Philadelphia physician Franklin Bache, having translated a French account of “acupuncture,” tried out the procedure on convicts in the state penitentiary in the 1820s.
PRESIDENT’S MESSAGE: ILZA VEITH, CHARTER OSLERIAN (Continued from Page 1)

Through the miracle of Google, I am able to add an intriguing twist. It seems that Sydney’s older brother John was a wildly successful Shanghi businessman. His younger brother Frederick (aka “king of Nagasaki”) was a successful merchant in Japan (acupuncture was introduced to Japan from China in the 6th century). The two Ringer brothers lived much of their lives in the European enclaves of the Far East. So, we are left to wonder whether Sydney just picked up on the mechanics from fellow Europeans; or did his brothers in Japan and China serve as conduits of Asian medical theory and practice back in England? Did Ringer pass any of the rationale of acupuncture in Asian medical systems along to Osler, or did he just show him where to stick the hat-pins?

HYSTERIA

Ilza’s second major area of scholarship is the history of psychiatry. Her 1965 book, Hysteria: The History of a Disease, is an incredibly ambitious study of hysteria across millennia and cultures. It is certainly a good entry point for those of us who get a little lost (or, like me, a lot lost) in the tricky, slippery literature of hysteria and its cousins, hypochondriasis and neurasthenia. Now a half century old, Hysteria is a historian’s view of a moving target wending its way through space and time and culture. Henri Ellenberger, psychiatrist and historian, lauded Ilza’s courage in taking on this difficult subject, thus filling a big gap in medical literature. He felt that she had brought previously unknown information and historical figures to light (BHM 40:1966, 586-87). Psychiatrist and historian Stanley Jackson gave much the same laudatory comments, but questioned Ilza’s fuzzy application of the term “hysteria” and a tendency to “presentism” manifested as a celebration of those past authors who were on the “right” trajectory from ancient Egypt to Freud (JHMAS 21:1966, 422-23). Oslerians might enjoy seeing how old acquaintances like Sydneyham, Cheyne, Burton, Cullen, Pinel, and Charcot tried to wiggle their way through this hydra-headed disorder.

From the vantage point of two decades, historian Mark S. Micale, in his 1989 essay, “Hysteria and Its Historiography” (Hist Sci 27:1998, 223-261), lauded Ilza’s Hysteria, as the “first full scale critical intellectual history” of the subject. Her examination of the early modern period of the subject. Her examination of the early modern period was a particularly strong portion of her book. But, her “account faltered badly,” says Micale, with the nineteenth century. He was critical of Ilza’s view that the problem of hysteria ended on Freud’s couch in Vienna. Perhaps Ilza might have predicted that hysteria and its manifestations (and its very name — it has morphed into conversion disorder and histrionic personality disorder and somatoform disorder and dissociative disorder) would evolve. I’m in way over my head here — time to move along.


THE CLAPPING OF ONE HAND

In retirement in 1988, Ilza wrote a truly classic illness memoir, a “pathography.” Can You Hear the Clapping of One Hand? Learning to Live with a Stroke is profoundly moving and, like the best illness memoirs, transcends the particular disease and its contemporary therapies. In 1964, just a few months after taking up her faculty position at the University of California San Francisco, Ilza suffered a left hemiplegic stroke. Twenty-four years later, she wrote her illness memoir. Possessed of near-total recall (a clue to her facility with languages), she recorded the events of her hospitalization and recovery in perfect detail, shaped by the sensibilities of a historian, a trained physician, and a wounded spirit. The sound of one hand clapping, a Zen enigma — is silence. Although spared the additional ravages of a stroke affecting the left (dominant) hemisphere, she was left with a leg brace (sometimes a wheel chair), and a useless contracted left hand.

Her slim book leaves a series of indelible images: initial comfort in the term cerebrovascular accident because it sounded “younger” and less permanent than “stroke”; relief in being able to recall Chinese ideograms en route to the hospital and to speak in perfect Japanese to a foreign hospital volunteer arranging flowers just after Ilza was admitted; the annoyance of with pointless platitudes; the irritating early morning visits of a hospital volunteer arranging flowers just after Ilza was able to fall asleep near dawn; the mortifying bouts of uncontrollable and “inappropriate” weeping and sobbing that frightened Ilza and those around her (except for her pet dog and cat — and Anna Freud’s dog); strange mental lacunae leaving her unable to recognize classical composers; the painful and somewhat futile struggle with contractures; the discovery that she could no longer swim; mind and body games with physio- and occupational therapists; intrusive memories of the ravages of polio (in other children, though

HANS AND ILZA VEITH

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not in Ilza) during her childhood; scintillating scotomas that preceded her stroke and never entirely resolved (she turned to Charcot for a classic description); the endless indignities of being a patient; the perusal of the medical literature on stroke as soon as she was discharged home. She struggled with thoughts of suicide, sleeplessness, the need to dream, “emotional solitude,” and lost friends who found it “difficult to deal with my recurrent melancholy.” Ilza’s “open-ended” convalescence was marked by painful muscles spasms and neuritis — not surprisingly, she sought and found relief in the hands of a Chinese- and Western-trained physician who treated her with acupuncture and moxibustion.

From time to time, the saving grace of moments of professional and private joy and contentment punctuated the anger, depression, fears, and pain that intruded on her daily life through much of the last half century: the pleasant discovery of paperweights for holding paper still so that she could write; the gradual return of her ability to recognize composers; and the sensitivity of chamber musicians who acknowledged her waving right hand with bows and smiles when she could not clap. During a period of anxiety about home intrusions, she took comfort in knowing that the sharp edges of her “gold-headed cane” would do good service as a defensive weapon. Ilza reflected on her good fortune in choosing an academic career; her mother wanted her to be a violinist (fortunately, Ilza wasn’t very good at it) and Ilza wanted to be a plastic surgeon. In either case, the stroke would have ended her career. But life as an academic was far from over; even before she left the hospital, she was at work on her Hysteresis manuscript and soon back to office and classes at UCSF.

Her devoted husband Hans, older than she and retired from business, took upon himself the quotidian duties of a gaggle of care-takers — two extra hands to assist her one hand — making it possible for her to return to a productive academic career, to negotiate the complexities of foreign travel, and to attend meetings as she did for some years at the AOS and later at the AAHM. She lived with the fear that he would die and leave her helpless (he died in 1991 at age 92); but her husband’s wonderful home nurse stayed on after his death and Ilza has continued to live in her own home over the last twenty years.

Around 1980, in the course of time after a full career, Ilza had to face the ordinary non-stroke academic stuff — “the sudden trauma of exclusion from the academic community that coincides with the bestowal of the title ‘emeritus professor,’” and her determined and largely successful rejection of “retirement depression” and “leisure.” Her memoir, one of her “retirement” projects was “written from an inner need with the hope that by writing about my stroke and all the grief and pain it has caused me, I may be able to abretract some of my anger and resentment.” Abreaction is a psychoanalytic term for reliving a traumatic experience in order to purge it of its emotional excesses, a type of catharsis. For Ilza, there is the added bonus of being able to express anger at pseudonymous medical personnel and insensitive friends — “unsafe” when one is dependent and forced into docility. A reviewer for the American Journal of Psychiatry called her book a “convergence of creativity and illness.”

OTHER NOTABLE PUBLICATIONS

Great Ideas in the History of Surgery (1961), co-edited with surgeon Leo M. Zimmerman, was praised for being a history of ideas and not merely of names. Significantly, she wrote the preface for Lester S. King’s seminal book, The Medical World of the Eighteenth Century (1958). King, like many Oslerians, was a practitioner (pathology) as well as a historian of medicine. Why had King chosen this particular century? Ilza asked — and answered: “It was the period when the wisdom of antiquity was still part of the physician’s intellectual background and, at the same time, when the many innovations that were generated during the hundred-year span were eagerly accepted by the medical world.” In “Parallels between AIDS, Leprosy, and Syphilis,” her last published article, Ilza put into historical context the social isolation of those deemed contagious, from the banishment of leprosy victims to the “leper’s hole” in the outside walls of churches, through Cotton Mather’s loathing of syphilitic patients, to the recent fear of casual contact with AIDS victims. The evolving understanding of contagion governed the reactions, both rational and irrational, to the victims of each of these diseases (Hawaii Med J 11: 1992, 300-4).

A SUMMING UP

Her friend and our honorary member, Gert Brieger told me: “Because she helped to make medical history an acceptable subject, and because she was one of the early women in the field that has now become so well populated by wonderful women scholars, she does deserve remembering. . . . Her greatest contribution was to bring medical history to the attention of the practicing physician.” Oslerians who see her name in each annual program as one of our few surviving charter member should know that our founders chose well when they included Ilza Veith.

In response to the first part of my article about founding member Ilza Veith (Oslerian, August 2012), three members sent me personal notes. Past president Joe Lella remembers seeing her at meetings (and as a bonus. dusted off his Latin to tell me that ad hominem and ad mulierem are the correct declensions — or whatever those things are — for personal attacks on a man or woman). Dennis Wentz from Bozeman, MT, remembers Ilza as a faculty member at the University of Chicago Medical School. Fernando Vescia from Palo Alto, CA, was one of Ilza’s history of medicine

(See President’s Message concluded on Pg 4)
graduate students at UCSF in the 1970s; she supervised his thesis on Henry Sigerist and he has kept in touch with her over the years.

— Sandra Moss, M.A., M.D.
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A CALL FOR ARTWORK IN TUCSON

Our meeting in Tucson will feature the third annual AOS Art Exhibit. More information will follow in later newsletters, but begin thinking about what you or your spouse would like to share with other Oslerians next spring. Work in any medium is encouraged.

For more information, please contact Herbert Swick at: hmlswick@msn.com.

LOOKING AHEAD TO TUCSON: THINK ART!

A REMEMBRANCE OF BILL HAUBRICH
(by John C. Carson, M.D.)

The American Osler Society mourns the passing of William S. Haubrich, a member since 1994. Many of us recall his stentorian voice and polished presentations at our annual meetings, including:
- W.A. Newman Dorland, MD: the Man Behind the Dictionary
- Emergence of Medical Education in the Western Reserve
- Osler’s Tribute to the Irish and an Irish Tribute to Sir William H.L. Mencken
- Looks at the Johns Hopkins Quadrumvirate

Bill came to La Jolla in 1970 to head the Gastroenterology section of the Scripps Clinic and Research Foundation. He died at his La Jolla home on October 1 at age 89.

Born in Columbus, Ohio, he graduated Phi Beta Kappa from Franklin & Marshall College in 1943, and was elected to Alpha Omega Alpha at Western Reserve University (now Case Western Reserve) in 1947. Internship at the Graduate Hospital of the University of Pennsylvania was followed by a year of residency in pathology at the Cleveland City Hospital, and a two year residency under Roy Wesley Scott in internal medicine.

In 1951 he returned to Philadelphia for a fellowship in gastroenterology under famed Henry L. Bockus at the Graduate Hospital, becoming Dr. Bockus’ chief resident. In 1971, Haubrich became the co-editor of the four volume Bockus textbook, and continued in that capacity until 1981. In 1955, he moved to Detroit to lead the GI section at Henry Ford Hospital, where he remained until he was recruited to Scripps Clinic.

Dr. Haubrich was a prolific contributor to his chosen subspecialty. From 1997 through 2008, he wrote a series of monthly biographical sketches for Gastroenterology describing the person who named a disease or a method of treatment. In 1981, the first edition of his Medical Meanings was published by the American College of Physicians. It’s a glossary of word origins giving the background of over three thousand words and phrases. It was an immediate success. A second edition was required in 2003, and a third edition was being readied for 2013.

Bill arrived in La Jolla with an international reputation from the Bockus Textbook and was very helpful in the establishment the UCSD Medical School, where he was a clinical professor. He retired from the Scripps Clinic & Research Foundation as senior consultant in medicine in 1988, devoting his time to writing, and heading a group of La Jolla and San Diego physicians in a monthly history session, Consecratio Medici.

Dr. Haubrich is survived by Eila, his wife of sixty-five years, and their three daughters. Memorial services will be held in 2013 on his birthday, July 4.

PLEASE DON’T BE BASHFUL regarding your own accomplishments or those of your AOS colleagues! SEND such items to the editor at joebvv2@live.com.
OBITUARY: Oslerian Om Prakash Sharma, M.D.

Doctor Om Sharma, who was elected into the AOS in 1985, passed away August 19, 2012. He was one of the founders of the World Association of Sarcoidosis and Other Granulomatous Diseases and was its president for several years.

Dr. Sharma was born and educated in India, then read tropical medicine at the London School of Hygiene and Tropical Medicine. He served as a house officer at Albert Einstein in the Bronx, NY, where he completed the fellowship in cardiopulmonary medicine. He was a Research Scholar of the RCP, London. At the time of his death he was Professor of Medicine at the Keck School of Medicine at UCLA.

Sharma was a prolific author: 500 papers, 67 chapters, 8 books and two clinical atlases. He published biographies of his mentors Dame Shelia Sherlock and Geraint James, and a biography of Samuel Johnson. He received many awards and was a member of many professional organizations, including the ACP and the RCP London. He was a superb teacher committed to excellence in teaching and was an exemplary role model for his pulmonary fellows, encouraging their pursuit of scholarly activity.

Om’s wife Maggie wrote, “We attended several wonderful AOS meetings over the years. He held the principles of William Osler close to his heart and was always happy to be in the fellowship of like-minded individuals.” A number of his friends in AOS have also remembered Om fondly.

Jock Murray wrote: “I shared an interest with Om, as we both wrote a lot about Dr. Johnson. Om recently published an excellent article on Johnson’s Dictionary and I sent him a copy of my recent book chapter on medicine in the age of Johnson. He was always a gentleman and a scholar, in the best sense of those terms, and will be missed by the many communities he touched.”

John Carson echoed that sentiment, writing "I was first introduced to Om by the late Earl Nation. We shared interests of the Dock Society and the Johnsonians."

Challenge Quote of the Issue (Answers in next Oslerian)

“Our health care system is based on the premise that health care is a commodity like VCRs or computers and that it should be distributed according to the ability to pay in the same way that consumer goods are. That's not what health care should be. Health care is a need; it's not a commodity, and it should be distributed according to need. If you're very sick, you should have a lot of it. If you're not sick, you shouldn't have a lot of it. But this should be seen as a personal, individual need, not as a commodity to be distributed like other marketplace commodities. That is a fundamental mistake in the way this country, and only this country, looks at health care. And that market ideology is what has made the health care system so dreadful, so bad at what it does.” Who said it and when?

The Mystery Man from the August Oslerian is Joe Lella, the President of AOS in 2008 — 2009. Joe was grappling himself to Rich Kahn, and the Quote was from Hamlet - Polonius to his son Laertes. The Winner was Jock Murray, President of the AOS from 2006 - 2007. →

Mystery Man ↑ M. Man + Stone ↑ (His Prize will be awarded in 2013 at Tucson.)
OSLERIAN GRAND TOUR TO BE COMPLETED! AOS President Sandra Moss writes:

“It occurs to me that in 2015 the AOS will have completed the ‘Grand Tour’* of key sites in Osler’s life:

- **Bond Head, Ontario** -- Although only a few of us have visited the Osler Cairn in Bond Head, Ontario, we can all consider ourselves to have visited it in spirit through our recent donation for the landscaping of the Osler Cairn in that city (see photographs →).

- Montreal — AOS 2007 meeting;
- Philadelphia — AOS 2011 meeting;
- Oxford — AOS 2014 meeting;
- Baltimore — 2015 meeting! #

* The Grand Tour was the term applied to the lengthy “coming of age” procession of well-to-do British and American young men (or perhaps a young woman accompanied by a chaperone) through Europe’s greatest cities, fashionable watering holes, and centers of culture.

# We are delighted to announce that the 2015 meeting of the American Osler Society will be held in Baltimore (25 years since the last meeting in Baltimore). The local arrangements committee, comprised of Drs. Paul McHugh, Steven Achuff, Preston Reynolds, and Tonse Raju is just beginning its work. We also have several emeritus members who can lend their expertise when called upon.”

OSLERIANS IN THE NEWS

From Rochester, MN, we have received this about our AOS Secretary: In October 2012, Chris Boes was named Associate Dean for Medical and Laboratory Specialties, in the Mayo School of Graduate Medical Education, Rochester, MN. As Associate Dean, Chris will chair the Mayo School of Graduate Medical Education Medical and Laboratory Specialties Graduate Education Committee. Congratulations, Chris!

WORTHY WISDOM FROM W. O.

“It is astonishing with how little reading a doctor can practice medicine, but it is not astonishing how badly he may do it.”

“To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.”
The Readings Session at several of our Annual AOS Meetings has been devoted to reciting poetry, some poems written by our own members and others by their favorite authors. Of poets, William Faulkner, in his 1950 Nobel Prize Acceptance speech, said this:

"It is the poet’s privilege to help man endure by lifting his heart, by reminding him of the courage and honor and hope and pride and compassion and pity and sacrifice which have been the glory of his past. The poet’s voice need not merely be the record of man, it can be one of the props, the pillars to help him endure and prevail."

Below is a selection of poems that relate to medicine (some clearly, some obtusely!) by the Belle of Amherst, Emily Dickinson (1830 – 1886) The date of each poem’s first Publication is shown as [DATE]. She wrote over 1700 poems, but less than 20 were published during her lifetime.

Emily was educated at the Amherst Academy and then for ten months attended Mary Lyon’s Mount Holyoke Female Seminary (which later became Mount Holyoke College). Emily had an older brother, Austin and a younger sister, Vinnie, and in adulthood had friendships with several older men. But she never married. For most of her later years she was a recluse but did carry on a lively correspondence with several people, most notably the critic Thomas Wentworth Higginson, to whom she described herself: "I am small, like the wren, and my hair is bold, like the chestnut bur, and my eyes like the sherry in the glass that the guest leaves."

**Because I could not stop for Death --,**
He kindly stopped for me --
The carriage held but just ourselves --
And Immortality.

We slowly drove, he knew no haste,
And then – if it should be
My labor, and my leisure too,
For his civility --

We passed the school where children strove
At Recess – in the Ring –
We passed the fields of Gazing Grain –
We passed the setting sun –

Or rather – He passed Us –
The Dews drew quivering and chill –
For only Gossamer, my Gown --
My Tippet – only Tulle –

We paused before a house that seemed
A swelling of the Ground –
The roof was scarcely visible –
The Cornice – in the Ground –

Since then – ’tis Centuries – and yet
Feels shorter than the Day
I first surmised the Horses’ Heads
Were toward Eternity --

**The Heart ask Pleasure – first –**
And then – excuse from Pain --
And then – those little Anodynes
That deaden suffering --

And then – to go to sleep --
And then – if it should be
The will of its Inquisitor
The privilege to die –

**Surgeons must be very careful**
When they take the knife!
Underneath their fine incisions
Stirs the Culprit – Life! [1891]
FINAL CALL for ABSTRACTS 2013 AOS Meeting in Tucson, AZ April 7-10, 2013

Abstracts should be sent by e-mail to: aosrenee@gmail.com with a copy to boes.christopher@mayo.edu and must be received by November 30, 2012. 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. (Timekeepers are dedicated and strict!)

Abstracts will be accepted by e-mail up until November 30, 2012. Send with objectives and cover letter to: aosrenee@gmail.com with a copy to: boes.christopher@mayo.edu. Please make submissions in Microsoft WORD format.

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