48th Annual Meeting

of the

American Osler Society

Sunday, May 13th – Wednesday, May 16th, 2018

University of Pittsburgh
Pittsburgh, Pennsylvania

48th Annual Meeting of the

AMERICAN OSLER SOCIETY

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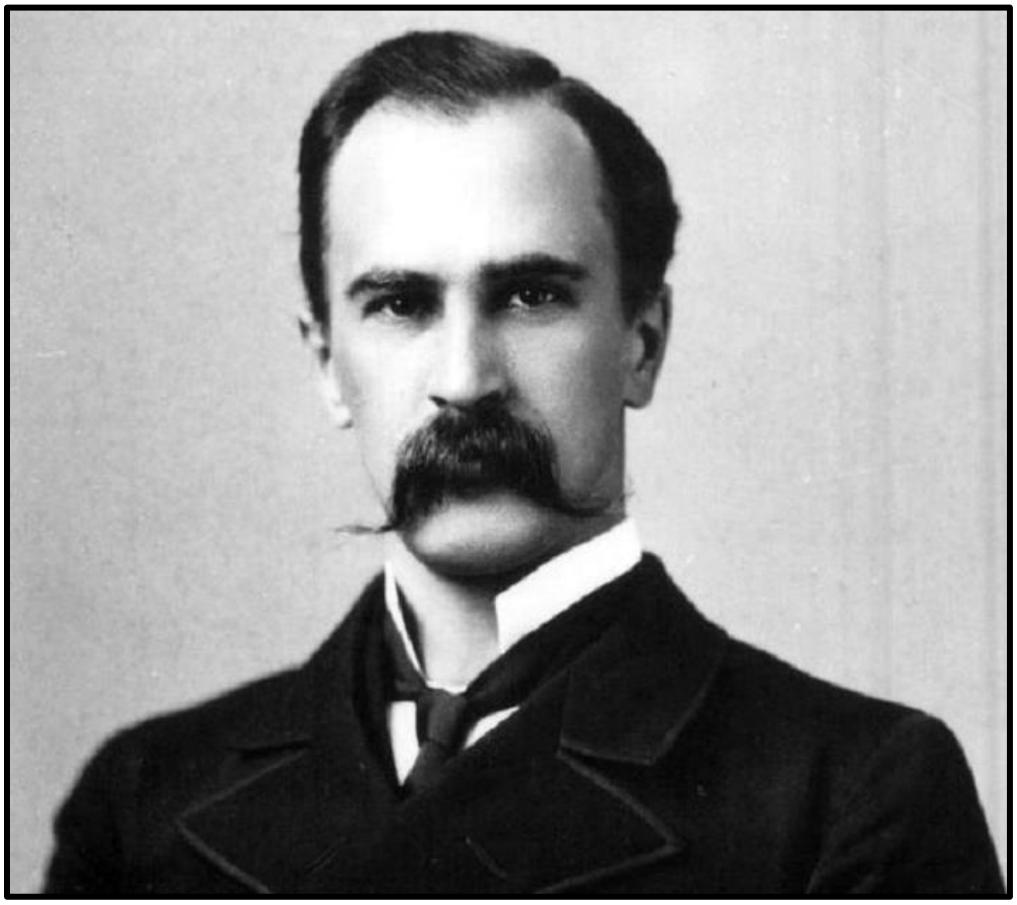

Photo courtesy of Osler Library of the History of Medicine, McGill University

Course Objectives

Upon conclusion of this program, participants should be able to:

- Describe new research findings in the history of medicine.
- Outline the evolution of medicine in a particular disease.
- List professional contributions made by others in medicine.

Intended Audience

The target audience includes physicians and others interested in Osler, medical history and any of the medically oriented humanities who research and write on a range of issues. Attendees will acknowledge the diversity of topics discussed and the spectrum of research techniques employed to investigate hypotheses, frame arguments, and draw conclusions. The themes addressed are comprehensible to all health care providers, making the content and conclusions accessible to the participants regardless of their main professional identity.

CME Accreditation and Designation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The University of Arizona College of Medicine – Tucson and the American Osler Society. The University of Arizona College of Medicine - Tucson is accredited by the ACCME to provide continuing medical education for physicians.

The University of Arizona College of Medicine - Tucson designates this live activity for a maximum of 19 *AMA PRA Category 1 Credit(s)* ™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Information

All Faculty, CME Planning Committee Members, and the CME Office Reviewers have disclosed that they have no financial relationships with commercial interests that would constitute a conflict of interest concerning this CME activity.

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History of the University Club

The University Club, designed by architect Henry Hornbostel, is an eight-story building owned by the University of Pittsburgh. Completed in 1923, it is a contributing property to the Schenley Farms National Historic District.

The "University Club" began as a private social club in 1890, originally located in downtown Pittsburgh. It later moved to Oakland to be closer to the city's college campuses, settling into the 1923 Hornbostel classical-style limestone building. After the club ceased operations in November 2004, the University of Pittsburgh purchased the building for $3.1 million in 2005 for use as a faculty and staff club, conference center, and banquet and event facility.

Following the acquisition of the University Club, the University of Pittsburgh conducted a $20.2 million renovation. This renovation incorporated all floors, including housing on the upper floors for families of patients in local hospitals. The building features a grand lobby with a curved staircase, a ballroom with a 600-pound crystal chandelier, tall ceilings, library room, and 10-foot-tall windows with sweeping views of the University campus. Floors 1 through 4 became a 4,000-square-foot faculty club, 4,000-square-foot fitness center, 18,000-square-foot conference and banquet facility, 4,000-square-foot kitchen facility, coffee shop, and 8,000 square feet of offices. The upper floors, five through eight, have 48 guest rooms that are rented to Family House, a local non-profit that helps families of hospital patients with housing. All renovations were completed and the club reopened on April 1, 2009.

Source: University of Pittsburgh website

Program Schedule

Sunday, May 13, 2018

1:00 – 5:00 pm	Registration | University Club, Main Floor
1:00 pm	Tour of the Nationality Rooms in the Cathedral of Learning Tour (optional) Meet in University Club, Main Floor
1:30 pm	Carnegie Museum Complex-Natural History & Fine Arts (optional) Meet in University Club, Main Floor
2:30 p.m.	Tour of the Nationality Rooms in the Cathedral of Learning Tour (optional) Meet in University Club, Main Floor
3:00 pm	Tour of Heinz Chapel (optional) Meet in University Club, Main Floor
	Tour of the Nationality Rooms in the Cathedral of Learning Tour (optional) Meet in University Club, Main Floor
3:00 – 5:00 pm	The Frank Neelon Literary Gathering | Gold Room Moderators: Joseph Lella & Clyde Partin
	3-4 pm - Sylvia Pamboukian, PhD & Robin Maier, MD, Arthur Conan Doyle, Quackery, The Speckled Band, and Poison Gardens 4-4:30 pm - Jack Coulehan, MD, Poetry and Medicine 4:30-4:50 pm - Frank Neelon, MD, The View from Fiesole (Essay by Hergott) 4:50-5 pm - Poems from Audience
5:30 – 7:00 pm	Past Presidents' Dinner Meeting | Gold Room
7:00 – 9:00 pm	Board of Governors Meeting | Ivy Room

Program Schedule

Monday, May 14, 2018

7:00 am – 5:00 pm Registration | University Club, Main Floor

7:00 – 8:00 am Continental Breakfast | University Club, 2nd Floor, Ballroom B

8:00 am – 5:00 pm Art Exhibit | University Club, Main Floor, Library

7:45 am Welcome & Announcements | Main Floor, Ballroom A
University of Pittsburgh Administration

Bernard Goldstein, M.D.
President of the C. F. Reynolds Medical History Society

Laurel Drevlow, American Osler Society President

Literary Moments

Moderator: Laurel Drevlow | Main Floor, Ballroom A

8:00 am Rudyard Kipling's Three Addresses to Medical Organizations
Dee J. Canale (page 19)

8:20 am Frank G. Slaughter, M.D.: Medical Novelist
Michael C. Trotter (page 65)

8:40 am How Marcia Crocker Noyes and Sir William Osler, MD, Built a Library
Meg Fairfax Fielding (page 30)

9:00 am The Poetry in Osler's "A Way of Life" and "Old Humanities and New Science"
Joseph W. Lella (page 42)

9:20 am An Oslerian Education
John C. Carson (page 20)

9:40 am BREAK | 2nd Floor, Ballroom B

Program Schedule

Monday, May 14, 2018 (continued)

Pennsylvania, Pittsburgh, and UPMC

Moderator: Joe VanderVeer, Jr. | Main Floor, Ballroom A

10:00 am	Thomas E Starzl: Liver Transplant Pioneer Robert G. Mennel (page 50)
10:20 am	Quality of Mercy - Dr. Edward Martin Michael E. Moran (page 52)
10:40 am	A Case of Double Consciousness from 1811 in the Context of DSM-V Donald L. Rezek (page 56)
11:00 am	***THE JOHN P. MCGOVERN AWARD LECTURESHIP*** The Spectacular and Meretricious Consequences of Medical Progress: A Cautionary History from the Age of Sewer Gas K. Patrick Ober
Noon	LUNCHEON | 2nd Floor, Ballroom B
1:30 pm	Tour of the Nationality Rooms in the Cathedral of Learning Tour (optional) Meet in University Club, Main Floor
	Carnegie Museum Complex-Natural History & Fine Arts (optional) Meet in University Club, Main Floor

Keeping Green the Memory of Osler

Moderator: Clyde Partin | Main Floor, Ballroom A

1:00 pm	Warner Fremont Bowers: The Man with a Book Michael W. Cater (page 21)
1:20 pm	'The Iniquity of Oblivion': Walter Reginald Bett (1903-1968) Nadeem Toodayan (page 63)
1:40 pm	Introducing William Osler: White Coats and the Vade Mecum Herbert M. Swick (page 62)
2:00 pm	The Making of a Vade Mecum Joseph B. VanderVeer, Jr. (page 66)

Program Schedule

Monday, May 14, 2018 (continued)

2:20 pm	CLOSLER – A Far Reaching Educational Initiative to Move All "Closer to Osler" Scott Wright (page 69)
2:40 pm	*WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE* Race and Reputation: The Influence of the Johns Hopkins Hospital on Abortion Access in Baltimore, 1945-1973 Tiffany Brocke (page 18)
3:00 pm	William Osler and His Contributions to the Field of Dermatology Priscilla Ly (page 44)
3:20 pm	BREAK | 2nd Floor, Ballroom B

Lives of Surgeons and a Mini-Symposium on Harvey Cushing

Moderator: Rolando Del Maestro | Main Floor, Ballroom A

NOTE FROM PROGRAM CHAIR Clyde Partin: Sadly, Dr. Aviva Katz passed away unexpectedly. I re-reviewed her abstract and concluded that she was a talented and committed physician and would have been a dedicated Oslerian. Dr. Joseph E. Losee, Vice-Chair Department of Plastic Surgery at the University of Pittsburgh Medical Center noted that "Aviva dedicated her life to the care of children, both her own and others." Dr. Katz was to present "William Stewart Halsted's Enduring Influence on the Structure and Culture of Surgical Residency" (page 39)

3:40 pm	Nicholas Senn, MD (1844-1908) - American Surgeon Robert R. Nesbit, Jr. (page 53)
4:00 pm	The Other Bliss: A Portrait Somewhat Different Henry Travers (page 64)
4:20 pm	Ashbel Smith: the Father of Texas Medicine J. R. Dryden (page 28)
4:40 pm	A Neurosurgeon on the Western Front: Harvey Cushing's Diary and Cognitive Behavioral Therapy Samuel A. Matthys (page 49)
5:00 pm	The Harvey Cushing Stamp, Sir William Osler, and the Connection to the University of Florida College of Medicine and Neurosurgery Alice Rhoton-Vlasak (page 57)

Program Schedule

Monday, May 14, 2018 (continued)

5:20 pm — Willem Kolff: Physician, Humanitarian, Visionary
Rebecca Jones (page 37)

5:40 pm — ADJOURN

6:00 pm — RECEPTION | 2nd Floor, Terrace of the University Club & Ballroom B

7:00 pm — BANQUET | Alumni Hall, Connolly Ballroom

PRESIDENTIAL ADDRESS
Laurel Drevlow

Tuesday, May 15, 2018

7:00 am – 5:00 pm — Registration | University Club, Main Floor

7:00 – 8:15 am — Continental Breakfast | University Club, 2nd Floor, Ballroom B

8:00 am – 5:00 pm — Art Exhibit | University Club, Main Floor, Library

Ancient and Pre-Oslerian Medicine (and Medical Team 19)

Moderator: James Bailey | Main Floor, Ballroom A

8:20 am — Tobias Venner--A 17th Century Proto-Oslerian Physician
Jeremiah A. Barondess (page 15)

8:40 am — Il Fasciculo Di Medicina of 1493: Medical Culture Through The Eyes of The Artist
Rolando Del Maestro (page 27)

9:00 am — Ars Uero Longa: Teaching Hippocrates in Medieval Italy
André Lametti (page 40)

9:20 am — Incidence of Prematurity and Common Congenital Anomalies Can Help Account for the Rate of Exposure of Infants in Classical Greece and Rome
Erik R. Barthel (page 16)

Program Schedule

Tuesday, May 15, 2018 (continued)

9:40 am — *WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE*
Mao's Pacifist Friends: Medical Team 19 and the Limits of Medical Humanitarianism at the Dawn of the Cold War
Christopher Magoon (page 46)

10:00 am — BREAK | 2nd Floor, Ballroom B

Osler as a Practitioner (And a Bit About Pharmaceuticals)
Moderator: Michael Malloy | Main Floor, Ballroom A

10:20 am — Sir William Osler and One Health: A Profile of Two Scientists Who Accepted His Challenge to Expand the Concept
Russell W. Currier (page 25)

10:40 am — "Osler Warned": Was William Osler a Grave Robber While at McGill?
James R. Wright, Jr. (page 68)

11:00 am — From Nose Bleeds, To Lupus, To Prosecutor's Warts: Sir William Osler...The Great Observer of the Skin
Reid A. Waldman (page 67)

11:20 am — *WILLIAM B. BEAN STUDENT RESEARCH AWARD LECTURE*
The Migration of Ideas and Institutional Silos: The Black Hospital Movement in Cleveland, 1920-1957
Joshua Niforatos (page 54)

11:40 am — From Apothecaries to Zoloft: The History of Pharmaceutical Advertising in America
Nelson Holmes (page 36)

12:00 pm — LUNCHEON | 2nd Floor, Ballroom B

1:30 pm — Tour of the Nationality Rooms in the Cathedral of Learning Tour (optional)
Meet in University Club, Main Floor

Heart & Soul with Smorgasbord & Some Bite
Moderator: Barry Silverman | Main Floor, Ballroom A

1:00 pm — Life's Defining Moment: Christiaan Barnard and the First Human Heart Transplant
David K.C. Cooper (page 23)

Program Schedule

Tuesday, May 15, 2018 (continued)

1:20 pm	Lewis A. Conner: Cornell's Osler Jeffrey Fisher (page 31)
1:40 pm	The Case of the Purloined Heart: Michael E. DeBakey, Denton A. Cooley and the Implantation of the First Total Artificial Heart Craig A. Miller (page 51)
2:00 pm	Student Discoveries That Changed Medicine Stephen I. Schabel (page 59)
2:20 pm	Sanitation, Sanity, and (Moral) Suitability: the History of the Medical Inadmissibility of Immigrants into Canada (1840s-1950s) Clare Fogarty (page 32)
2:40 pm	Robert Louis Stevenson's Dentist – Unsung Hero Robert B. Stevenson (page 61)
3:00 pm	BREAK | 2nd Floor, Ballroom B

Contributions to Healthcare from the Fairer Sex, One Loyalist & One Texan

Moderator: Joan Richardson | Main Floor, Ballroom A

3:20 pm	Johns Hopkins, Florence Sabin, and Opportunities for Women in Early 20th Century Medical Education Adam W. Davis (page 26)
3:40 pm	Marie Elizabeth Zakrzewska, MD, an American Forerunner to Darwin J. E. Henisz (page 34)
4:00 pm	Mary Stuts Sherman and Jacqueline Perry: The Pioneer Academic Orthopaedic Surgeons of the 20th Century M. Mark Hoffer (page 35)
4:20 pm	Sargent, His Lonely Hearts Club Band, Garrett and the Triumph of Women in Medicine at Johns Hopkins George Sarka (page 58)
4:40 pm	Peter, Principles, Printers, Petticoats and Politics Richard Kahn (page 38)

Program Schedule

Tuesday, May 15, 2018 (continued)

5:00 pm	Samuel Bard and the Origins of American Medical Ethics Featuring an Original Manuscript C. Ronald MacKenzie (page 45)
5:20 pm	Curious Curries, the Malmo Shipyard, and The Doppler Shift: A 20th-Century Medical Imaging Revolution William N. Evans (page 29)
5:40 pm	ADJOURN
6:00 pm	ORGAN RECITAL | Heinz Chapel Dr. Michael Hammer
7:00 pm	DINNER | William Pitt Union, Ballroom TOUR OF THE NATIONALITY ROOMS IN THE CATHEDRAL OF LEARNING

Wednesday, May 16, 2018

7:00 – 8:30 am	Continental Breakfast | University Club, 2nd Floor, Ballroom B
7:30 – 8:15 am	Annual Business Meeting

Osler & Osleriana & One Unrelated Topic

Moderator: Charles Bryan | Main Floor, Ballroom A

8:20 am	The Doctor and the Doorman: Osler and Frisby, Latchkey Masters George S. Bause (page 17)
8:40 am	Nurse Edith Cavell, Sir Thomas Browne and Sir William Osler: One Degree of Separation? Vivien E. Lane (page 41)
9:00 am	The Hellenism of William Osler and the New Religion of Medicine Joongyu Daniel Song (page 60)
9:20 am	Hyaline Membrane Disease: An Historical and Oslerian Perspective Michael Malloy (page 47)
9:40 am	Auschwitz Inmates Saving Lives in 2017: Nazi Medicine in Modern Medical Practice Scott Lentz (page 43)

Program Schedule

Wednesday, May 16, 2018 (continued)

10:00 am BREAK | 2nd Floor, Ballroom B

Pediatrics, Poetry and Pathology Topics
Moderator: Herbert Swick | Main Floor, Ballroom A

10:20 am William H. Welch, M.D.: An American Pioneer in Evolutionary Medicine
Robert L. Chevalier (page 22)

10:40 am William Osler and Rudolf Virchow – Two Early Clinician-Scientists
Claus A. Pierach (page 55)

11:00 am Healing the Healer: Poetry in Medicine
Jack Coulehan (page 24)

11:20 am Frederick Adolphus Packard, MD (1862-1902) – Osler Protégé and Proto-Pediatrician
Jan M. Goplerud (page 33)

11:40 am The Core History of Leukemia
Gerald Marti (page 48)

Noon ADJOURN

Tobias Venner--A 17th Century Proto-Oslerian Physician

Jeremiah A. Barondess

Dr. Barondess is Professor of Clinical Epidemiology, Mailman School of Public Health, Columbia University; William T Foley Distinguished Professor in Clinical Medicine, Emeritus, Weill-Cornell Medical College; and President Emeritus, New York Academy of Medicine. His historical interests include William Osler, the Johns Hopkins Medical Institutions and the evolution and vicissitudes of internal medicine as a specialty. His current focus is on chronic disease risk and prevention at the population level.

Tobias Venner was a well-educated, industrious and energetic English physician who practiced in Somersetshire early in the 17th century. He was a keen clinical observer, well-versed in the Hippocratic and Galenic background for the medicine of his time. Concerned for the dignity and ethicality of his profession, he was widely respected, even revered, and attracted the affection and gratitude of his patients and his community. He wrote several important treatises, two of which are of continuing interest, namely his Via Recta ad Vita Longam, a consideration of general hygiene, health preservation and gastronomy, and A Treatise on the Taking of the Fume of Tobacco, a consideration of the implications of the rapid spread of its use in Europe in his time particularly for therapeutic and recreational purposes. The parallels in the careers, priorities and impacts of Osler and Venner will be considered, and the future of the Osler/Venner model raised as an issue for those concerned for its viability in an era dominated by subspecialization, altered practice arrangements and forces external the profession that are shaping the clinical care paradigm.

Learning objectives:

1. Describe briefly Venner's major contributions tom the medicine of his time.
2. Identify analogous features of Osler's and Venner's careers and their importance for contemporary thinking about internal medicine as a vocation.
3. Outline some issues in the further evolution of clinical models of the Venner/Osler type in light of current pressures on current determinants of the characteristics of clinical careers.

Incidence of Prematurity and Common Congenital Anomalies Can Help Account For the Rate of Exposure of Infants in Classical Greece and Rome

Erik R. Barthel

Erik Barthel is a pediatric surgeon at the University of Chicago. He spent the first decade of his life in Indiana and then moved to the Los Angeles area, where he completed his undergraduate studies, a PhD in physical chemistry, medical school, general surgery residency and a pediatric surgery fellowship. He returned to the Midwest to join the University of Chicago Pediatric Surgery team in 2016. He has had a longstanding interest in the history of science and medicine, especially the Ionian Enlightenment and the Classical period.

Abstract: The exposure of infants is a well-documented phenomenon in classical Greece and Rome. Classicists and historians have argued at length over the prevalence and causes of this troubling practice. Its incidence has been reported as being as low as 4 per one thousand births, but it may have been as common as several percent of infants. Descriptions of its possible motivations have included preference for male offspring in the Classical world, potentially resulting in a higher percentage of exposure of female infants; poverty; and the presence of congenital deformities or birth defects. A review of the Classicist and historical literature on this topic was performed. The most current data on the incidence of prematurity, and congenital anomalies which would have been obvious to parents in the ancient world, and which are now commonly seen by pediatricians and pediatric surgeons, was also reviewed. These include cleft lip and palate, gastroschisis, and omphalocele, as well as Down's syndrome, and their incidence can help to explain the historical rate of infant exposure in the classical world. The historical progress of pediatric surgical treatment for correctable anomalies will be briefly discussed as it pertains to how these conditions might have been perceived in the ancient world.

Learning objective:
1. Define the problem of infant exposure in classical Greece and Rome.
2. Discuss the possible motivations that families may have had to expose an infant child at the time.
3. Reconcile the possible prevalence of infant exposure, as reported in classical and historical literature, to modern understanding of the incidence of common congenital malformations and birth defects seen by pediatricians and pediatric surgeons.

The Doctor and the Doorman: Osler and Frisby, Latchkey Masters

George S. Bause

A third-generation Oslerian, Dr. Bause earned his MD and MPH (Epidemiology) in 1981 from Johns Hopkins before completing his NIH-Hopkins fellowship in geriatric anesthesiology. While Pithotomy Club president, he was encouraged by Professor Victor McKusick to curate anesthesia museums, first at Hopkins, then at Yale, and, for the last 30 years, at the American Society of Anesthesiologists. As clinical associate professor at the Case Western Reserve University Schools of Medicine and of Dental Medicine, Dr. Bause was named the international Laureate of the History of Anesthesia.

Nearly every morning from 1889 to 1905 that he mounted the steps into the Dome at Johns Hopkins Hospital, Dr. William Osler was greeted cordially by the hospital doorman, Mr. Benjamin "Ben" Frisby. Eventually hailed by *The Baltimore Sun* as the hospital's "oldest negro employe[e]," Frisby read widely and could greet hospital visitors fluently in French, Spanish, German or English. Beyond sharing pleasantries, Osler and Frisby exchanged snippets of world news or scientific theories publicized recently in the lay press.

Both men prided themselves in serving the public. "The Doctor and the Doorman" each left a legacy to Hopkins and to the world. Osler's contributions are widely known. Less well publicized are Frisby's contributions, such as his humanizing residency training at Hopkins and his co-founding of the Hopkins Turtle Derby.

Learning objectives:
1. Compare how Osler and Frisby used latchkeys to impact the medical training of house officers at Johns Hopkins Hospital.
2. Discuss how Osler introduced the "Herpetologist-in-Chief" to Frisby, and how this personal connection would lead eventually to the founding of the Hopkins Turtle Derby.
3. Contrast how Osler and Frisby were honored during their lifetimes and posthumously.

Race and Reputation: The Influence of the Johns Hopkins Hospital on Abortion Access in Baltimore, 1945-1973

Tiffany Brocke, Mary Fissell, Graham Mooney

Ms. Tiffany Brocke is an M.D. candidate at the Johns Hopkins School of Medicine. She received her bachelor's degree in biochemistry and Latin from the University of Michigan.

Abortion is politically and culturally contested in the United States. The Supreme Court's 1973 *Roe v. Wade* decision was a dramatic shift in abortion policymaking; historical work on the context of this decision has focused on late-1960s feminist activism as well as on racial disparities in abortion access and outcomes prior to legalization. However, prior to the emergence of second-wave feminism, physicians had been working for over a decade to make changes in abortion care. Furthermore, no study exists on the impact of a single hospital on the city, state, and national abortion landscapes. The Johns Hopkins Hospital in Baltimore presents an enlightening case study of how physicians capitalized on shifting public attitudes toward abortion to achieve reform that laid groundwork for *Roe v. Wade*, and the limitations of that physician-led reform.

To this end, I reviewed the archival collections of Johns Hopkins doctors and other Baltimore stakeholders, and Baltimore newspapers. Secondary literature provided historical and scholarly context for the project.

These sources argued that prior to *Roe v. Wade*, abortion politics in Maryland were largely physician-driven. Motivated by the developing perceptions of illegal abortion as a public health issue, and legal abortion as a therapy for social ills, Johns Hopkins doctors worked to liberalize abortion policies within their institution and at the state level. Although they succeeded in passing a groundbreaking Maryland reform law in 1968, their ability to meet the needs of their patients was hampered by two factors. First, access to health care in Baltimore was profoundly shaped by race, and the 1968 legislation failed to solve the complex problems of disparities in abortion access between Black and white women. In part, this failure resulted from hitherto-undescribed unusually restrictive policies at Baltimore's premiere hospital for African Americans. Second, the desire to protect the reputation of the Johns Hopkins Hospital led physicians to tightly control the availability of abortions, limiting the procedure for many women.

Overall, changes in the social context of abortion permitted Johns Hopkins physicians to promote local and statewide reform before the women's liberation movement. Systemic racialized barriers meant Black women in Baltimore benefited least from that change. Thus, abortion policies from the Johns Hopkins Hospital were shaped by racial dynamics in Baltimore, and as a result contributed to the perpetuation of racial divides in citywide abortion access.

Learning objectives:
1. Explain which social problems motivated physicians in Baltimore to seek abortion law reform, and which shifting attitudes made the public receptive to proposed changes.
2. Evaluate the relative impact of Hopkins physicians' attempts to liberalize abortion access by community advocacy, hospital policymaking, and state policymaking.
3. Identify three barriers specific to Black women that limited their access to legal abortion care in Baltimore.

Rudyard Kipling's Three Addresses to Medical Organizations

D.J. Canale

Dr. Canale is a retired neurosurgeon from Semmes-Murphey Clinic, Memphis, Tennessee, former associate clinical professor of neurosurgery UTSHS and past president American Osler Society

Rudyard Kipling was arguably the most widely read writer in the late 19th. Century and first quarter of the 20th. Century in England and North America. He was noted for both his prose and poetry and especially for his short stories. Kipling was born in India as an Anglo-Indian, educated in England and returned to India to become a newspaper reporter when not yet seventeen years of age. After seven years in India he returned to England, married an American woman Caroline "Carrie" Balestier and lived in America for four years before returning to England. He and his wife would live in Sussex for the remainder of his life.

This paper will focus on three addresses delivered by Kipling to doctors. The first address was to the Students of the Medical School of the Middlesex Hospital in 1908. His second address was given to The Royal College of Surgeons in February, 1923 and the third address given to The Royal Society of Medicine in November, 1928. It is more common for lay persons addressing medical organizations to be asked to present their subject as related to one's fields of endeavor. Rudyard Kipling on the other hand chose medical subjects. The relevant medical aspects of each address will be enlarged upon.

In his address to the Royal Society of Medicine one will notice a direct connection to Sir William Osler. While this is not the focus of this paper one should not be surprised to learn of an association of two of the most notable Englishmen whose height of careers overlapped. Kipling would meet Osler in 1907 in Oxford the same year he was the first English person awarded the Nobel Prize. Their friendship and correspondence will be covered in part. It is ironic that both of these men should lose their only sons to injuries in France during the "great war". Kipling's son John was killed at the Battle of Loos in September 1915 at age 18. Kipling's son Revere was killed in a battle at Ypres on August 30, 1917 at age 21. Rudyard Kipling died on January 18, 1936 at Middlesex Hospital following a severe gastrointestinal hemorrhage at age 70. He was buried in the Poets Corner at Westminster Abbey and the whole nation mourned.

Learning objectives:
1. Discuss Kipling's place in literature in the early 20th. Century
2. Appreciate a notable layman's thoughts and observations of Medicine at the time
3. Discuss in part Kipling's relationship with Sir William Osler

An Oslerian Education

John Carson

Dr. Carson is a retired cardiologist, an Emeritus Professor of Medicine at UCSD and a past president of the AOS.

The Joe Lella mediated symposium of May 17, 2000, at Bethesda was on Michael Bliss' *William Osler: A Life in Medicine*.

Earl Nation said: "It was Harvey Cushing's *The Life of Sir William Osler* that really introduced me to Osler. It became an important part of my education and changed my life."

My paper cites three books of which I had no knowledge other than Cushing's notation that they were important to Osler:

1: *The Natural History of Selborne* by Gilbert White
2: *John Ward Preacher* by Margaret Deland
3: *Cruden's Concordance* by Alexander Cruden

Learning objectives:

1. Explain why these books important to Osler
2. Discuss why these books are relevant today
3. List why Cushing, Bliss, Ruhrah are all necessary

Warner Fremont Bowers: The Man with a Book

Michael W. Cater

Michael W. Cater, M.D. is a general pediatrician in Tustin, California. He also serves as Clinical Professor of Pediatrics at the University of California, Irvine, School of Medicine.

In August 1945, during a ceremony to mark the transfer of St. Luke's International Hospital in Tokyo from Japanese ownership to the U.S. Army, Dr. Warner F. Bowers (1906–1994) quietly gave a young Japanese physician, Dr. Shigeaki Hinohara, his personal copy of the third edition of *Aequanimitas, With other Addresses to Medical Students, Nurses and Practitioners of Medicine*, which he had received from the Eli Lilly and Company thirteen years earlier upon graduation from medical school in 1932.

This small act of kindness prompted Dr. Hinohara's keen interest in Oslerian medicine, which led in turn to the spread of Osler's ideals and philosophy throughout Japan, the eventual formation of the Japan Osler Society, and the volume of Osler's essays extensively annotated by Dr. Hinohara and Hisae Niki.

Warner Bowers was born in Jefferson, Indiana, and received his medical degree from the University of Nebraska. He trained in general surgery at the University of Minnesota, where he simultaneously completed a doctorate program under the direction of Dr. Owen H. Wangensteen. With the onset of World War II, Bowers enlisted in the U.S. Army. He was aboard the U.S.S. *Comfort* during the battle of Okinawa. After hostilities ceased Dr. Bowers was transferred to the Japanese mainland, which led to his presence alongside Dr. Hinohara after the U.S. Army requisitioned St. Luke's International Hospital for its own use.

Bowers had distinguished careers as a U.S. Army surgeon, as an educator, and as a medical writer. From 1948 to 1952 he was chief surgical consultant and coordinator of professional consultant activities in the office of the Surgeon General. He retired with the rank of colonel, his last position being that of chief of the department of surgery at Tripler Army Hospital, Hawaii. From 1962 to 1966 he was professor of clinical surgery at New York Medical College, where he also served as director of the Graduate School of Medical Sciences.

Bowers published approximately 170 peer-reviewed articles in both the Japanese and American medical literature. His books indicate a broad interest in surgery and in the humanistic dimensions of medicine, for in addition to the surgical titles—*Surgery of Trauma* (1953), *Surgical Gastroenterology* (1960), *Surgical Philosophy in Mass Casualty Management* (1960), *Manual of Surgical Technique* (1963), *Self-Assessment of Current Knowledge in General Surgery* (1971), and others— he wrote *Interpersonal Relationships in the Hospital* (1960) and *Understanding and Coping with Bereavement* (1968). His two non-medical book titles point to outside interests: *Common Sense Organic Gardening* (with Lucile Bowers, 1974) and *Gourmet Cooking with Homemade Wine* (1975).

Among Bowers' awards were the Henry S. Wellcome Medal from the Association of Military Surgeons of the United States for his contributions to military medicine and the Legion of Merit from the President of the United States. He was a founding member of the Central Surgical Association and of the Society for Surgery of the Alimentary Tract.

Learning objectives:

1. Name three long-term results of a small act of kindness: Warner Bowers' gift of the third edition of Osler's *Aequanimitas With other Addresses* to a young Japanese physician, Dr. Shigeaki Hinohara.
2. Trace Warner Bowers' career as an academically-oriented surgeon.
3. Discuss Warner Bowers as an exemplar of humanism in medicine, as evinced by his books on *Interpersonal Relationships in the Hospital* and *Understanding and Coping with Bereavement.*

William H. Welch, M.D.: An American Pioneer in Evolutionary Medicine

Robert L. Chevalier

Dr. Chevalier earned his BS and MD from the University of Chicago, pediatric residency and renal physiology fellowship at UNC Chapel Hill, and pediatric nephrology fellowship at the University of Colorado. He established the Division of Pediatric Nephrology at the University of Virginia, where he maintained an NIH-funded laboratory for 35 years, and was Chair of the Department of Pediatrics for 14 years. He is a collector of historic medical books with particular interest in the intersection of medicine and evolutionary biology.

Less than 40 years after Darwin published On the Origin of Species, pathologist William H. Welch (1850-1934), first dean of Johns Hopkins University School of Medicine, wrote Adaptation in Pathological Processes (1897), in which disease is explained with the new evolutionary theory. After receiving his BA from Yale and MD from the New York College of Physicians and Surgeons, Welch traveled to Germany to train with eminent physiologist Carl Ludwig and pathologist Julius Cohnheim. Influenced by lectures on comparative anatomy by Rudolf Leukart in Leipzig, Welch was an early convert to Darwinism. In Adaptation in Pathological Processes he claims that variation, natural selection, and heredity are evolutionary factors that underlie pathological adaptations. The terms "evolution" or "evolutionary" and "fitness" are repeated 12 times, and "natural selection" is repeated 6 times in the text. Welch notes, "adaptation is generally attended with marked imperfections, and strictly speaking is not a complete compensation . . . evolutionary factors could not secure any better result." He then implicates the concept of evolutionary tradeoff: "introduction into the workings of the organism of some better mechanisms to compensate the morbid conditions might be at the sacrifice of more important physiological attributes of the body." He also conceptualizes evolutionary mismatch: "Evolutionary factors determine physiological adaptations of cells to changed conditions—these may not have prepared them for most pathological emergencies." Finally, he highlights the importance of variation in the differential susceptibility of individuals to infection with a pathogenic microorganism, resulting in either no symptoms, recovery, or death.

Welch's evolutionary approach to medicine was not shared by his colleagues at Johns Hopkins or with most of his contemporaries. Throughout the past century, Western medicine has been practiced according to the principles exemplified by Sir William Osler (1849-1919), professor of medicine at the new Johns Hopkins School of Medicine, and quintessential clinician. He regarded the patient as a "classic case" with disordered homeostasis requiring treatment based on meticulous previous descriptions. Recently, limitations to this approach have been exposed by global epidemics of metabolic syndrome and diabetes, antibiotic resistance, and cancer in aging populations. Since publication of The Origin in 1859, an evolutionary approach to medicine was largely ignored until 1991, when evolutionary biologist George Williams and physician Randolph Nesse published The Dawn of Darwinian Medicine, proposing a new paradigm to explain these apparently maladaptive responses to our modern environment. This has generated a new discipline, with its own society, journal, and annual meetings (International Society of Evolutionary Medicine and Public Health). It is based on the recognition of our species' evolutionary history, determined by inter-individual variation and natural selection by the environment for reproductive fitness rather than longevity.

In addition to Welch and Osler, surgeon William Halsted (1852-1922), and obstetrician Howard Kelly (1858-1943) constituted the "Big Four" founding physicians of Johns Hopkins. Far from an evolutionist, Kelly was a proselytizing Christian fundamentalist, whereas Halsted had no religion, but quoted barber surgeon Ambroise Paré (1510-1590): "God cured him; I assisted." In the early 20th century there was a wide range of opinion among Americans regarding Darwinism. Of the Big Four, Welch was clearly the physician with the most training in biology, and in other writings he emphasized the need for basic science to inform medical practice. In the 21st century, only 33% of Americans believe that humans evolved solely by natural selection, and physicians remain skeptical regarding the value of evolutionary theory in medical practice. Evolutionary biology has yet to be included in the curricula of most American medical schools despite the recommendations by the National Academy of Sciences in 2010. Progress in molecular genetics, developmental biology, and evolutionary biology have added powerful new tools to advance the new discipline of evolutionary medicine, adding another dimension to the legacy of William Welch.

Learning objectives:
1. Contrast William Welch's evolutionary perspective of disease with the traditional approach of his contemporaries
2. List the "Big Four" physician founders of the Johns Hopkins School of Medicine
3. Explain the utility and challenges of evolutionary medicine in the 21st century

Life's Defining Moment: Christiaan Barnard and the First Human Heart Transplant

David K.C. Cooper

David Cooper was a surgical colleague of Barnard for several years. His biography of Barnard, 'Christiaan Barnard, the Surgeon Who Dared,' was published in November 2017.

On December 3, 2017, we celebrated the 50th anniversary of the world's first human heart transplant performed in Cape Town by Christiaan Barnard. He had perfected the operation in dogs, and had gained experience with David Hume in Richmond, Virginia, of immunosuppressive therapy in patients undergoing kidney transplantation.

In Barnard's surgical unit, all patients, regardless of ethnic background, were treated equally, but his cardiological colleague, Val Schrire, believed that, in view of the country's globally-despised apartheid policy, selection of a non-white recipient or donor might be misinterpreted as 'experimenting' on this patient population. He and Barnard agreed that both recipient and donor should be Caucasian (white). Barnard knew that legally he could use brain death as a criterion for declaring a donor dead, but to avoid medico-legal problems, he decided he would wait for the donor's heart to stop beating before he removed it.

Louis Washkansky, a 53 years-old diabetic, who was in severe heart failure, was the first candidate for heart transplantation. The donor, Denise Darvall, was a 25-years-old woman who suffered brain death after being hit by a car. Today, when heart transplantation has become a relatively routine procedure, we may be inclined to underestimate Barnard's immense confidence and courage in undertaking this first operation. What was even bolder was the fact that he disconnected the donor's ventilator, and allowed the donor heart to become hypoxic and stop beating before removing it. After suturing in the donor heart, two unsuccessful attempts were made to wean from the heart-lung machine. At the third attempt, much to Barnard's relief, the heart took over the circulation successfully.

Barnard must have realized that the operation was special because he telephoned the politician with responsibility for hospital services in the Cape, who in turn telephoned the Administrator of the Cape Province (State Governor), and he in turn contacted the Prime Minister of South Africa. These politicians quickly realized the potential impact of the operation on South Africa's image, tarnished as it was from their apartheid policy. Word of the operation spread quickly, and the press descended on Cape Town. The hospital received an offer of US$1 million for a photograph of the donor heart being placed into the recipient's chest but, remarkably, no photographs had been taken. A newspaper offered US$25,000 for the surgical gloves Barnard had worn, but these had been discarded.

Mr. Washkansky's immediate recovery was excellent but, after 12 days, he developed radiographic infiltrates in the lungs, which were mistakenly diagnosed as a nebulous condition known as 'transplant lung'. Barnard erroneously elected to increase the patient's immunosuppressive therapy, whereas the patient had pneumonia. Mr. Washkansky died on the 18th day. To his credit, Barnard overcame his immense disappointment, and carried out his second transplant on January 2, 1968, in Philp Blaiberg, who lived a full life for almost 19 months. This success maintained hope that heart transplantation would eventually become a routine form of therapy.

Learning objectives:

1. Review Barnard's preparations for heart transplantation.
2. Learn of the political ramifications of heart transplantation in South Africa at that time.
3. Understand how the first heart transplant focused attention on brain death.

Healing the Healer: Poetry in Medicine

Jack Coulehan

Physician, poet, and medical educator, Jack Coulehan is an Emeritus Professor of Medicine and former director of the Center for Medical Humanities, Compassionate Care, and Bioethics at Stony Brook University. Jack's poems, stories, and essays appear frequently in literary magazines and medical journals. He is the author of six collections of poetry, most recently The Wound Dresser (2016), which was nominated for the 2017 Pulitzer Prize in Poetry. In 2012 he received the Nicholas Davies Scholar Award of the American College of Physicians for "outstanding lifetime contributions to the humanities in medicine."

Physicians have privileged access to the deep bonds of humanity they share with patients. William Osler wrote, "Nothing will sustain you more potently in your humdrum routine… than the power to recognize the true poetry of life—the poetry of the commonplace, of the ordinary man, of the plain, toil-worn woman, with their loves and their joys, their sorrows and their griefs." The need for such emotional sustenance is evident today, as multiple personal, social, and economic pressures buffet practitioners from every side. The culture of medicine appears increasingly schizoid, continuing to voice traditional ideals of person-oriented care, while at the same time being smothered by a pillow of commercialism and self-interest. Physician dissatisfaction, detachment, depression, and burnout are prevalent.

When Osler spoke of the "true poetry of life," he meant everyday clinical encounters that touch the doctor's heart. Some physicians, like William Carlos Williams, John Stone, or Rafael Campo, find such encounters a source of inspiration for actual poems. Many engage in other forms of reflective practice (journaling, meditation, reflection rounds, etc.) that enable them to recognize the "true poetry of life."

Making, reading, and working with poems based on one's medical experience can promote personal revelation, healing of memories, and compassionate solidarity with patients. This reflective practice promotes emotional resilience, enhances the joy of medicine, and helps to prevent depression and burnout. In this presentation I describe my own experience as a working poet and physician, and the ways in which we use poetry in medical education at Stony Brook University.

Learning objectives:

1. Explain the meaning of Osler's aphorism, "Nothing will sustain you more potently in your humdrum routine… than the power to recognize the true poetry of life…"
2. Describe how writing and careful reading poetry can increase your ability to experience empathy and act compassionately.
3. Explain how the reflective practice of poetry can serve to prevent physician depression and burnout.

Sir William Osler and One Health: A Profile of Two Scientists Who Accepted His Challenge to Expand the Concept

Russell W. Currier

Dr. Russell Currier is the retired Iowa State Public Health Veterinarian and past-president of the American Veterinary Medical History Society. He writes about and lectures on a broad range of historical topics including influenza, milk hygiene, One Health and scabies.

William Osler's career reflected a broad interest in natural phenomena beyond the narrow realm of clinical human medicine. For instance he taught at the McGill Department of Veterinary Science and his name remains on the species of canine lung worm (*Oslerus osleri*) that he discovered. Throughout the 19th century it was common for physicians to research animal diseases, teach at early veterinary schools reflecting the concept of One Medicine and/or One Health in the parlance of current times. "*One Health is the collaborative efforts of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, plants and our environment.*" At the conclusion of Osler's life in 1919, One Health waned as a tradition in both veterinary and human medicine owing to specialization that Osler loathed as both professions retreated to their respective silos.

During the interwar period of 1918 – 1940 – a period of greatly diminished activity in the field of One Health - two individuals stepped forward to fill the vacuum. The first of these was Karl Friedrich Meyer [1884-1974] who was a Swiss educated veterinarian – often mistaken for being a physician - and published major breakthroughs in infectious diseases especially after serving as chairman of the Hooper Foundation at University of California-San Francisco. These included working out the risk factors of botulism, detailing the viral encephalitides, plague, and psittacosis among many others. It has been speculated that in the absence of WW II, he would have been nominated for the Nobel in medicine during the early 1940s. The second individual is Richard Edwin Shope [1901-1966], a physician from Iowa – often mistaken as a veterinarian - who was the first scientist to isolate the influenza virus from a mammalian species in 1931, specifically swine. Later work enabled him to identify the rabbit fibroma and papilloma viruses among many other discoveries. Both Shope and Meyer were recipients of the Albert Lasker Foundation Award in Medicine, dubbed 'America's Nobel.'

Commonalities among Osler, Shope and Meyer will be presented, particularly restless energy, boldness in purpose, and extraordinary powers of observation, the latter being conspicuously diminished in much of the current scientific community with focus on the molecular phenomena in health and disease.

Learning objectives:
1. Explain and detail Sir William Osler's contributions to the field of veterinary medicine.
2. List the numerous accomplishments of Karl F. Meyer in infectious disease, food hygiene, and promotion of public health.
3. Outline Richard Shope's discoveries in animal viral diseases and their subsequent benefits to both human and veterinary medicine.

Johns Hopkins, Florence Sabin, and Opportunities for Women in Early 20th Century Medical Education

Adam W. Davis

Adam W. Davis is an associate professor of biology at Community College of Allegheny County in Pittsburgh, PA, and also teaches the history of science at Duquesne University. A paleoanthropologist and evolutionary biologist, he has conducted field research on mid-Pleistocene hominid sites in Spain, and his studies in the history of science have focused on the history of genetics, evolutionary theory, and the politics of European science during the Newtonian Revolution. In 2014, he became a member of the executive board of the Southern Association for the History of Medicine and Science (SAHMS), and has served as the President of SAHMS since 2016.

The Johns Hopkins University School of Medicine was established in 1893, largely due to the fundraising efforts of the Women's Medical School Committee spearheaded by Mary Elizabeth Garrett, daughter of railroad magnate and Hopkins trustee John Ward Garrett. The endowment came with several conditions attached, perhaps most notably that the school offer a four-year graduate program leading to an MD and admit women to enroll, study, and receive degrees on the same terms as men. Despite misgivings, the trustees acquiesced to these stipulations, and Hopkins graduated its first women physicians in the class of 1897. Arguably the most famous woman to graduate the Johns Hopkins Medical School was renowned anatomist and public health advocate Dr. Florence Rena Sabin (1871-1953), who was a student of Dr. Franklin Mall. Sabin would remain at Hopkins from 1900-1925, teaching and conducting groundbreaking research on the cells and tissues of the lymphatic system and developing the technique of supravital staining. Sabin accumulated many honors and awards in her storied career, including becoming the first woman to be named a full professor at Johns Hopkins and the first woman to be elected to the National Academy of Sciences. However, despite a list of achievements that led Simon Flexner to describe her as "the greatest living woman scientist and one of the foremost scientists of all time," Sabin found her professional advancement at Hopkins checked time and time again, and she frequently saw less accomplished male colleagues, including her own students, promoted ahead of her, a situation which ultimately precipitated her departure from the university. Sabin's career exemplifies the paradoxical challenges confronted by women scientists and researchers in early 20th century medicine, who at one and the same time enjoyed novel opportunities for scientific and medical advancement while being held back by institutional biases within the very universities that nominally welcomed their participation.

Learning objectives:

1. Describe the evolution of modern medical education following the Hopkins model, including the establishment of more rigorous admissions standards and the admission of women on equal terms.
2. Examine the career and achievements of Dr. Florence Sabin, both at Hopkins and in her later career.
3. Uncover the systemic biases limiting the advancement of women scientists and physicians in early 20th century medical education.

Il Fasciculo Di Medicina of 1493: Medical Culture Through The Eyes of The Artist

Rolando Del Maestro

Dr. Rolando Del Maestro is the William Feindel Professor Emeritus in Neuro-Oncology, Professor, Department of the Social Studies of Medicine and Director of the Neurosurgery Simulation Research and Training Centre, at McGill University Montreal, Canada. Along with his wife Pam and Steve Northey, he co-founded the Brain Tumour Foundation of Canada. His interests include the History of Medicine with a particular interest in Leonardo da Vinci and Renaissance Medicine. He is the Honorary Osler Librarian, Chairperson of the Standing Committee and member of the Board of Curators of the Osler Library of the History of Medicine at McGill.

THE *FASCICULUS MEDICINAE*, printed in 1491, is considered the first illustrated medical book. The Latin essays and illustrations in this volume provide insight into the medical knowledge of Western Europe and, in the Italian edition published in 1493, glimpses into the evolving medical culture of the late 15th century. The scientific and social environments into which the *Fasciculus Medicinae* of 1491 was introduced and the publication of the 1493 Italian edition mark an important educational transition. The artist of the 1493 *Fasciculo* witnessed this important paradigm shift occurring before his eyes and projects with his artistic creativity a number of these innovations. Many of his illustrations depict a student in a prominent position. This is displayed in the dissection scene, in which the illustration revolves around the process of anatomic teaching. In the uroscopy scene, the physician-teacher is accompanied by his students. In the frontispiece, we see the many books that make up the curriculum of the academic clinician, Petrus de Montagnana, at the University of Padua. In four exquisite woodcuts, the artist captures four themes: the relevance of knowledge-based medicine, foreshadows the emergence of laboratory medicine, and outlines the Hippocratic lessons of patient observation and care while emphasizing the emerging revolution in anatomy. In Petrus' library, he chooses to keep the windows closed; in the dissection scene, he not only opens the window, but bursts one to reveal the things that may lie beyond when theory and practice are combined. This dissection scene emphasizes another philosophical theme, linking the microcosm of the human body to the macrocosm of the universe. Much like the student in the dissection scene who looks over the surgeon's shoulder to witness new insights, the reader looks through the eyes of the artist to witness this important transition taking place.

Learning objectives:

1. To outline how the woodcut illustrations in the 1493 *Fasciculo* demonstrate the paradigm shift occurring in medical education in the late 15th century
2. To explore the artist's use of the student as a critical component of medical education.
3. To examine how the artistic, aesthetic, and medical impact of the 1493 *Fasciculo* continued to expand through 14 further editions (seven Latin, four Italian and three Spanish) published between 1495 and 1688.

Ashbel Smith: the Father of Texas Medicine

J.R. Dryden

LT Dryden is a Chief Resident of Radiology at Naval Medical Center San Diego. He earned his Doctor of Medicine from The University of Texas Medical Branch in 2013, where he was elected to Alpha Omega Alpha and was an Osler Student Scholar in the John P. McGovern Academy of Oslerian Medicine.

Physician, Scholar, Educator, Humanitarian, Bibliophile, Orator—all of these are terms one thinks of when describing Sir William Osler, but almost 50 years before the birth of the "Father of Modern Medicine" there was another man, just as aptly described, whose life and accomplishments are just as worthy of study and emulation.

Long before "Aequanimitas" or Johns Hopkins, Ashbel Smith was studying medicine with the likes of Dupuytren, Lisfranc, and Laennec. As a physician, Dr. Smith battled Cholera in Paris, Yellow Fever on the Gulf Coast, and pioneered evidenced-based medicine.

In later years Smith served in political and military roles for three separate countries. As an ambassador and statesman, Smith negotiated international treaties and interacted with numerous world leaders, including the kings and queens of England and France.

Smith's contributions to the field of education were equally impressive. He successfully secured funds for and helped established The University of Texas and its Medical Branch, while also championing education for both women and African Americans.

The fascinating story of Ashbel Smith's life and contributions is one that has largely been obscured by the passage of time; and yet, like Osler's, it is one worth telling. For to study Ashbel Smith is to learn about not only the past, but what we might aspire to as both physicians and citizens.

Learning objectives:
1. Evaluate the history of Ashbel Smith, constructing a picture of his life and times
2. Evaluate Dr. Smith's contributions as an educator, physician, and statesman
3. Discuss and debate the roles of Dr. Smith and Dr. Osler as physicians who were men vs. men who also happened to be physicians.

Curious Curries, the Malmo Shipyard, and the Doppler Shift: A 20th-Century Medical Imaging Revolution

William N. Evans

William Evans is professor of pediatrics at the University of Nevada School of Medicine, and he is the founder and director of the Children's Heart Center – Nevada. His interest is in the history of pediatrics and pediatric cardiology.

Practical ultrasound application began in 1880 with two French scientists, the brothers Curie, Pierre and Jacque. They discovered the piezoelectric effect, a physical property found in certain naturally occurring crystals that when physically deformed give off a minute electric current. This astounding natural finding proved useful in creating high frequency sound waves inaudible to the human ear. In 1917, French physicist and Pierre Curie's student, Paul Langévin, used a primitive ultrasound device to detect submarines in World War I (sonar). In 1942, an American engineer, Floyd Firestone, developed an instrument that used "reflected ultrasound" to detect flaws in solid materials. Using this equipment, engineers could analyze the abnormalities in solid material by examining fluctuations on an oscilloscope screen created by the material's flaws. The researchers, John Wild and Jack Reid at St. Barnabas Hospital in Minneapolis, Minnesota, undertook the first ultrasound biologic structure "imaging" in 1949. In 1954, Swedish doctor Inge Edler and a University of Lund physics student, Carl Hellmuth Hertz, first employed reflective ultrasound for human, anatomical noninvasive cardiac-structure evaluation. Doppler enables an estimation of blood flow velocity and direction. The Doppler technique, therefore, allows the examiner to assess pressures in heart chambers and vessels, leading to better physiologic and anatomic imaging. In 1842, Christian Doppler presented his paper "On the Colored Light of Double Stars and Certain Other Stars of the Heavens". The ultrasound machine records blood flow velocities with Doppler ultrasound and the structural information from reflective ultrasound. With this information, the cardiologist can analyze the heart's anatomy and physiology similar to cardiac catheterization and angiography.

Learning objectives:
1. Discuss the Currie brother's contribution to the discover of the piezoelectric principle
2. Highlight the early use of reflective ultrasound
3. Examine Inge Edler and Carl Hertz's early use of ultrasound to examine the heart

How Marcia Crocker Noyes and Sir William Osler, MD, Built a Library

Meg Fairfax Fielding

Meg Fairfax Fielding is the in-house historian at MedChi, which was founded in 1799. She has explored nearly every inch of MedChi's two historic buildings in Baltimore, as well as searched through the four-story stacks library with its 55,000 books. She has had encounters with the ghost of Marcia Noyes, (still in residence more than 70 years after her death) and made a pilgrimage to the Osler Library at McGill University over the summer.

In 1896, Dr. William Osler hired the young Marcia Crocker Noyes to be the librarian for the Medical and Chirurgical Faculty of Maryland (now MedChi). She had a brief stint working at the Enoch Pratt Free Library in Baltimore cataloging books, and she had that certain spark. When she arrived at the Faculty building, she found the library in complete chaos, with 5,000 books mostly outdated or in poor condition.

The same year, Dr. Osler founded the Faculty's Book & Journal Club, and he and Miss Noyes got to work organizing the library. While she knew how to catalogue, she knew nothing about medicine, but was more than willing to learn, and Osler was a good and patient teacher. They subscribed to journals, periodicals and other medical tomes which gradually formed the basis for the library. She set up a system for cataloging the books, based on the Index Medicus, which was in place for many years, as was the original 200 drawer card catalogue.

The library endured and grew, first expanding to a new building in 1909, then celebrating its centennial in 1930, and topping out at approximately 65,000 volumes. Dr. Osler's name opened doors for the young librarian who would become one of the leading forces of the Medical Library Association (MLA), of which he had been a founder in 1898. The MLA only flourished in its early years because Dr. Osler was the President and Miss Noyes was essentially the Director. They both realized the importance of having professional medical librarians and established that as a viable career.

After Dr. Osler's move to England in 1905, he supported the library with contributions of both common and rare books, as well as financial donations. Dr. Osler was instrumental in raising funds for the 1909 building which would contain a four-story stacks library, much bigger than what was needed at the time, but with the anticipation that it would gradually be filled with acquisitions, both new and old. At Miss Noyes' request, he came to Baltimore for the dedication of the building, the main room of which bore his name.

For the next ten years, the now Sir William sent books that he'd found on his travels and kept up a constant correspondence until his death in 1919. Even after that, the connection continued with Miss Noyes' friendship with Sir William's nephew, W.W. Francis. Both Mr. Francis and Miss Noyes were active in the MLA. The Osler Library at McGill and the Library at the Medical & Chirurgical Faculty of Maryland remained closely affiliated until Miss Noyes's death in 1946.

Dr. Osler not only taught Miss Noyes about medicine and science, he was a role model for her in many other areas, including her management style, her outlook on life and the complete loyalty that others had to her throughout her 50 year career at the Medical & Chirurgical Faculty of Maryland.

Learning objectives:
1. Explain how a young, inexperienced librarian became one of the leading lights in the medical library field.
2. Examine the long relationship between Dr. Osler and Miss Noyes and how its benefits continued for a century.
3. Discuss how this relationship continued throughout Dr. Osler's years abroad, and after his death.

Lewis A. Conner: Cornell's Osler

Jeffrey Fisher

Dr. Jeffrey Fisher is Clinical Professor of Medicine at the New York-Presbyterian / Weill Cornell Medical Center. He is a practicing cardiologist-internist who teaches the History of Medicine course to the first-year Weill Cornell students. He became interested in the life of Lewis Conner while researching the origins of cardiac psychology for the first edition of Heart and Mind: The Practice of Cardiac Psychology.

Lewis A. Conner, M.D. (1867 to 1950), was a pioneer in public health cardiology, cardiac rehabilitation, and cardiac psychology. He helped establish the Burke Rehabilitation Hospital and was the founding president of the New York and American Heart Associations (AHA). Dr. Conner was the founder and first editor of the American Heart Journal, our first medical subspecialty journal, and the official publication of the AHA until 1950, when Circulation was created. Conner spent more than a half-century on the staff of the New York Hospital-Cornell University Medical College and was Chairman of Medicine from 1916 to 1932. During that time, he created the innovative Cornell Pay Clinic and united the "old" New York Hospital with the new and scientifically-oriented Cornell University Medical College on a modern and inspiring urban campus. My talk will explore the relationship between Lewis Conner and his mentor, Sir William Osler, and how Conner devoted his career to the Oslerian tradition of scholarship, leadership, and organization in the quest for improved patient care.

Learning objectives:
1. Outline Lewis Conner's diverse contributions to medicine
2. List several personal similarities between Lewis Conner and Sir William Osler
3. Examine Sir William Osler's influence, both explicit and implicit, on Lewis Conner's
4. career and practice of medicine

Sanitation, Sanity, and (Moral) Suitability: The History of the Medical Inadmissibility of Immigrants into Canada (1840s-1950s)

Clare Fogarty

Clare Fogarty is a medical student at McGill University in Montreal, Canada. Prior to her medical studies, she pursued an Honours Bachelor of Science in Microbiology and Immunology with a minor in the History and Philosophy of Science at McGill. Clare focused her minor on the History of Medicine, with a particular interest in medical history and ethics pertaining to minorities and vulnerable populations. Under the supervision of Dr. David Wright in the Department of History, Clare received first place in the McGill Osler Society Pam and Rolando Del Maestro Essay Contest and presented her work at McGill Osler Day 2017.

The history of the medical inadmissibility of immigrants into Canada introduces the multifaceted and fluid concepts of health and medicine to the study of immigration policy. Among many new scientific innovations, rapid development in the field of medicine aligned with the increasing acceptance of the germ theory of disease in the nineteenth century, the emerging notions of heredity and eugenics at the turn of the twentieth century, and the legitimization of psychiatry in the early-to-mid-twentieth century. As understanding of human health transformed with history, so did the basis for exclusion and deportation of Canadian immigrants for medical purposes. Indeed, immigration policy mirrored then current concepts of health and disease, growing in complexity as immigration policy increased its selectivity contemporaneous to increasing immigration rates. Immigration control developed from simple quarantine measures to prevent the transmission of infectious diseases, to physical and mental health inspections to prevent the propagation of hereditary dysfunction, to selection of morally-fit immigrants resembling Canadian values for easy assimilation into society. This presentation aims to provide a comprehensive study of the history of medical inadmissibility and deportation of Canadian immigrants from the 1840s to the 1950s, addressing three important themes as criteria for immigration selection and control: sanitation, sanity, and moral suitability. While scholarship in this field generally focuses on quarantine to prevent the entry of infectious disease, the mission of Canadian immigration policy stretched beyond the control of cholera and typhus as medical inspectors surveyed for physical disability, mental illness, cognitive dysfunction, and moral depravity. Indeed, the health inspection of immigrants was used as principal tool for selecting the ideal members for an ideal Canadian society. As a result, medicalization of the newly-arrived immigrant greatly influenced society's view of and discrimination against particular ethnic groups throughout much of Canadian history.

Learning objectives:

1. To outline three primary criteria for the medical inadmissibility and deportation of immigrants in early Canadian immigration policy.
2. To explore the relationship between the history of Canadian immigration policy and the development of new scientific theories and medical practice.
3. To examine how medicalization of the newly-arrived immigrant impacted Canadian society's view of particular ethnic groups.

Frederick Adolphus Packard, MD (1862-1902) – Osler Protégé and Proto-Pediatrician

Jan M. Goplerud

Dr. Jan M. Goplerud is Associate Professor of Pediatrics and attending neonatologist at St. Christopher's Hospital for Children, Drexel University College of Medicine in Philadelphia, PA. She received her medical and pediatric residency training at the Medical College of Virginia, Virginia Commonwealth University in Richmond, VA, followed by a neonatal-perinatal fellowship at the University of Pennsylvania and Children's Hospital of Philadelphia. She is a fellow of the College of Physicians of Philadelphia and past chair of its Section on Medical History.

The life and medical career of Frederick Adolphus Packard (1862-1902) is examined in the context of progress in academic medical instruction and the evolution of pediatrics as a distinct specialty. Born into a medical family in Philadelphia, FAP declared his intention "to be a doctor" from an early age. He took an active interest in nature while growing up and soon discovered Philadelphia's Academy of Natural Sciences. He attended the University of Pennsylvania, graduating from the College Department in 1882, then completing his MD in 1885. He distinguished himself at medical school graduation by receiving the Spencer Morris prize for highest general average, the Second Award in the Demonstrator's prize and honorable mention for his thesis. From 1885-1888 he was resident physician in the University and Pennsylvania Hospitals, where he was so highly regarded that Dr. William Osler (at Penn from 1884-1888) offered to take him along to Johns Hopkins Hospital as Chief Assistant Resident Physician. Although much influenced by Dr. Osler during his training and similarly recognized as an accomplished bedside teacher, FAP declined the Hopkins offer to begin private practice in Philadelphia.

Once in practice, FAP soon had multiple hospital appointments, including Episcopal, Children's Hospital, Methodist Episcopal, Philadelphia General and Pennsylvania Hospitals, where he continued to be active in teaching medical trainees. While maintaining a general practice throughout his life, FAP contributed in many ways to the early development of pediatrics. Of his numerous published case studies and papers, nearly half were devoted to child care. In particular he wrote "On the Necessity for Special Study and Experience in Treating Children". In 1896 he was a founding member of the Philadelphia Pediatric Society and, later, its second president. He was instrumental in the establishment of a Milk Commission in Philadelphia to oversee provision of a safe milk supply. Nationally he joined the American Academy of Pediatrics, serving as Secretary. Encouraged by several Philadelphia publishers to write a pediatric textbook, he made preparations to do so, but died before the project could be fully realized, succumbing to typhoid fever at Pennsylvania Hospital just weeks before his 40th birthday.

For someone with such a promising early career, FAP's early death was a great loss. His training at Penn came at a time that medicine was embracing its scientific and academic potential, a change for which he was well-prepared by his "naturalist" inclinations and evidenced by his medical student success. He valued hospital practice and continued to excel as a clinical teacher, in addition to being in private practice. He also firmly believed in the power of medical societies to educate and promote medical progress. His understanding of the infant and child as "not a man cut down" and deserving of special consideration represents the nascent state of pediatrics as a separate specialty.

Learning objectives:
1. Outline the role of community medical societies in continuing medical education
2. Recognize the influence of Dr. William Osler on medical education in Philadelphia
3. Examine the early development of pediatrics as an emerging specialty

Marie Elizabeth Zakrzewska, MD, an American Forerunner to Darwin

J.E. Henisz and Anna K. Henisz-Zakrzewska

Dr. J.E. Henisz is a retired Associate Professor of Psychiatry at Yale University School of Medicine. Both authors are members of the Beaumont Club of History of Medicine at Yale.

The contribution of Blackwells' sisters, Elizabeth and Emily, for opening the door of the medical profession to women in our country is well known. Somewhat less has been written and known about the woman who remained in their shadow: Marie Elizabeth Zakrzewska (1829-1902). Trained and practiced as a midwife in Germany she made a spectacular career in the United States where she completed Cleveland Medical College in 1856 and engaged in Boston suffragist movement with her letter: "Women right for Labor" in 1860.
Two books were written about her and published in US:
One by Agnes Victor: American Women Images and Realities (1972)
The second, by Arlene Marcia Tuchman: Science has no Sex (2006)

With help and sponsorship of Elizabeth Blackwell Marie Zakrzewska was admitted to Cleveland Medical School in 1854 and there got plenty of support from the dean of school, John Delamater. In May of 1856 Marie Elizabeth completed her thesis entitled:

"On understanding of organs of parturition in humans by comparison with similar organs with creatures below human species: plants, lower animals and higher animals that retain the uterus like humans."

The thesis was truly a revolutionary application of comparative biology and physiology three years before Darwin's theory of evolution published in 1859.

In her passion for a feminist cause she was also prone to make a silly mistake claiming that uterus was a part of the digestive system.

Putting aside the ideological bias, the very concept of tracing the organ of parturition in plants, lower animals and higher animal species including human was INTUITIVELY a revolutionary pre-scientific idea for which she never got sufficient credit in annals of history of medicine. In her subsequent medical career she retained deep commitment to science along with true compassion to the patient care in a very Oslerian's spirit.

Learning objectives:
1. Define Marie Zakrzewska as a pioneer in American Medicine
2. Discuss Zakrzewska's intuitive concept of evolution prior to Darwin's publication in 1859
3. Warn of negative impact of ideological credo on interpretation of scientific data

Mary Stuts Sherman and Jacqueline Perry: The Pioneer Academic Orthopaedic Surgeons of the 20th Century

M. Mark Hoffer

Dr. M. Mark Hoffer is an Emeritus Professor and Chief of Orthopaedic Surgery at the University of California at Irvine.

75 years ago there was more than 2000 practicing Orthopaedic Surgery in the United States of America but no women. The first woman completed her training in 1940. The second and sixth to do so then began remarkable careers as clinician- surgeon- scientists. They each trained hundreds of students and house staff, while making important basic scientific contributions.

Mary Sherman (1913- 1964) University of Chicago MD ’43 trained with Phemister and Hatcher at that institution. She joined the Chicago faculty and became an authority on the management of bone tumors. In 1952 she became Professor of Orthopaedic Surgery at Tulane University in New Orleans. There at the Oschner Clinic, she began her independent research on such diverse issues as necrosis of bone, anomalies of the synovium and pathology of clubfeet. She developed a world famous bone laboratory and was referred most of the skeletal tumors in the Southeast United States. She won the prestigious Kappa Delta Research award in 1963.

Jacqueline Perry (1918-2013) University of California MD’50 had been a Physical Therapist in the Army during the Second World War. After medical school, she trained in Orthopaedic Surgery at UCSF. There Inman, who was studying gait for improved prosthetic use in veteran amputees, influenced her. In 1955 she joined Nickel as Professor of Orthopaedic Surgery and Physical Therapy at the University of Southern California, working at Rancho Los Amigos Hospital. She became a master technical surgeon especially in work with paralytic and spastic patients. She developed one of the first Pathokinesiology Laboratories to study gait problems in the disabled. Her classic text on “Gait Analysis” was based on her many published studies of normal and abnormal walking patterns. She received the Kappa Delta Research award in 1976.

These two important accomplished women opened the doors to young women in this field. Women still represent less than 20% of the over 24,000 practicing Orthopaedic Surgeons in the United States. It is hoped that publicizing the careers of these fine pioneers will encourage women medical students to follow.

Learning objectives:
1. Appreciate the slow progress women have made in the field of Academic Orthopaedic Surgery
2. Learn some of the advances made one the last 50 years in Bone Pathology
3. Understand some of the advances made in human gait study

From Apothecaries to Zoloft: The History of Pharmaceutical Advertising in America

Nelson Holmes

Nelson Holmes is a second-year medical student at the University of Texas Medical Branch in Galveston, Texas. He received his undergraduate education in psychology at Texas A&M University and plans to specialize in psychiatry after graduating from UTMB. Over the past year, he has delivered several presentations to UTMB faculty and students on the history of pharmaceutical advertising in America and its implications for contemporary physicians.

The average American television viewer is exposed to nine pharmaceutical advertisements a day, totaling sixteen hours of direct drug marketing per annum, far more time than they spend with their primary care physician. When combined with countless radio spots, print ads, and Internet marketing, the public is bombarded with a continuous stream of media designed to coerce, cajole, and encourage them to purchase over the counter and prescription drugs alike. The ubiquity of pharmaceutical advertising in our society is a reality most Americans have become accustomed to, but that was not always the case. In fact, the current state of pharmaceutical advertising is a recent development in the history of American medicine, and its origins can be traced back to before even William Osler's time.

The evolution of pharmaceutical advertising in America has been shaped by dramatic changes in the medical culture of our nation over the last two hundred years, from the peddling of snake oil in frontier towns to the first "Viva Viagra!" In turn, the advertising itself has impacted the practice of medicine and medical legislation on a national scale. The relatively recent advent of direct to consumer pharmaceutical advertising (DTCPA) has had far-reaching implications for patients and physicians alike, whether they realize it or not. Therefore, it is not surprising that DTCPA has generated a great deal of controversy and raised numerous questions pertaining to patient education, the responsibilities of pharmaceutical companies to consumers, the fiduciary duty of physicians to patients, and the ethical implications of advertising drugs directly to patients.

Since its inception, pharmaceutical advertising in the United States has been shaped by the complex interplay between patients, physicians, and pharmaceutical companies. The perpetually shifting dynamic between these three parties has influenced how pharmaceutical companies have marketed their products over the years, and this in turn has impacted the doctor-patient relationship in the US. It has changed how physicians conduct themselves in institutional and private practice and what recommendations they make to their patients. Perhaps most importantly, it has forever transformed how patients see their doctors, something every physician must be mindful of in the modern era.

Learning objectives:

1. Describe the evolution of pharmaceutical advertising in America from the 19th century to the present
2. Present the benefits and drawbacks of direct to physician and direct to consumer pharmaceutical advertising
3. Discuss how the presence of pharmaceutical advertising has affected the doctor-patient relationship

Willem Kolff: Physician, Humanitarian, Visionary

Rebecca Jones

Rebecca is a graduate of North Carolina State University (Clinical Laboratory Science), University of North Carolina at Chapel Hill (Nursing) and Duke University (Masters: Nurse Practitioner) and is presently a nurse practitioner with the University of North Carolina Healthcare, division of Nephrology.

Willem Johan Kolff (1911-2009) is considered by many to be the father of artificial organs, having directed research into membrane oxygenators, artificial hearts, eyes, ears and electronically controlled arms as head of the University of Utah's Division of Artificial Organs and Institute for Biomedical Engineering. But it was the development of the artificial kidney while an internist at the hospital De Engelenbergstichting in Kampen, the Netherlands, in the midst of World War II for which he is best remembered.

The Netherlands were invaded in May, 1940 by Germany, an occupation that lasted five years. Dr. Kolff was working in the department of medicine at the University of Gronigen where he treated a young patient who was dying of chronic nephritis, suffering severe hypertension, frequent vomiting and becoming blind. Kolff was profoundly affected by his own inability to help this patient and delved into the literature available in search of an artificial kidney. He discovered works published from the Johns Hopkins Hospital in 1913 by John Jacob Abel (1857-1938), Leonard Rowntree (1883-1959) and Benjamin Turner (1871-1945), the first scientists to apply the principle of diffusion to the removal of substances from the blood of living animals.

Abel was recruited to Johns Hopkins University by William Osler in 1893, having met on a transatlantic journey. Abel remained at Hopkins the rest of his career as Professor of Pharmacology and Professor of Biochemistry. Rowntree (also recruited by Osler) Abel, and Turner developed a dialyzer to extract exogenous toxic substances, amino acids and other nitrogenous substances for study. Abel is credited as conceiving of doing dialysis in vivo, using rabbits and then dogs, but not humans. Abel never wrote about dialysis as a treatment of renal failure but was more interested dialysis as a means of plasmapheresis.

Kolff further enhanced the technology developed by Abel, Rowntree and Turner and designed his own artificial kidney with the collaboration of several colleagues. Manufacturing the artificial kidney was very difficult in the midst of the Nazi occupation of the Netherlands as all manufacturing was controlled by and for the German army. For example, he worked with the director of the Kampen Enamel Works to help design the drum and other parts for the dialyzer. They had to meet secretively very early in the mornings before the German official that oversaw operations arrived at the factory and had they been caught, they could have been executed.

Sixteen patients were treated with dialysis by Kolff and his team during the war, all critically ill before treatment, all died after treatment. But what kept Kolff from abandoning this idea of the artificial kidney was that most of the patients improved during and after each dialysis, albeit only for a short while as they were terminally ill with end stage renal disease. Soon after the liberation of Holland, Kolff provided dialysis for a patient whose life was undoubtedly saved by the artificial kidney. Ironically, she was a Nazi collaborator who had been imprisoned in the local barracks. Sofia Schafstadt was brought to the hospital suffering from cholecystitis, septicemia and sulphonamide crystal anuria. She was in a coma secondary to acute renal failure at the start of dialysis, regained consciousness during the procedure, completely recovered and lived another 7 years before dying of an unrelated illness.

Kolff immigrated to the United States in 1950 and joined the faculty of the Cleveland Clinic and within 6 years became a citizen. In 1967 he took a position at the University of Utah where he became the head of the Department of Artificial Organs and was appointed to the College of Engineering where he spent the remainder of his distinguished career, accumulating 12 honorary doctorates and 120 international awards, among them the Lasker Award. He was the founding member of the American Society of Artificial Internal Organs. Kolff, a true visionary, earned the title, "father of artificial organs" as he spent the better part of his medical career working to save lives through medical expertise and technological innovation. He was once quoted as saying, "If a man can grow a heart, he can build one." Kolff was an exemplar of the "just and charitable life."

Learning objectives:

1. List Willem Kolff's travails and successes in developing the artificial kidney during Nazi occupation of the Netherlands during World War II.
2. Trace the earlier contributions of Jacob Abel, Leonard Rowntree and Benjamin Turner, all from Johns Hopkins with regards to their development of vividiffusion apparatus.
3. Define Kolff's philosophy of selflessness, altruism and collegiality with regards to the proliferation and dissemination of medical knowledge and technology.

Peter, Principles, Printers, Petticoats and Politics

Richard Kahn

Richard is a practicing internist, a lifelong Oslerian, former AOS president, and Patty's husband. Patty is a medical librarian and Richie's wife, lo these many years (almost 52 years: "it was the eighth of August in '65, hardly a man is now alive who remembers that famous day and year")

You may remember the letter Abigail Adams wrote to her husband John dated March 31, 1776: ". . . and by the way in the new Code of Laws which I suppose it will be necessary for you to make I desire you would Remember the Ladies, and be more generous and favourable to them than your ancestors. Do not put such unlimited power into the hands of the Husbands. Remember all Men would be tyrants if they could. If perticuliar care and attention is not paid to the Laidies we are determined to foment a Rebelion, and will not hold ourselves bound by any Laws in which we have no voice, or Representation." (spelling per transcription)

Having just completed a course at Rare Book School, "The Printed Book in the West since 1800," I was reading about early Maine printers and discovered Peter Edes (1756-1840), about whom the De Burians of Bangor, Maine published a biography in 1901. His father Benjamin Edes had been publishing the Boston Gazette since 1755 and was a leading voice favoring American independence. Peter apprenticed under his father, and was present when a group of patriots dressed as Indians gathered at his house before throwing tea overboard.

Benjamin Edes published the poems of Martha Wadsworth Brewster, 1757-58, one of the first American female literary figures. Peter had his own print shop, first in Boston, then Newport, RI, and in finally Augusta, and Bangor, Maine. It should not come as a surprise then that in 1792 Peter Edes would print the first American edition of A Vindication of the Rights of Woman by Mary Wollstonecraft. She wrote that women should have the same rights as men and that they should be educated rationally to give them the opportunity to contribute to society. Two hundred and twenty-five years later we have almost elected our first female President. This paper will examine the revolution in politics, gender equality, and printing at the end of the 18th century.

Learning objectives:

1. Who are Benjamin and Peter Edes and what is their significance to American politics, printing, and publishing?
2. Who is Mary Wollstonecraft and what were her revolutionary thoughts.
3. What major changes in printing began c 1800?

In Memory of Dr. Aviva L. Katz

Dr. Katz was an Associate Professor of Surgery at the University of Pittsburgh and Children's Hospital of Pittsburgh. She served as the Director of the Consortium Ethics Program (UPitt) and the Ethics Consultation Service (Children's Hospital). She was a Vice Chair of the University of Pittsburgh Institutional Review Board. She is a past Chair of the Committee on Bioethics of the American Academy of Pediatrics, and a member of the HHS Secretary's Advisory Committee on Human Research Protection. Aviva dedicated her life to the care of children, both her own and others.

William Stewart Halsted's Enduring Influence on the Structure and Culture of Surgical Residency

William Osler was instrumental in installing Halsted as the chief surgeon at the new Johns Hopkins Hospital. Osler supported Halsted for this position, despite being aware of his history of morphine and cocaine addictions and relapse following aggressive treatment. Additionally, he does not appear to have reconsidered his choice despite learning early in Halsted's tenure that he still suffered from a morphine addiction. Although Osler's writing focuses on Halsted's clinical skills and work in the pathology lab, Halsted's most lasting contribution to American surgery has been the creation of the surgical residency system. While there is now widespread acknowledgment of Halsted's addictions, there has not been consideration of their potential impact on the structure and culture of surgical residency.

Although the traditional surgical residency has resulted in the preparation of several generations of well-trained surgeons, the residency structure developed somewhat organically without being built on sound pedagogical theory or an assessment of the critical elements required for training. Additionally, there is increasing evidence that certain elements of the traditional surgical residency, such as punishing work hours and very limited supervision of residents, have a negative impact on both residents and patients. An evaluation of the development of surgical residency training must include an assessment of Halsted's impact on the process. Halsted was never cured of his addictions, well documented in Osler's The Inner History of the Johns Hopkins Hospital, but appears to have sought to control his environment to control the impact of his addictions on his professional life. Many of what were thought to be Halsted's eccentric work habits, such as turning over patient care to the unsupervised resident staff, and being unavailable after leaving the hospital midday, can now be recognized as signs of an impaired physician. Unfortunately, these dysfunctional aspects of Halsted's life and surgical practice are a significant part of the historical and cultural context within which surgical residency programs developed, and may account for many of the aspects of traditional residency structure.

The moral climate of the surgical residents' work environment, and the culture that will frame their professional identity, is in part dependent on the residency program's basic structural elements. It is reasonable to consider if some of these elements developed in part to conceal Halsted's addictions and protect patients by distancing him from clinical responsibilities. Recognizing that significant structural elements of surgical training programs represent historical artifact may allow the surgical community to be more open to change.

Learning objectives:

1. Evaluate the evolution in the recognition and treatment of the impaired physician from Halsted and Osler's time to the current practice.
2. Examine the impact of the residency training environment and organizational culture on the professional identity of the trainee.
3. Examine the impact of the work environment on burnout and emotional exhaustion among surgeons.

Ars Uero Longa: Teaching Hippocrates in Medieval Italy

André Lametti

André Lametti is a second-year medical student at McGill University, Montréal. His interests include ancient languages in medical teaching, as well as the Western Latin tradition, from ancient epigraphy to modern Neo Latin. His essay, Ars uero longa: Teaching Hippocrates in Medieval Italy, written under the supervision of Prof. Faith Wallis of the department of History and Classical Studies of McGill University, was awarded joint first prize in the Pam and Rolando Del Maestro Essay Contest at McGill's Osler Library in November of 2017.

Bibliotheca Osleriana 170 is a manuscript, written in 1429 in Pavia, containing Ugo Benzi's commentary on Hippocrates' Aphorisms as well as a commentary of Galen's comment on the same work. It is the oldest extant copy of this text, and it was produced while Ugo was teaching in Pavia, presumably under his supervision. As Ugo was that premier academic physician of northern Italy at the time, his work provides insight into early 15th century visions of medicine and of medical education. Specifically, his commentary on the first aphorism deals with the integration of medicine into the scholastic university tradition, reconciliation between Aristotelian and Galenic conceptions of the body, and perhaps most importantly, the nature of medicine as an art. These two pages of commentary provide a dense argumentative framework to cement the art of medicine as one distinct from other arts, and its scholar as fundamentally different in craft and scope. Ugo's exposition allows the modern reader to peer into a premodern medical universe, before the advent of evidence-based cures, but where the idea of physicianship as an identity was established, as well as the view that medicine encompassed the three domains of classical knowledge (science, art, and practical wisdom). These ideas, present today in modern medical education, can be argued to originate far back in the history of Western medicine, especially considering Ugo's work. The manuscript itself is also of palaeographical relevance, rich as it is in dates, annotations, signatures, and acknowledgement of patrons. Unique among editions of this work, it provides evidence for Ugo's academic travels and scholarly output in an explicit fashion. In addition, it is a beautiful and richly-decorated document, the fruit of an expensive process; this is a testament to the value of this volume from Ugo's time to the modern day.

Learning objectives:

1. Review insight into early 15th century conceptions of medicine;
2. Examine the production of a commentary in the context of Ugo Benzi's academic career
3. Describe the treatment of classical and Eastern sources in the Italian medical scholastic environment, with special regard to Aristotle, Galen, and Avicenna.

Nurse Edith Cavell, Sir Thomas Browne and Sir William Osler: One Degree of Separation?

Vivien E. Lane

Vivien Lane holds a Doctor of Philosophy in Nursing from University of Sydney in which she traced the history of cervical cancer and 'pap smears' from the 1900's. She has held senior academic positions with the University of Technology Sydney, and University of Sydney, School of Medicine. Vivien is a consultant to Ausmed Education and freelance clinical practitioner in the private and public hospital sectors.

The discussion below explores the questions: Did Osler have any association with Nurse Edith Cavell? Was Cavell aware of Browne and Osler and their shared ethics? The story starts with Sir Thomas Browne of Hay Hill, Norwich and traces how Sir William Osler may not have actually met Nurse Edith Cavell in her life time, but both were intricately linked by about 'one degree of separation' in the most curious of ways. Most importantly, both portrayed the characteristics of imperturbability and Aequanimitas. Finally, examples are given of how their legacies are attracting renewed recognition.

On an inclement day at Hay Hill, Norwich, outside St Peter Mancroft Church on 19th October 1905, William Osler the newly appointed Regius Professor of Oxford, participated in the tercentenary celebrations and unveiling of the statue of Sir Thomas Browne. Osler had made a substantial financial contribution to commission Henry Pegram, an Associate of the Royal Academy to sculpt a monument of Browne. Later in the afternoon, Osler was at the Norfolk and Norwich Hospital museum furthering his passion to return Browne's skull (which was held at the hospital) to his coffin at St Peter Mancroft, and was prepared to fund a gold casket. On this day, Osler would have seen Browne's statue overlooking a road, usually filled with horse drawn carts and motor vehicles taking produce to the near-by market, and gazing towards the site of his home and garden.

Missing from the local spectators on that October day, was a woman born and raised in Swardeston, Norwich, named Edith Louise Cavell (1865-1915). Instead, Cavell was working as an Assistant Matron at Shoreditch Infirmary in the East End of London. During the next decade Cavell would demonstrate ethics similar to those taught by Browne and Osler. Cavell herself would be memorialised with a statute (also sculpted by Henry Pegram) at Norwich Cathedral, just a ten minute walk from Browne's. It was Cavell's execution in 1915, during the Great War, which had attracted world-wide notoriety for her nursing work in Brussels, of injured soldiers (of all nationalities) and assisting many to escape from German-occupied Belgium. For this her German captors found her guilty of treason and executed her by firing squad.

Osler certainly had links with Cavell. Cavell's execution caused a great outcry and Osler would have read about Cavell's arrest and execution in the newspapers, perhaps adding to his worry about the letter he'd given Revere now that he was in France with the McGill Unit. Osler also wrote later in a letter that he knew Cavell's sister (Mary) Lilian Cavell who was married to Dr (William) Longworth Wainwright, head of Henley Red Cross Hospital. Indeed, he may have been privy to the secret diplomatic negotiation surrounding her trial via his Cliveden connections. As a Knight, Osler would have been well aware of the return of Cavell's body to England in 1919 and the memorial service at Westminster Abbey attended by the royal family on 15 May, as well as her reburial at Norwich Cathedral. Plans were underway for Cavell's memorial in Trafalgar Square, London before Osler died.

In 2017 there is evidence of renewed interest in the legacy of these historical figures. Browne's statue is now surrounded by street art, consisting of a huge human brain and multiple marble stones engraved with some of Browne's neologisms. Browne's contribution resulted in Norwich being designated a UNESCO City of Literature in 2012. Also his wisdom has been rejuvenated by Hugh Aldersey-Williams in 'The Adventures of Sir Thomas Browne in the 21st Century (2015), and St Peter Mancroft Church has a dedication-garden planted in quincunx formation. Cavell has a new statue outside Thorpe Rail Station, Norwich.

Both Cavell and Osler had walked the very same streets of Norwich as had Browne and shared a certain like-mindedness around their ethics. According to Osler, the most astute lessons he learnt from Browne was about his overseas education which led to 'denationalized as far as his intellect and his sympathies were concerned'. In her last words before being shot, Cavell said "…standing as I do in view of God and eternity, I realize that patriotism is not enough. I must have no hatred or bitterness towards anyone…"

Learning objectives:
1. Discuss the significance of Osler's efforts in preserving Browne's legacy
2. List three or more associations between Cavell, Browne and Osler
3. Discuss Cavell's demonstration of Osler's behavioural ethics of imperturbability and Aequanimatas.

The Poetry in Osler's "A Way of Life" and "Old Humanities and New Science"

Joseph W. Lella

Joseph Lella is Professor Emeritus of Sociology, was a Professor of History of Medicine, Western University and is a Curator of the Osler Library, McGill University. He has published on: change in chronic care, medical education, and, matters Oslerian. He has acted, sung in and directed community, McGill medical school and other university productions, He 'becomes' Sir William Osler on stage and video in his monologue, Willie: A Dream.

Enjoying the richness of London's musical offerings on sabbatical in England, I became attuned to the musicality of the written word, even in academic writing. Later, re-reading his 'lay sermons' I was impressed by Osler's rhythmic writing and use of other poetic devices. Two of the 'sermons' stood out: "A Way of Life' was first delivered on April 20, 1913 to Yale students. Later as a small handbook, in 1966 and then yearly it was distributed to McGill second year Medical students. It's donor called it "a beautiful lay sermon… with the hope that [its] seed will fall into good soil…." The second was "Old Humanities and New Science" Osler's presidential address to classical scholars at Oxford on May 16, 1919. It seemed almost a life-review and meditation on the Great War and its aftermath (not long before Osler's passing). Segments of the sermons qualify as "prose poetry." They use prose while utilizing poetic devices such as: heightened emotional content, metaphors, similes and juxtapositions of contrasting images along with insistent rhythms. (http://www.literarydevices.com/prose/). The segments contain, as Osler once recommended, "burr[s] to stick in the memory." (William Osler, "Creators, Transmuters and Transmitters: Remarks at the Opening of the Bodley Shakespeare Exhibition, April 24, 1916." (https://archive.org/details/creatorstransmut00osle)

Because of time limits, the presentation shall concentrate on these two essays. Others could also furnish materials for a thesis on poetry in Osler's essays. To give a flavor of the presentation, below are segments of "A Way of Life." In oral presentation, silent beats (indicated below with back slashes) suggest rhythm (a major characteristic of poetry). Words or phrases below that are capitalized, or 'bolded', and or underlined or all three indicate to me the name and elements of a poetic device. Other poetic devices shall be illustrated. If so moved on the day, I may chant or sing a segment or segments to further emphasize rhythm.

Familiarity with the poetry in Osler's essays, knowledge of the devices that he used, I hope will stimulate physicians and medical students to explore their own experiences, to find the poetry inherent in them and to use it in their own work, as Osler did, to stimulate and inspire colleagues and students with "burrs" in the memory.

'Ye must *be* ***born of the spirit/***	***METAPHOR***
know the great/ that make up	***PERSONIFICATION&SYMBOL***:THE GREAT
the ***moral radium of the world/***	EMIT RAYS OF GOODNESS INTO THE WORLD
…let no day pass /without contact with	
the best literature of the world…/	
Fifteen or twenty minutes/	
day by day/will give you ***fellowship/***	
with the great/ minds /	
of the race,/	***METAPHOR***
and little by little/ as the years pass/	
you extend your ***friendship/***	
with the immortal dead/….	***METAPHOR***
While ***change is the law***,/	
Certain **great ideas flow/**	
fresh *through the ages*/	***SIMILE***
control us …/	(IDEAS ARE **LIKE** FRESH FLOWING WATER
Mankind, … is always advancing,/	THAT CONTROL AND GIVE LIFE)
man is always the same./	
The love, /hope,/ fear/	
and faith That make humanity, /	
and the elemental passions of the human heart, /	***SIMILE***
	(GREAT LITERATURE
remain unchanged,/	**IS LIKE** MUSIC, OR A SOUND THAT
and the secret of inspiration/	MAKES A HARP'S OR PIANO'S CORD VIBRATE,
in any literature/	TOUCHING IN SYMPATHY THE HEART'S
is the capacity to touch/ a cord that	ELEMENTAL PASSIONS OF LOVE, HOPE,
vibrates / in a sympathy/ that knows nor time	FEAR OR FAITH)
nor place	

Learning objectives:

1. Name the poetic devices that are used in portions of one of Osler's 'lay sermons' that qualify it as "prose poetry." Recite them to yourself.
2. List how any of these portions succeed in touching "the elemental passions of the human heart" or one of them.
3. Describe how they stimulate personal growth in a physician or medical student?

Auschwitz Inmates Saving Lives in 2017: Nazi Medicine in Modern Medical Practice

Scott E. Lentz & Anna Tyler

Dr. Lentz is a graduate of the Penn State University College of medicine, and trained in Obstetrics and Gynecology at the Penn State Hershey Medical Center. He completed fellowship in Gynecologic Oncology at the Los Angeles County/University of Southern California Medical Center, and presently works as the Regional Director of Gynecologic Oncology for the Southern California Permanente Medical Group. He is active in clinical research, specifically concerning high risk genetic conditions and surgical innovations to facilitate expedient care. This is his first presentation of research in the history of medicine.

The dramatic reduction in cervical cancer since the introduction of regular screening represents the most successful cancer prevention strategy ever accomplished. Beginning with detection of asymptomatic cancers using the Pap smear, the continued reduction in cancer incidence and mortality has been driven by the reproducible identification of pre-invasive disease (cervical dysplasia). This management paradigm involves the coordinated use of both the Pap smear and its diagnostic counterpart, colposcopy. This medical procedure was invented in Germany, but a confluence of factors ultimately led to a Nazi medical experiment which was performed at Auschwitz. That colposcopy occurred at Auschwitz is not a novel concept, but there has not yet been a critical appraisal of the motivation for this experiment.

Using a systematic analysis of source material including medical periodicals, concentration camp historiography and first-person interview of the last surviving participant of the experiments, this paper proposes that Nazi medical experimentation provided the clinical material for the elucidation of fundamental colposcopic concepts. The results of this experiment appear to contribute to the foundation for the eventual propagation and acceptance of colposcopy as part of routine gynecologic practice. The conclusions drawn from these samples resulted in the eventual acceptance and expansion of a life-saving art. Where all other examples of Nazi experimentation have been repudiated or discounted, this one example survives in modern medicine as a pillar of cervical cancer prevention.

The clinical material collected from unwilling concentration camp victims provided answers to fundamental questions regarding pre-invasive disease and early cervical cancer from 1942-1955. This paper will explore the motives behind the Auschwitz experiment, and the evidence supporting the notion that the experiment's driver, Hans Hinselmann, used these camp inmates to advance his career and his professional authority. These results led to the evolution of colposcopy as an integral adjunct in the reduction in cervical cancer incidence and mortality. Other examples of previously unrecognized Nazi experimentation are contrasted to compare the colposcopic experiment with other examples that have worked their way into modern medicine.

Learning objectives:
1. Describe the dynamic history of current medical practice, and the implication for patients and healthcare providers of gynecologic screening
2. List the contributions of unwilling victims to modern medical practice
3. Develop an historically informed sensitivity to the diversity of patients (including appreciation of class, gender, socio-economic status, ethnicity, cultural spiritual orientations)

William Osler and his Contributions to the Field of Dermatology

Priscilla Ly

Priscilla Ly is a 3rd year medical student at the University of Texas Medical Branch at Galveston. She is an Osler Student Scholar in the John P. McGovern Academy for Oslerian Medicine.

William Osler was the best known physician of his time with an insatiable interest in all fields of medicine. He was a pathologist and an internist, but he was also a multi-specialist contributing to the fields of infectious disease, ophthalmology, neurology, rheumatology, psychiatry, cardiology, hematology, and more. Dermatology was one of the many fields that piqued Osler's interests.

As an astute observer, William Osler naturally reported his cutaneous observations. He was meticulous in his attention to detail and published over 100 papers describing numerous cutaneous conditions. His early training in Dermatology began under Tilbury Fox in London and Ferdinand Hebra in Vienna. In 1875 he volunteered for a service on a smallpox ward at the Montreal General Hospital and published a case of scarlatina miliaris in a woman recovering from the disease. He would go on to write several papers on smallpox. Over his career, Osler has lent his name to a number of cutaneous diseases, signs, and symptoms. Eponyms include: Osler-Weber-Rendu disease, also known as hereditary hemorrhagic telangiectasia, Osler-Vaquez disease, now known as polycythemia vera, and Osler's nodes, a cutaneous manifestation of sub-acute bacterial endocarditis. Other cutaneous conditions he would help describe include cutaneous tuberculosis, leprosy, scleroderma, hemochromatosis, erythema multiforme, ochronosis, bromhidrosis, and more.

Osler had once said "I desire no other epitaph … than the statement that I taught medical students in the wards, as I regard this as by far the most useful and important work I have been called upon to do." Sometimes he would spend half an hour with his students merely looking at a patient and talking over the things that could be seen. Osler's insistence on the art of observation and teaching at the bedside has been influential in all fields of medicine, particularly Dermatology.

Learning objectives:
1. Identity the major contributions Osler made to the field of Dermatology.
2. Outline Osler's early exposure to Dermatology.
3. Discuss the personal interests of Osler in regards to cutaneous medicine.

Samuel Bard and the Origins of American Medical Ethics Featuring an Original Manuscript

C. Ronald MacKenzie

Dr. C Ronald MacKenzie MD, FACP, FRCPS(C) is Professor of Clinical Medicine and Medical Ethics at Weill Medical College of Cornell University and Attending Physician at the Hospital for Special Surgery where he holds the C Ronald MacKenzie Chair in Ethics and Medicine. He has maintained an active practice in general medicine, rheumatology, and perioperative care at these institutions for over thirty years. More recently Dr. MacKenzie's attentions have focused on medical ethics and professionalism, an interest evolving from his roles as Chairs of the Institutional Review Board at Hospital for Special Surgery and the Ethics and Conflict of Interest Committee of the American College of Rheumatology. Outside of these professional activities, he is a member of the Board of a number of non-profit institutions including the Newport Festivals Foundation. He is a long standing member (clarinetist) of the Westchester Symphonic Winds a concert band located in Westchester County where he resides.

Samuel Bard was raised in New York City, received his medical degree in Edinburg and went into practice with his father in 1765. Interested in improving the education of American physicians and impressed by what fellow Edinburg student John Morgan had achieved in Philadelphia [starting the first medical school in British North America], Bard and several others founded New York's first medical school at Kings College (1767), delivering the school's inaugural commencement address two years later. This commentary, published in the same year as "A Discourse on the Duties of a Physician," is considered the first North American book on the subject of what is now called medical professionalism.

Owing to his early Loyalist sympathies, Bard's practice temporarily suffered during the revolution. With the closing of the hospital during the war, Bard lost his position at Kings College though soon regained his status and became the leading physician in New York City. Bard was to teach at King's College for over 40 years, a time period during which he was appointed trustee and dean (1785) of the reopened medical school that would ultimately merge (1814) with the Columbia College of Physicians and Surgeons. Bard, as the first president of the combined medical school, held this position until his death. He is remembered as a leading physician of his time --- "beloved by his patient's and highly esteemed by his colleagues." According to one of his memorialists it "was unfashionable to be sick without being visited by Dr. Bard." Indeed, after the war when the capital of the new nation was New York, Bard served as the private doctor to George Washington, who credited him with saving his life after successfully removing a carbuncle from his thigh.

Bard's published works include a pioneering work on diphtheria and the first American textbook on obstetrics (midwifery) though he is remembered most for his 1769 King's College commencement address. In this discourse and the book developed from it he explores the necessary balance between knowledge gained through experience verses that achieved through study and describes the ideal characteristics of a physician.

This presentation reviews Bard's personal and professional history, authenticates his seminal place in the history of medical ethics, referencing his Discourse. Also featured is an original, autographed Samuel Bard manuscript concerning the "character of a useful and accomplished physician" owned by the presenter.

Learning objectives:
1. To learn of the personal and professional history of an important American Physician, Samuel Bard.
2. To appreciate the contribution and historical significance of Samuel Bard in the evolution of American medical ethics and professionalism.
3. To examine and present a rare, original Bard manuscript on the subject of the character of a "useful and accomplished physician."

Mao's Pacifist Friends: Medical Team 19 and the Limits of Medical Humanitarianism at the Dawn of the Cold War

Christopher Magoon

Christopher Magoon is a fourth-year medical student at the Perelman School of Medicine at the University of Pennsylvania. He graduated from Yale College in 2011 with a degree in History. Upon graduation, he moved to rural China to work for an education NGO on a fellowship from Henry Luce Foundation. He is currently on a research year as a Fulbright Scholar in Beijing, studying Mandarin and Public Health.

The Chinese Civil War was a defining event of the 20th century. A colossal conflict in scale and complexity, the Chinese Civil War also previewed the continuation of the global Cold War. The medical history of this time shows how, post-World War II, there was little room in new world order for apolitical humanitarianism.

During the Chinese Civil War, the Friends Ambulance Unit, a Quaker-organized group of pacifist medical aid workers, facilitated up to 80% of all medical care in China. In accordance with their beliefs of strict nonpartisanship, Medical Team 19 (MT19) was dispatched to serve behind the lines of the Communist forces. Though MT19's members were neutral, they shared the peril and hardship along with their hosts. Through the war, MT19's work was praised and facilitated by high ranking Communist leaders, including Mao Zedong and Zhou Enlai. Chinese governments across the past four centuries have been largely uninterested in foreign involvement with two important exceptions: military and medical improvements. The MT19 was a medical mission within a military zone during a highly political time. It is perhaps not surprising then that the Chinese Communist Party would tolerate their involvement—to a point.

However by 1949, the victorious Chinese Communist forces shifted their attention to governance and ideological purity. This left little room for the MT19's foreign services. These medical volunteers continued to treat, at great personal peril, until the extremes of 20th century politics trumped their radical conviction. MT19's story highlights not only extraordinary cooperation through medicine but also the limits of such unity in the early currents of Cold War. More broadly, MT19's brief tenure in the newly founded People's Republic of China also demonstrates the nature of the political consolidation and pragmatism of the Chinese Communist Party.

Learning objectives:
1. Discuss the historical context of foreign medical aid during the Chinese Civil War
2. Outline the key events of Medical Team 19's tenure within in China
3. Evaluate the response of the Communist Party and Western powers to MT 19

Hyaline Membrane Disease: An Historical and Oslerian Perspective

Michael Malloy

Dr. Malloy is a neonatologist and Professor at the University of Texas Medical Branch, Galveston, holder of the John P. McGovern Chair in Oslerian Education, and Assistant Dean of the Osler Student Societies.

Hyaline Membrane Disease (HMD) offers an illustration of a disease discovered and effectively treated in the 20th century. The perspective that suggests that there was a straightforward and timely progressive identification of the disease process, a discovery of the underlying biochemical agent responsible for the pathophysiology, and the pharmacological refinement of that agent to be used to treat the disease is illusory. The history of the process appears to be more nuanced with serendipity, erroneous assumptions, and bodings of the potential for calamity in the future. Osler in his address to the students of the University of Edinburgh in 1910 entitled, Man's Redemption of Man, synthesized the dream that science would be man's greatest contribution to allow for, "the final conquest of nature out of which has come man's redemption of man." As the first World War evolved and Osler lost his son, Revere, to the War, Osler's optimism for man's redemption of man darkened and he spoke of the "barbarism they all succumbed to during the war, and on the tragedy of that most classically and scientifically learned of all nations, Germany." He pleaded to, "bridge the gap between the humanities and science, and the Hippocratic need for the love of mankind and the love of work."

By reviewing the timeline from the earliest pathologic description of what was to be later termed hyaline membrane to the discovery of surfactant and its impact on infant mortality, this abstract will demonstrate how, rather than a stream of steady systematic progress, various random historical events served to affect the progress of developing a treatment for HMD. In addition the impact of the marked reduction in deaths due to HMD may have set the stage for unrealistic expectations for future progress of, in particular, neonatal and genomic medicine. The humanities have warned us of the potential for excessive optimism in our understanding of nature and the disasters that may result. The review of several of these literary warnings may cast a shadow, as Osler suggested, on our scientific hubris.

Learning objectives:

1. Examine the historical timeline of the discovery and treatment of hyaline membrane disease and the intervening random events that may have affected the timeline.
2. Present the change in infant mortality associated with the discovery and treatment of HMD.
3. Discuss several of the warnings offered in humanities literature as they relate to societal expectations of the offerings of scientific progress.

The Core History of Leukemia

Gerald E Marti & Suzanne Junod

Gerald E Marti, MD, PhD is a Medical Officer at the Center for Devices and Radiologic Health (CDRH) Food and Drug Administration and Suzanne Junod, Ph.D. is an historian at the U.S. Food and Drug Administration.

The purpose of this presentation is to define the core historical findings (origins) that are common to all of present-day leukemia. In the history of medicine, the recognition of leukemia is a rather recent event occurring only in the past 200 years. Our common understanding of leukemia is based upon the differentiation of myeloid from lymphoid cell of origin and whether it is acute or chronic. The purpose of this proposed presentation is to define the core historical findings (origins) that are common to all present-day leukemias. It begins with isolated case reports and will end with Osler's two-page description that did not change through the first seven editions of his text.

Learning objectives:

1. Discuss the original case series of six or seven case reports beginning with Velpeau's (1827) patient and ending with back to back reports of Craigie and Bennett (1845).
2. Discuss Donne's Cours de Microscopie in Paris in 1844
3. Be introduced to and discuss Bennett's 1852 text on Luekocythemia, the first English description of leukemia
4. Discuss Virchow's papers on leukemia (1845-1856).
5. Discuss contributions to the Theory and Practice of Histological Staining pp 65-98: the medical thesis of Paul Ehrlich. (6) Discuss 1903 Turk Classification.
6. Discuss Sir William Osler's 7th edition of "The Principles and Practice of Medicine.

A Neurosurgeon on the Western Front: Harvey Cushing's Diary and Cognitive Behavioral Therapy

Samuel A Matthys

Samuel Matthys is a second year medical student at the University of Texas Medical Branch at Galveston. He completed his bachelor's degree at Texas A&M University, studying biomedical sciences and classical studies. He has a major interest in the neurosciences.

Harvey Cushing, the father of American neurosurgery and a student of Sir William Osler, has been widely praised over much of the last century as a pioneering surgeon with skill and foresight of historic proportions. Indeed, the preeminence of his medical and surgical accomplishments can hardly be overemphasized. Perhaps much of his best remembered work was done in America, but it is true that Cushing spent a good deal of time in Europe throughout his career. Though much of this time was spent studying under European surgeons working at the forefront of brain surgery, Cushing also served as a combat surgeon on the Western Front during World War I.

A prolific writer and diarist who has been said to have written a thousand words per day, Cushing kept an extensive diary chronicling his wartime experience. His writings from that period were later organized and condensed into a single volume, From a Surgeon's Journal. The "war to end all wars" prominently featured many recent advancements in combat technology, such as aircraft, automatic weaponry, and toxic gas, leaving casualties with a challenging array of wounds. Through Cushing's daily writings, one can discern his personal reflections on the carnage he saw. Among his many experiences, he was present for the death of his beloved mentor's son, Edward Revere Osler, and developed a debilitating case of what has today been commonly recognized as Guillain-Barre Syndrome.

With atrocities occurring all around him, one might expect Cushing's diary to regularly feature feelings of despair and misery. Much to the contrary, however, the diary entries are often noticeably positive and optimistic. It can be asserted that the simple act of diary-keeping contributed to Cushing's ability to maintain positivity during wartime. Indeed, I posit that his routine of reflectively writing each day is in accordance with modern psychotherapy principles, specifically those of cognitive behavioral therapy (CBT).

Originating in the mid-20th century, CBT is a form of psychotherapy that seeks to reframe negative or irrational thought processes about the self or world. It has been widely implemented by psychiatrists and psychotherapists, and is considered a treatment of choice for disorders such as insomnia and obsessive compulsive disorder, among others. Its benefits to the general population as a strategy for personal insight have also been extensively noted. This presentation will critically examine portions of Cushing's diary and will attempt to analyze his reflective style in the context of modern CBT principles. Perhaps Cushing employed these approaches decades before they came into widespread use.

Learning objectives:
1. Discuss the content and tone of Harvey Cushing's published diary, From a Surgeon's Journal.
2. Outline the modern principles and practice of cognitive behavioral therapy (CBT).
3. Examine how the principles of CBT are utilized in several of Cushing's diary entries.

Thomas E Starzl: Liver Transplant Pioneer

Robert G Mennel

Dr. Mennel is a practicing oncologist at Baylor University Medical Center and Director of the Division of Molecular Medicine and Molecular Pathology.

On March 4, 2017, Medicine and the University of Pittsburgh lost a giant in patient care and in transplantation. Tom Starzl, recognized by most people as the father of liver transplantation, actually had a much broader influence in medicine. His PhD was in neurophysiolology for his groundbreaking work in measuring deep brain impulses resultant from external stimuli. As a surgical resident he published on the cardiac conduction system, the heart lung machine, and actually developed the operation for hepatectomy, anticipating liver transplantation. Although most people associate him with liver transplantation, he was instrumental in the acceptance of renal transplantation. His successes in renal transplantation, as a relatively young surgeon, permitted the advance of renal transplantation when skeptics were calling for its abandonment.

Doctor Starzl operated on some of the sickest patients ever to come to surgery. As might be predicted a physician who treats a disease considered end stage and incurable by most other physicians with very aggressive therapy he suffered severe criticism from his peers. Dr. Starzl had the strength of character to withstand these criticisms and convert liver failure from incurable to routinely curable. Tom Starzl was a superb clinician who was always available to his patients, and a difficult but respected taskmaster of everyone on his transplant team.

Learning objectives:
1. Recount the factors important for the success of liver transplantation,
2. Describe the events in Doctor Starzl's life important in his development,
3. Enumerate the qualities necessary for success in the face of strong criticism from your peers.

The Case of the Purloined Heart: Michael E. DeBakey, Denton A. Cooley and the Implantation of the First Total Artificial Heart

Craig A. Miller

Dr. Craig Miller is the head of the Department of Vascular Surgery at Pardee UNC Hospital in Hendersonville, North Carolina. He is the author of The Making of a Surgeon in the 21st Century, which is in its third U.S. edition and has been translated into several languages, and The Big Z: The Life of Robert M. Zollinger, M.D., which was nominated for the Welch Medal. In 2017, Dr. Miller was named a 2017 National Library of Medicine Michael E. DeBakey Fellow in the History of Medicine and is currently researching a comprehensive biography of Dr. DeBakey.

The first implantation of a total artificial heart (TAH) in a human being occurred on April 4, 1969 at St. Luke's Hospital, Baylor University School of Medicine in Houston, Texas. At the time, the event was heralded by the lay press as a major advance in medical technology. It made headlines and led news broadcasts all over the country. In the specialized worlds of cardiovascular surgery and artificial organ research, however, the first TAH implantation was met with confusion and, soon thereafter, condemnation. The confusion arose because of the identity of the implanting physician: Denton A. Cooley, a cardiac surgeon renowned for his operative skills and caseload but not generally associated with bench research and never known to be involved in TAH investigation. The condemnation followed when it was revealed that the TAH in question had been implanted without approval by an Institutional Review Board, and that it had been taken from the federally-funded lab of Cooley's colleague and rival, Michael E. DeBakey. Investigations were mounted by both Baylor and the National Heart Institute, which had provided the funds for DeBakey's lab. In this paper, newly available information from the long-withheld private Baylor investigation, now at the National Library of Medicine in Bethesda, Maryland, will be utilized to bring to light the dramatic events and far-reaching aftermath of this, one of the most famous and controversial cases in the history of medicine.

Learning objectives:
1. Describe the development of left ventricular assist devices and the total artificial heart in the 1960s.
2. Enumerate the contributions of Michael DeBakey to the evolution of cardiac assist devices.
3. Understand the experimental and clinical barriers to successful application of technology to cardiac assist devices.

Quality of Mercy - Dr. Edward Martin

Michael E. Moran

Dr. Moran is the Curator for the American Urological Association's William P. Didusch Center for Urologic History. He has written extensively on history with a textbook, Urolithiasis: A Comprehensive History appearing last year from Springer. He has been moving about the country in search of an ideal urologic practice.

Those special qualities of being a physician that so humanize medicine and its disciples are eminently manifest in many a doctor, but justifiably prominent in William Osler among many. This is a tale of a nearly forgotten turn-of-the-century physician and surgeon from Philadelphia, Dr. Edward Martin. Martin was born in Philadelphia, the youngest child of Jonathan Willis Martin and Malvina Regester Martin. He graduated Magna Cum Laude and Phi Beta Kappa from Swarthmore College prior to attending University of Pennsylvania's school of medicine. He graduated M.D. in 1883 and became the assistant to D. Hayes Agnew and subsequently to J. William White. He was a scholarly student and surgeon and wrote prolifically and enjoyed basic research. He married Anna Withers in 1887 though they never had children, they both were involved with many charitable causes in the city of Philadelphia, especially concerning children.

Edward Martin developed a significant interest in genito-urinary surgery and wrote one of the early definitive textbooks on this subject with his former boss J. William White in 1897. He became the John Rhea Barton Professor of Surgery for the University of Pennsylvania from 1903-1910. He was elected the President for the Clinical Congress of Surgeons in 1912 the year they formed the American College of Surgeons. It was at this time he became friendly with the famous Mayo brothers.

Edward Martin with his wife retired to their rural home called Orchard Farm from Penn and he was active in golf and tennis. He was a tireless fundraiser for both Penn and Swarthmore College. In 1923 he and his wife took in an ailing sophomore medical student from Penn who was recuperating from a prostatic abscess and complicated by rheumatic fever, Charles William Mayo, son of Charles Mayo founder of the famous clinic. Chuck stayed with the Martins for 5 months while he recuperated fully- profoundly changed by this couples kind compassion. "During my convalescence, I discovered that the great gift the Martins had for me was more than my health, and the wisdom I gained from pain; it was the gift of myself." Mayo adopted the Martin's as they had him, when he met his future wife Alice Pratt he first introduced her to the Martin's and they promptly adopted her as well. Chuck and Alice wanted to name their first son Edward Martin, but this was overruled by the family Mayos, and they obligingly had to wait for the arrival of their second son, Edward Martin Mayo (called Ned). Chuck Mayo's recounted story of his illness and the Martin's should almost be required reading for medical students. Chuck Mayo would go on to contribute mightily to his chosen sub-specialty of colorectal surgery as well as serve on many boards as well as the U.S. government as ambassador to the United Nations. Edward Martin is almost forgotten name in medicine except by the few subspecialist urologists who perform microscopic vaso-epididymostomy which he pioneered at the University of Pennsylvania.

Learning objectives:
1. Describe Dr. Edward Martin's practice in Philadelphia
2. Discuss how Dr. Martin helped Charles W. Mayo, M.D. during his 1923 illness.
3. Explain the major humanitarian qualities of Dr. Edward Martin.

Nicholas Senn, MD (1844-1908) - American Surgeon

Robert R. Nesbit, Jr.

Dr. Nesbit is Professor Emeritus of Surgery at the Medical College of Georgia at Augusta University. He was Chief of Vascular Surgery when he retired in April 2000. Although he is no longer involved in patient care, Dr. Nesbit is Director of Medical Student Education for the Department of Surgery at the Medical College. He has been a member of the American Osler Society since 2003.

I became interested in Nicholas Senn when I learned that he was among those considered for the position of founding Chair of the Department of Surgery when the Johns Hopkins University School of Medicine was founded in 1893 – the position to which William Halsted was appointed. Senn was born in Switzerland in 1844 and came to this country at age eight and was raised on a farm in Wisconsin. He graduated from Chicago Medical College in 1868, received further training at Cook County Hospital and entered practice near his home in Wisconsin. In 1877 he went to Germany where he received a second MD degree in 1878. He was appointed Professor of Surgery at Rush Medical College in 1878 and in 1884 he became Professor of Surgery at the College of Physicians and Surgeons in Chicago. Senn was an early advocate for aseptic surgery and for early surgery for appendicitis. He was internationally known for his prolific research on a wide variety of topics – research which was largely accomplished in his home laboratory. He authored twenty-five books including texts for nurses and general practitioners as well as books about his world travels. He was founder of the Association of Military Surgeons of the United States and was chief surgeon of the United States Sixth Army Corps during the Spanish American War. He served as President both of the American Surgical Association and later of the American Medical Association. He was the first editor of the journal "Surgery, Gynecology and Obstetrics". Nicholas Senn was a major figure in the history of American medicine - a surgeon scientist whose career is worth recounting.

Learning objectives:
1. Outline Dr. Senn's surgical training and how it prepared him for his career
2. List some of Dr. Senn's research contributions
3. Discuss Dr. Senn's importance in American surgery

The Migration of Ideas and Institutional Silos:
The Black Hospital Movement in Cleveland, 1920-1957

Joshua Niforatos

Joshua Niforatos, MTS, is currently a 4th year medical student at Cleveland Clinic Lerner College of Medicine. He is currently on a research year supported by a $70,000 grant he received to start an HIV/Syphilis screening program in one of the Trauma 1 Emergency Departments in Cleveland. Joshua holds undergraduate degrees in both cultural anthropology and biology from University of New Mexico (UNM), as well as a Master of Theological Studies from Boston University School of Theology. He is a recipient of the 2017 William B. Bean Student Research Award from the American Osler Society.

The Black Hospital Movement (BHM) in the United States occurred between 1865 and the 1960s. At the end of this period, Cleveland's first interracial hospital, The Forest City Hospital, opened in 1957. Black physicians migrating from both the South and the East Coast persistently campaigned for over thirty years to establish a hospital that would afford them similar opportunities compared to other physicians. The perspectives these physicians brought to Cleveland were met primarily with opposition from both White and Black communities in a variety of ways, ranging from town meetings and political/financial intimidation to media and religious organizations. Nevertheless, the migration of these ideas, as well as maintaining a strong presence in both the academic and public communities of Cleveland, played a significant role in altering hospital hiring policies. Certain hospitals in Cleveland during this time period, however, remained immune from scrutiny concerning hiring practices until the Civil Rights Act of 1964. This presentation briefly explores the backgrounds and ideas from a small sample of the founders of Forest City Hospital that challenged the cultural norms of Cleveland during this time period. Additionally, this presentation outlines factors that allowed certain hospitals in Cleveland to remain absent from public discourse. Lessons from the history of Forest City Hospital provide a frame of reference when interpreting racial disparities in medicine today.

Learning objectives:
1. Participants will list sociocultural factors that legitimize racial disparities and prevent progress with equality, as it pertains to the milieu of the medical environment during the early-to-mid 1900s.
2. Participants will explain the importance and need for diversity in positions of power in medicine.
3. Participants will explain the importance of having an historical understanding of institutions to understanding current racial disparities in medicine.

William Osler and Rudolf Virchow – Two Early Clinician-Scientists

Claus A. Pierach

Claus Pierach is Professor of Medicine, now working in the Program in the History of Medicine at the University of Minnesota, Minneapolis. He knows porphyria, was a full-time clinician until recently, and still enjoys teaching and investigating.

Medizin wird Wissenschaft sein oder sie wird nicht sein (Medicine will be science or cease)
Bernhard Naunyn, German pathologist/internist, 1839-1925

Increasingly, in the latter half of the 19th century science dominated medicine. The practice of medicine came to be based on evidence from autopsies and from laboratory investigations, leading to more precise diagnoses and to critical assessment of therapy. What was available at that time would nowadays to a large extent be called complementary and alternative medicine. Osler (1849-1919) summarized in 1901 what he considered "proven" drugs (quinine, iron, mercury, potassium iodide, opium and digitalis). His criticism was undoubtably based on his vast experience as a pathologist.

Rudolf Virchow (1821-1902) is considered the father of modern pathology. More than that, he was an accomplished politician, social reformer and practicing physician who conducted experiments. Already as a young man he postulated that "Medicine is a social science, and politics is nothing else but medicine on a large scale."

For both, the microscope was an essential tool in their studies. Osler was introduced to microscopy as a student of J Bovell and W Johnson. His first essay, "Christmas and the microscope" was published when he was 19; later he scribbled on that paper "… the very start of my ink-pot career." He learned pathology from Sanderson in London who gave him an introductory letter for Virchow whom he visited in 1874 in Berlin where he came under his spell.

Virchow had learned pathology from Froriep and microscopy in Müller's famous laboratory, all in Berlin. His microscopic findings culminated in his statement "Omnis cellula a cellula", based in part on earlier observations by Schwann who had shown that the cell is the basic building element in plants and animals. Data collected on Virchow's behalf on 6.7 million German school children led him to refute the claim of an Aryan race. This made him unpopular during the Nazi era (1933-1945) and his reputation has still not fully recovered.

In Osler's life Virchow became a leitmotif, but the name Osler is nowhere to be found in Virchow's large archival material (Andree), probably explainable by their age difference of 28 years; Osler revered the doyen, evidenced in numerous publications by Osler and in the biographies by Cushing and Bliss.

Both, Osler and Virchow were true clinician-scientists who published books and papers (Virchow >2000, Osler >1500) on a wide spectrum of medicine, science and politics. In the latter, Virchow was more productive, still, among Osler's publications 64 may be considered as addressing societal issues. One of those, "The relation of typhoid mortality and sewerage" (1898) could have been written by Virchow who had been instrumental in devising Berlin's sewer system.

Thus they were forerunners to today's MD-PhD, Physician-scientists, who are feared to be a vanishing breed.

Learning objectives:
1. Understand the evolution of Physician-scientists
2. Appreciate the desirability of scholarship in the practice of medicine
3. Bemoan the steady disappearance of the autopsy

A Case of Double Consciousness from 1811 in the Context of DSM V

Donald L Rezek

Dr. Rezek is a retired neurologist who was trained in neurology at Washington University in St. Louis and served on the faculty of the University of Pittsburgh prior to going into private practice in Meadville Pennsylvania. Since retiring he has developed an interest in the history of medicine in the region.

Can current diagnostic criteria give insight into a unique 200 year old case study? In 1811 Mary Reynolds was a young woman when she developed this disorder with two distinct personalities. Each had no knowledge of the other. This had been preceded by other symptoms of convulsions, and an episode of blindness and deafness in earlier years.

Her family immigrated from England in 1795 and then relocated to an undeveloped wilderness in western Pennsylvania. She lived in a frontier area of Pennsylvania. She was treated by a local physician who had attended lectures under Benjamin Rush MD. Her treatment was consistent with that of the day. Although she was never examined by experts of her day, her case has been presented and discussed extensively. The most scholarly evaluation was by Silas Weir Mitchell in the proceedings of the Philadelphia College of Physicians in 1888. Her case was used to help support the idea of a multiple personality disorder.

Because her case presented such unique medical and cultural questions, it has been discussed more recently. The cultural milieu of her time has been emphasized. However, it has not been viewed in terms of the most recent psychiatric diagnostic criteria – "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition" (DSM V). A construct will be developed using the best data available. Every attempt will be made to use the most original data in terms of the patient's letters and autobiographical recollections. A dissociative disorder fits many of the symptoms of her presentation. The criteria can be used to gain insight into her rather complicated condition using this data.

The new interpretation has similarities and differences when compared to older interpretations. In addition, new improvements in our understanding of both neurologic and cultural aspects yield greater understanding of Mary Reynolds unusual case.
Conclusion: Mary Reynolds presented symptoms and signs that can be placed into a diagnostic framework. This does not definitively answer all our questions, but does allow us to define what crucial questions remain to be answered to fully understand the case.

Learning objectives:
1. Explain the issues evaluating this historic case.
2. Examine factors, including social and cultural ones that color the presentation of symptoms and their interpretation.
3. Define factors that may have been part of the initial syndrome.

The Harvey Cushing Stamp, Sir William Osler, and the Connection to the University of Florida College of Medicine and Neurosurgery

Alice Rhoton-Vlasak

Dr. Rhoton-Vlasak moved to Gainesville, Florida, with her family in 1972. She attended college at Wake Forest University and completed medical training and OB/GYN residency at the University of Florida. Due to her interest in the pituitary as it relates to reproduction, she chose to do a Reproductive Endocrinology and Infertility at the Mayo clinic. She has been on faculty at the University of Florida College of Medicine since 1998. She is involved in patient care, medical education and clinical research. She had the honor of being part of the living being and mission work that neurosurgery became as her father's work. The history of this career is the essence of this presentation.

On October 7, 1987, Ronald and Nancy Reagan invited a group of neurosurgeons to the White House Rose Garden for the unveiling of the Harvey Cushing Memorial 45-cent stamp, which features a sketch of Harvey Cushing done in charcoal by John Singer Sargent in 1916. First Lady Nancy Reagan was the adopted daughter of neurosurgeon Loyal Davis, who was a disciple of Harvey Cushing. Dr. Cushing is recognized as the father of neurosurgery, initial adopter of Bovie electrocautery, and inventor of sphygmanometry, and precordial auscultation. Dr. Cushing was a lifelong friend of Sir William Osler, and wrote the biography "The Life of Sir William Osler".

Among the Neurosurgeons invited to the White House Rose Garden ceremony was Albert L. Rhoton Jr. Albert Rhoton Jr. was a neurosurgeon trained at Washington University followed by an appointment at the Mayo Clinic from 1966-1972. In 1972, Dr. Rhoton was recruited by the University of Florida (UF) to establish a Neurosurgical department that would become preeminent over the next 44 years. Dr. George T. Harrell, who was the 2nd president of the AOS, established and became the 1st Dean of the UF College of Medicine from 1956 to 1964. His planning process included the College of Medicine and growth of the Health Center to include the teaching hospital, College of Pharmacy, College of Public Health and Health Professions, and Dentistry. The College of Medicine opened in 1956. Dr. Harrell's vision to establish a new "health related campus" created a momentum for growth and national recruitment which drew Dr. Rhoton, who believed there was an opportunity to build a program, and expand his Mayo Clinic research on microanatomy of the brain. Over 4 decades, using cadaveric specimens, he mentored and educated neurosurgeons all over the world. Like Cushing, Dr Rhoton believed a better understanding of neuro-anatomy was the key to more safe and accurate surgery.

Sir William Osler is known as the father of modern medicine. At a time when medical education focused on lectures, Osler emphasized the importance of spending time in hospitals studying patients. He established the first medical residencies as an opportunity for more hands-on education. Dr. Rhoton, followed this Oslerian tradition, as he realized neurosurgeons would benefit the most in their own education by hands on micro-neurosurgery training courses. A microsurgery cadaveric lab and courses, with one-year hands on fellowships were established to meet this need.

In 1998, Dr. Rhoton received the Harvey Cushing Medal from the American Association of Neurological Surgeons (AANS), which was founded as The Harvey Cushing Society in 1931 and became the AANS in 1967. The medal is awarded to neurosurgeons showing leadership and contribution to the field. The opportunities created by Dr Harrell, a founding member of the AOS, drew Dr. Rhoton to UF. Dr. Rhoton was inspired by the aspirations and accomplishments of Harvey Cushing, Osler's lifelong friend and penpal. The invitation to the White House Rose Garden for the unveiling of the Harvey Cushing Stamp, can in many ways be traced directly back to inspiration provided by Sir William Osler to men like Dr. Harrell, who established the College of Medicine where Dr. Rhoton's dreams could grow and flourish.

Learning objectives:

1. To examine the relationship between the founding of the University of Florida College of Medicine by Dr Harrell and the growth of UF Neurosurgery.
2. To establish a close historical and philosophical connection between Dr. Cushing, Osler, and the life and career of Dr. Albert Rhoton Jr.
3. To describe how the Oslerian principles of medical education influenced the lives of Dr. Cushing, Harrell, and Rhoton.

Sargent, His Lonely Hearts Club Band, Garrett and the Triumph of Women in Medicine at Johns Hopkins

George Sarka

George Sarka is an Associate Clinical Professor of Medicine at UCLA; Multispecialist at the California State University, Northridge; Immediate Past President of the California Neurological Society, Past Governor of the ACP, Past President of the LA Neurological Society and a Diplomate in 11 subspecialties. He received his MDCM from McGill University in 1980, MPH/DrPH from UCLA in 2003/2013.

Most Oslerians are aware of John Singer Sargent's famous painting, "the Four Doctors" (now 111 years old) residing at Johns Hopkins, School of Medicine. However, other facts about this famous painting remain unknown to most including the following: knowledge about the origins of the painting; the importance of Mary E. Garrett and her pivotal relationship to women in medicine; the decision to choose Sargent as the painter; the sessions involving the painting; legends surrounding the painting; etc.

Briefly, the painting was commissioned in 1889 by the board of trustees in honor of Miss Mary E. Garrett (suffragist and philanthropist) who donated $306,977 to Johns Hopkins, School of Medicine. Her philanthropy enabled the opening of Johns Hopkins, School of Medicine with Garrett setting forth six extremely stringent conditions for acceptance of her gift including that women be admitted on the same basis as men to medical school. In October 1893, after accepting Garrett's terms and conditions of her gift, the Johns Hopkins University, School of Medicine admitted three female students out of a class of eighteen for the first time. The "Four Doctors" also represented a tribute of admiration and gratitude by the benefactor for this faculty's noble medical organization.

John Sargent had painted the portraits of Mary E. Garrett in 1904 and that of her cherished friend, Miss Carey Thomas and was considered a Master in his profession. Accordingly, both felt that he would be the appropriate artist for this distinguished commission.

Sargent took almost a year to paint the Four Doctors at his Tite Street studio in London having Welch, Halsted, Kelly and Osler in the summer of 1905. He was a perfectionist, constantly changing and adding features to the painting including representations of antiquity (El Greco's "St. Martin Dividing His Cloak with the Beggar" and the old Venetian globe), books on the table symbolizing the broad knowledge of men in science and the humanities and the quill in Osler's hand symbolizing his profound literacy, productivity and his masterpiece (the textbook of medicine). It is said that he had no difficulty painting any of subjects except for Osler which required many sittings until final completion.

In conclusion, thanks to the benevolence of a suffragist and philanthropist, Miss Mary E. Garrett and the artistic mastery of John Sargent, the era of women entering medicine at Johns Hopkins School of Medicine was born and a lasting tribute to four of the greatest physicians of the 19th/20th century was created.

Learning objectives:
1. Augment the participant's knowledge regarding the origins of The Four Doctors.
2. Identify the key players in the productions of this work of art.
3. Discuss how another barrier to women in medicine was overcome in the Oslerian era.

Student Discoveries That Changed Medicine

Stephen I. Schabel

Dr. Schabel has been a diagnostic radiologist at the Medical University of South Carolina for 41 years. He has had a long time interest in the history of medicine and has served for many years on the Board of the Waring Historical Library Society in Charleston and as its president. He is a member of the Robert Wilson Medical history Club, the oldest medical history society in Charleston. He is also a member of the American Osler Society and the only non-surgeon member of the Halsted Society.

The proposed presentation covers some of the varied and important discoveries made by students, both medical and premedical throughout modern history, that have had a lasting influence on medical knowledge and the practice of medicine. Examples from the 18th, 19th and 20th centuries in surgery, anesthesiology, medicine, chemistry, microbiology, pharmacology, radiology and pathology are included. Many are widely known because of their being named for the discoverer but often not that the discoveries were made by students.

Recognition of the important contributions made by students to modern medical knowledge will hopefully stimulate faculty and administrators involved in education, both medical and premedical, to include students in research activities and encourage, support and fund research conducted by students in medicine both for its educational value for future practitioners and also for the value of the knowledge their research may discover. The expectation of independent research during medical school and production of a thesis was standard in many medical schools in the 19th century for all students of medicine. It might be usefully reinstituted in the 21st century, not just for MD/PhD students.

Learning objective:

1. After this presentation the learner should be able to list 5 important discoveries in therapeutics or surgery made by medical students.
2. The learner should be able to list 4 anatomic structures first discovered by medical students.
3. The learner should be able to name at least one medical student who made a major contribution to research leading to the Nobel Prize

The Hellenism of William Osler and the New Religion of Medicine

Joongyu Daniel Song

Joongyu Daniel Song is a medical student at Yale University, currently taking a research gap year before his final year. He began reading philosophy and intellectual history in his spare time as a senior at Princeton University, where he majored in Public Policy and graduated magna cum laude. He gained a love for Sir William Osler from his mentor, Dr. Thomas Duffy, and plans to pursue residency in internal medicine/pediatrics.

Sir William Osler was born in Canada and had a long career in the United States, but he always considered himself an Englishman and made efforts to travel regularly to his mother country. Contextualizing Osler as a Victorian intellectual – one who was intimately acquainted with the challenges and promises of secularization – reveals a deeper coherence to his seemingly disparate references to both Greek and Christian thought. In the 19th century, new methods of textual criticism, the emerging theory of evolution, and increasing social stressors undermined the authority of the Christian tradition and the Anglican Church in England. Victorian intellectuals faced a dilemma: while they wanted to reject both the established orthodoxy of the Anglican Church, they could not support outright atheism, having seen the chaotic aftermath of the French revolution. In their search for a new ethos that could both move away from Christianity and resist the increasing individualism and commercialism of post-industrial England, Victorian intellectuals participated in a Hellenistic revival that sought to create new syntheses of Greek philosophy and Christian thought. What emerged was a new rationalism, bound by love for the fellow man. An analysis of Osler's works reveals his serious engagement with this Hellenistic revival, most notably with the works of famed scholars Matthew Arnold and Benjamin Jowett. Osler recognized the analogy between the plight of the medical profession at the beginning of the 20th century and the secularization of Victorian England. The new relationships between hospitals and universities, the nationwide standardization of the medical curriculum, and increasing specialization within the field brought welcome changes to the profession, but the tendency towards reductionism and mechanism posed serious threats to the ideal of the compassionate physician. Across the span of his writings, Osler drew on Greek and Christian thought to craft and expound a new "religion" of medicine, one that does not dwell on the unknowable, but that centers on the use of reason and science for the redemption of mankind. He lent credence to this vision with support from Victorian Hellenistic scholarship, and he hoped it would provide a teleological anchor for the medical profession in the modern age. This vision, one must note, was neither a secularist agnosticism that rejected religion nor a backhanded affirmation of Christian doctrine. It was a middle-way – a via media – and Osler genuinely believed that the truth and universality of this modified religion would garner the devotion of his colleagues and successors.

Learning objectives:
1. To define new syntheses of Greek and Christian thought that served as a response to secularization in Victorian England.
2. To discuss the influence of Victorian Hellenism on Osler's vision for the medical profession in the modern age.
3. To detail the components of Osler's "religion" of medicine as revealed in his writings.

Robert Louis Stevenson's Dentist – Unsung Hero

Robert B. Stevenson

Dr. Robert B Stevenson graduated Ohio State dental school and served in Athens, Greece with US Air Force dental corp. Returned to Ohio State 1978 and completed training in prosthodontics, the specialty that bridges all gaps, while earning a master of science in dental surgery and Master of Arts in journalism, all completed in 1980, followed by solo private practice limited to prosthodontics in Columbus, teaching part time as clinical assistant professor prosthodontics, Ohio State. Recently completed three year scholar-in-residence, OSU Medical Heritage Center, Prior Hall medical library, sponsored by Columbus Medical Association.

Before writing classic thrillers like 'Treasure Island' and 'The Strange Case of Dr. Jekyll & Mr. Hyde,' author Robert Louis Stevenson left his Edinburgh home in 1879, a twenty-eight year-old unemployed lawyer suffering poor health. Twelve months later he returned from northern California, now married with two children. The first thing his old friends noticed was his new smile. Weeks before the May wedding, an Oakland dentist 'gently' removed many of his teeth, and the 'replacement denture filled out lines on his face.' He married an American artist, Francis "Fanny" Matilda Vandergrift, in San Francisco.

In the hands of a clumsy practitioner, Stevenson could easily have bled to death or died from infection. Coughing-up mouthfuls of blood, California physicians he visited all predicted less than a year to live. Tuberculosis was suspected but not confirmed. Patients in this condition today would likely be treated in a hospital operating room, and then strongly advised to get their affairs in order. The World might never have reveled in poems from The Child's Garden of Verse or cringed at stories of bloodthirsty pirates. RLS survived extensive oral surgery and lived another fourteen years before suffering a fatal stroke while living in the Samoa Islands.

Who was Stevenson's dentist? More books have been written about RLS than any author except William Shakespeare. Most omit his dental care, or any mention his rotten teeth, and by common consent the name of this dentist was "lost to history." A search of PubMed reveals dozens of articles about his other serious health problems, but not his dental care.

Contemporary dental procedures, instruments, materials and anesthetics available in 1880 will be discussed, including sound & odor special effects. Also, how a 2003 search for the unknown dentist at a California public library identified Dr. Russell Cool, a colorful character who practiced in East Oakland. His father George Cool practiced in San Francisco, and was a graduate of Baltimore Dental College, the World's first school of dentistry, which opened 1840.

Learning objectives:

1. Describe 'State of the Art' advanced dental surgery and prosthodontic rehabilitation, including instruments, materials, methods and anesthetics available 135 years ago,
2. List critical turning point in career of the author, before writing his most famous works, saved by dentistry after medical professionals gave him less than one year to live.
3. Evaluate how oral health care could have slipped between the academic department chairs of eyes, ears, nose and throat.

Introducing William Osler: White Coats and the Vade Mecum

Herbert M. Swick

Herbert Swick is a retired pediatric neurologist, a never-to-be-retired medical humanist, and past president of the American Osler Society (2014-2015).

The American Osler Society was founded to memorialize and perpetuate "the lessons of the life and teachings of William Osler, [as well as]...the high principles of life and humanism in practice of Osler, and to introduce these things to those entering the profession." One current and important goal of the AOS is to make the society more relevant to contemporary medical education.

In early 2017, the AOS published a handbook entitled Osler for White Coat Pockets, written by Joseph VanderVeer and Charles Bryan, and designed as a vade mecum for medical students and residents. One purpose was to make medical students and residents more aware of Osler. This can be accomplished through a variety of ways, one of which is to use the handbook as an integral part of White Coat Ceremonies.

In September 2017, the author participated in the White Coat Ceremony for first year medical students in the Montana WWAMI program. In his presentation, he spoke about the medical virtues represented by the white coat and reflected in the life of William Osler, and he linked the invention of the stethoscope to Oslerian values. At the climax of the ceremony, each incoming student was invested with his or her white coat, presented with a stethoscope and a copy of the vade mecum. The mission of the AOS and its gift of the vade mecum were acknowledged. The ceremony was attended by about 200 people, many of whom were families of the entering students.

For the past five years, the author has led a seminar on professionalism during the orientation program for incoming residents in the Family Medicine Program of Western Montana. Now a three day, off site retreat, this is an opportunity for the residents to consider intensively issues related to professionalism and professional values. At the end of the retreat, the residents recite a pledge of professionalism that they have just created. In July 2017, material in the vade mecum was used as a foundation to explore various elements of professionalism, ranging from virtues to professional attributes to the humanistic care of patients. Various examples from Osler became a springboard for discussions. During the White Coat Ceremony that concluded the retreat, each new Family Medicine resident received a copy of the handbook, with a grateful acknowledgement of the AOS.

Osler for White Coat Pockets is a valuable tool to introduce Osler "to those entering the profession" and to advance the goals of the AOS. The author hopes that all members of the Society will endeavor to find ways to use the vade mecum, not only in White Coat ceremonies, but in other settings as well.

Learning objectives:
1. Explain the value of using Osler for White Coat Pockets as part of White Coat Ceremonies for medical students and residents.
2. Define other ways that the handbook can be used to make medical students and residents more aware of the life and teachings of William Osler;
3. Outline ways in which the handbook can be used to advance the mission and goals of the American Osler Society.

'The Iniquity of Oblivion': Walter Reginald Bett (1903-1968)

Nadeem Toodayan

Nadeem Toodayan is a junior medical registrar from Brisbane, Australia, with a strong interest in medical history and Sir William Osler. He traces these interests to an early fascination with eponymous medical terms in medical school, and has written and presented widely on these subjects.

Except if it be a brief historical reference or passing comment of some other kind, the name of Walter Reginald Bett (1903-1968) – a primal impetus behind the Osler Club of London – is seldom evoked today, even in Oslerian circles. 50 years since his death, few will recall but faintly, his energizing presence at the Club's many meetings; his worshipful, if extravagant, idolatry of Sir William Osler. And yet it cannot be denied that in many ways Walter Bett personified the Osler tradition. A practitioner of medicine, lover of literature, and harvester of history, he appears at first glance a serious and seasoned Oslerian – surely a likely subject for positive re-evaluation, at least within the Osler societies.

"But the iniquity of oblivion blindly scattereth her poppy, and deals with the memory of men without distinction to merit of perpetuity." Bett was well versed in Browne and drew the title for his 1962 Osler oration – The Epitaph of Adrian's Horse – from this 'wonderful page' (as Osler had called it) in *Hydriotaphia Urn Burial (1658)*. Written with characteristic intensity, good humour, and charm, the oration centres around the concept of immortality in medicine, and the often futile means by which doctors have been memorialised. So far as the orator's own legacy is concerned, Browne's comments on immortality ring variably true. Really very little has been preserved of Bett's life and legacy, and of what scant commentaries remain, it is difficult to discern fact from opinion.

Born and raised in Riga, Latvia, Bett immigrated to England towards the close of the First World War. Not yet 23, he proposed the foundation of a medical history society on Oslerian lines, and it was chiefly on his instruction that 'The Osler Club' of London was named after his 'Patron Saint' when it was first founded in 1928. According to fellow founder Alfred White Franklin (1905-1984), however, "he did not… follow his great hero into the Wards with any pleasure, nor, I think, did he share the same kind of love for his fellow-men". Surely a severe indictment for any lover of Oslerian medicine! Bett spent his later years as an academic medical librarian in America, and also became advising medical consultant to a succession of pharmaceutical companies. Was there some truth in Franklin's harsh verdict after all?

Wherever his medical career may have ended up taking him, a sympathetic reading of Bett's writings illustrates a man after Osler's heart. Armed with literary metaphors for every occasion, he presents himself a prolific essayist with a wide and deep understanding of many areas of medical history. Bett no doubt embraced his eccentricities, and wrote on 'The Infirmities of Genius' in others: "When genius conforms to rule" he said of Carlyle, "then will it cease to be genius". That said, the man survives in his many writings, a survey of which, may help to provide a more complete picture of this passionate yet enigmatic idealist of Oslerian medicine.

Learning objectives:
1. Summarize the largely forgotten life and career of Walter Reginald Bett (1903-1968).
2. List some of Bett's most important publications, acknowledging certain similarities with Osler's writings.
3. Consider the various factors that contribute to the preservation of legacy, with some reference to Osler's commentary on the same.

The Other Bliss: A Portrait Somewhat Different

Henry Travers

Dr. Travers, a retired pathologist who has served in the Navy (including Desert Shield/Desert Storm) and was active in the College of American Pathologists and the World Association of Societies of Pathology and Laboratory Medicine.

The whole is somewhat different from the sum of its parts.
-Attributed to Aristotle

Candice Millard's Destiny of the Republic, published in 2011, and Fred Rosen's Murdering the President, published in 2016, are two books by non-physicians intended for lay audiences. The scholarship behind them brought new life to the posthumous crucifixion of Dr. D.W. Bliss on the cross of incompetence, self-interest and quackery for his treatment of President James Garfield after he was shot by Charles Guiteau on July 2, 1881. Although these works are generally accurate, with respect to Bliss they are factually incomplete, offering biased interpretations in the absence of medical context. The popular publications they spawned further historical simplifications or outright inaccuracies (e.g. lack of acceptance of asepsis in America was irrational and confined to incompetent physicians; Bliss consulted only with physicians who agreed with him; Bliss' quest for the bullet was not medically indicated), focusing on partly told accounts suggesting cowardice in war, quackery, bribery, unethical conduct and egregious care of President Garfield.

From his medical service in the Civil War through his treatment of war wounded in Washington to his representations within the District of Columbia Medical Society, its companion Association and the American Medical Association, Bliss was a distinctive combination of crusader, entrepreneur, snake-oil salesman and skilled surgeon. He was neither incompetent nor guilty of intentional medical mischief.

This paper addresses some of the inaccuracies of fact and context in the Millard's and Rosen's work regarding Bliss, who, rather than the "quack" who killed Garfield, was a man of his times who deserves more than being relegated to the black halls of medical ignominy. Contrary to modern claims of ego-centered motivations, Bliss was driven by the need for financial reward. He advocated for the equality of black physicians at a heavy cost to his career. His desire for money overcame his medical values in his promotion of cundurango and was one factor in his care of Garfield. While wrong about the location of the assassin's bullet, he was correct in the search for it and the exploration of Garfield's wound. Bliss' use of rectal feedings in Garfield's last month of life, far from being something "he had to know…would not work", was an established practice.

Without the context of medical history, well-researched publications intended for popular reading can be misleading. The communications resources of our time propagate misinformation quickly and lead to the kinds of unfair mischaracterizations evident in the story of D.W. Bliss.

Learning objectives:
1. Provide 3 reasons why Listerian antisepsis was not accepted by a significant number of physicians in the United States in 1881.
2. List three topics in either Millard's or Rosen's book where incomplete information led to unsupportable conclusions.
3. List at least two "mistakes" made by Bliss in the care of President Garfield that were reasonable medical decisions at the time.

Frank G. Slaughter, M.D.: Medical Novelist

Michael C. Trotter

Dr. Trotter received his undergraduate and medical educations at the University of Tennessee and Wake Forest University. He trained in surgery and cardiovascular surgery at the University of Alabama at Birmingham and the Ochsner Clinic in New Orleans. He has retired from the practice of cardiovascular and thoracic surgery and lives in Greenville, Mississippi and Dauphin Island, Alabama.

"The curiosity of the public about things medical is probably greater than on any other single subject – except perhaps sex." This quote by Frank Gill Slaughter, M.D. is indicative of the foresight, intuitiveness, and intelligence of one of the medical profession's most prolific and successful physician-writers. His primary genre was historical fiction, incorporating medical history into his writings. He developed a technique of 'fictional re-creation' which was composed of three parts: (1) a contract with the reader to provide a moving and absorbing story (2) writing about real people when possible and supported by extensive and meticulous research (3) portraying historical events exactly as they happened based on the available information. Slaughter published 62 books between 1941 and 1987 and sold over 60 million copies.

Slaughter attended Duke University and received his medical degree from Johns Hopkins University in 1930. This was followed by an internship and residency in general surgery at Jefferson Hospital in Roanoke, VA. He moved to Jacksonville, FL in 1934 where he would remain for the rest of his life, excepting military service in WWII. He became a fellow of the American College of Surgeons in 1938 and was certified by the American Board of Surgery in 1940.

Following Pearl Harbor, Slaughter joined the Army, became a major in the medical corps, and worked at Walter Reed Hospital as well as commanded a hospital ship in the Pacific. During his military service in WWII he produced a novel per year. After the war he returned to Jacksonville and learned that his first novel had been published in Denmark and sold 120,000 copies during the war. This was the deciding factor to become a full-time writer. Eventually his income approximated his would-be earnings as a surgeon and he never regretted his decision.

Slaughter credited his medical school mentor and preceptor, Dr. Wilbert "Dave" Davison, with instilling a love of medical history, the art of medicine, and the cultural side of medicine. In fact he credits Davison as the single most important influence on his writing career. The two remained friends until Davison's death in 1972. There is no doubt of the Oslerian influence on Slaughter through Davison. Slaughter died in 2001 at age 93. His obituary was published nationally in the New York Times and the Los Angeles Times.

This presentation will examine the keen intellect and prolific authorship of this important and significant medical novelist.

Learning objectives:
1. Examine the career of a prolific medical novelist.
2. Recognize the Oslerian influence of medical humanism on a surgeon writer.
3. Understand the importance of historical research and medical accuracy and their role in a successful writing career.

The Making of a Vade Mecum

Joseph B. VanderVeer, Jr.

The author is a retired general surgeon who taught in training programs in Portland, OR and Phoenix, AZ. A former editor of the Oslerian, he served as AOS president in 2016-2017.

During 2016 Charley Bryan and I put together a pocket book for medical students to acquaint them with the life and values of William Osler. Charley had previously authored or co-authored several pocket manuals for students in South Carolina, but none specifically centered on Osler; some of that material was incorporated into our draft, which became the 200-page volume, Osler for White Coat Pockets. The John P. McGovern Foundation kindly gave us a three-year grant to cover the cost of printing and distributing the book.

Although our major objective was acquainting students with Osler, a secondary one was to introduce them to the AOS. In our initial draft we had the chapter on the life of Osler up front, we decided to put it as one of four Appendices, the others being: The AOS, A Bedside Library, and the AMA 2016 Code of Ethics. Major headings under which the various chapters were arranged were: The Traditions of Medicine; The Virtues in Medicine; The Balanced Life; Patient and Physician; The Training Years; and Four Appendices. A Bibliography listed 191 publications referenced in the text. Rather than deal with aspects of medical ethics per se, we emphasized the (Oslerian) influence of virtuous character and discussed the four classical virtues (Courage, Wisdom, Temperance, and Justice) and the three transcendent virtues of Faith, Hope, and Love. In so far as possible throughout the book, we quoted Osler in bold-faced type.

As we went through several drafts we sought input from several sources: two other AOS members, several editors of medical journals, several medical students, and from the president of the AAMC. The latter commented that students today don't learn from books, but rather on line, and suggested we publish an e-book. We thought we might consider that for another edition, but I was not convinced a student would be any more apt to read an e-book than read ours, if we gave it as part of a White Coat Ceremony. The student reviewers liked the personal vignettes scattered through the text, which were instructive and made the text more informal.

We approached the Arnold P. Gold Foundation in hopes that they might partner with us in helping distribute the book, but they were not responsive. Nor was the AAMC willing to release information about deans and addresses of medical schools that we might contact. Eli Lilly Corporation—which had copies of Osler's Aequanimitas to thousands of medical students from 1932 to 1953—was likewise uninterested. So we used our own contacts through the AOS to inquire about introducing it into extant White Coat Ceremonies.

This paper describes how we went about creating a vade mecum for medical students and residents, some of the difficulties we encountered in the process and in the roll-out, and several take-away lessons, should other Oslerians choose to do likewise.

Learning objectives:
1. Describe how one goes about planning a pocket manual, a vade mecum, for medical students based on the writings and ideals of Sir William Osler.
2. Tell some of the advantages of 'going straight to the top' in seeking input and advice.
3. Relate two 'take-away' lessons the author learned from this endeavor.

From Nose Bleeds, To Lupus, To Prosecutor's Warts: Sir William Osler...The Great Observer of The Skin

Reid A. Waldman

Reid Waldman graduated from the University of Missouri-Kansas City School of Medicine in May 2017 and is now an intern at Cedars Sinai Medical Center in Los Angeles, California. In June of this coming year, Reid will matriculate into a dermatology residency at the University of Connecticut. His academic interests include medical education and dermatoethics.

While Sir William Osler is best known for his contributions to general medicine, he was also a keen observer of diseases of the skin. Not only do five cutaneous maladies bear his name, but his keen observations, both at the bedside and the autopsy table, provide us with a clearer understanding of countless other dermatologic conditions. Osler's contributions to dermatology epitomize the way that he approached medicine, as it was his focus on a consistent and systematic observation-guided methodology that led to his many discoveries and insights within the nascent field of dermatology.

To best understand Osler's relationship to dermatology, one only has to look to his training in the diseases of the skin. In 1872, Osler, at the age of 23, traveled to Europe to round out his medical education. There, he studied under two of the fathers of dermatology: Ferdinand Von Hebron of Vienna and Tilbury Fox of London. While his time with these two figures is just briefly mentioned in his biographies, it is posited that the roots of what became Osler's trademark emphasis on the careful, systematic, observation of the patient came from these experiences. Furthermore, it is believed that his time spent rounding on the inpatient dermatology wards helped spur his lifelong interest in small pox.

It is this interest in small pox that marks the beginning of Osler's many contributions to the field of dermatology. Upon returning to Canada, Osler took a post heading the small pox ward at Montreal General Hospital. The sheer detail with which he documented his experience treating small pox was unparalleled. In fact, his documentation of small pox was so extensive, that little else was added to the morphologic descriptions of the disease over the ensuing one hundred fifty years.

Osler's enthusiasm for detail can be appreciated in his many writings on diseases of the skin. These writings include his observations on erythema multiforme, hereditary telangiectasia, lupus, and verucca necrogenica, or prosecutor's wart, which he acquired when he cut himself while performing one of over 1000 autopsies. Osler was one of the first authors to use a morphology-based approach when diagnosing skin conditions. These descriptions were not only clinically accurate, but were revolutionary at the time, as Osler was one of the first authors to place a strong emphasis on the role of the skin as a marker of internal disease.

Ultimately, Osler's contributions to the field of dermatology mirror his contributions to many other fields of medicine, for all of these contributions were simply a by-product of Osler being Osler. His dedication to careful bedside observation, coupled with his desire to teach, have allowed his work to remain relevant for over one hundred and fifty years. Furthermore, as one of the first North American physicians to teach that the skin was often a window to internal disease, Osler truly help shape the field of dermatology for generations to come.

Learning objectives:
1. Understand Sir William Osler's contributions to the field of dermatology
2. Review Osler's dermatology training
3. Examine the impact of Osler's dermatology training on his overall approach to medicine.

"Osler Warned": Was William Osler a Grave Robber While at McGill?

James R. Wright, Jr.

Jim Wright received his MD, PhD (Pathology), and MA (Medical History) degrees from The Ohio State University and was the recipient of the AAHM William Osler Medal in 1984. After completing a residency in anatomical pathology at Washington University in St. Louis, he moved to Dalhousie University in Halifax, Nova Scotia where he worked as a pediatric pathologist, established an active research laboratory doing experimental pancreatic islet transplantation, and was Professor of Pathology, Surgery, and Biomedical Engineering. In 2005, he moved to the University of Calgary as Head of the Department of Pathology & Laboratory Medicine, and having completed two terms as Head, is now Professor of Pathology & Laboratory Medicine and Paediatrics in Calgary. He is currently Scholar-in-Residence at The Ohio State University Medical Heritage Center.

Body-snatching was an illegal way to procure bodies for anatomical dissection before the existence of effective anatomy legislation. As knowledge of anatomy was fundamental to medical practice, many 19th century physicians turned a blind eye to this activity as the profession benefited from it, while others, including very prominent ones, participated and/or openly admired and honored its perpetrators.

In the mid-1870s, Osler was hired by McGill University to teach histology and his friend, Francis Shepherd, was hired to teach anatomy. Quebec was slow to enact effective anatomy legislation. In the 1880s, most of the cadavers in the McGill anatomy laboratory were resurrected and Shepherd was "convicted of this offence on several occasions, but the judge was basically sympathetic to the problem of the medical school, and he only charged Shepherd a fifty dollar fine with no further prosecution." According to Cushing's The Life of Sir William Osler, at the end of World War I, Osler wrote Shepherd and asked him "to write up the story" of "the last persistence of body-snatching in Montreal ... if not for publication, send it to me to put with my Resurrectionist literature (p. 1303)." Clearly, like most physicians of his time, Osler was interested in the phenomenon but had never been suspected of participating, until William W. Francis, the first Osler Librarian at McGill University (and Osler's second cousin), found the following highly accusatory (and poorly grammatical) letter addressed to Osler "among the papers returned a few years ago by his biographer, Cushing." Francis apparently thought it was funny and published it in 1940 in the Canadian Medical Association Journal under the title of "Osler Warned!"

Montreal August 1880.
Doctor Osler,
As You (in particular) and others imagine you distinguish yourselves in the presence of many who cannot help themselves, and count yourselves clever in your own conceit, I hint to you and them that (admitting reasonably, in the interest of science) if you and them continue in your custom of body-snatching, (I am sure it is such.) as you have been accustomed to, in the G.H.) You (especially, & others will find yourselves in need of the experience of science, or probably more for your personal comfort and existence,
(signed) Long Seen, And In Wait.

Francis "suspects that it was misdirected" noting that "in 1880 Shepherd was still ... having to deal with the body-snatchers. Surely this was meant for him and McGill, not for Osler ...?" Francis also notes that: "it has a genuine look, though it might perhaps be a reprisal concocted by a victim of Osler's pranks." I personally like Francis' latter theory. Perhaps, the accusatory letter was even a reprisal directed at the antics of Osler's impish alter ego, Dr. Egerton Yorrick Davis (n.b., it is believed that Osler named his fun-loving second self after the court jester Yorick in William Shakespeare's Hamlet). If so, the irony is delicious as Yorick himself fell victim to a gravedigger, and Hamlet, on seeing a gravedigger hoisting Yorick's skull in the air, uttered his famous line: "Alas, poor Yorick! I knew him, Horatio; a fellow of infinite jest, of most excellent fancy..." Hmm, is it a coincidence that the letter is dated 1880, the same year that Cushing noted that "there appeared on the scene a creature named Egerton Yorrick Davis?" Was Osler an innocent victim (or perhaps even the perpetrator) of one final practical joke? There is much to dissect!

Learning objectives:
1. Discuss bodysnatching in 19th Century Quebec.
2. Describe the accusatory letter published in the Canadian Medical Association Journal under the title "Osler warned" by WW Francis.
3. Describe the origin and antics of Osler's alter ego Dr. Egerton Yorrick Davis

CLOSLER – A far reaching educational initiative to move all "closer to Osler"

Scott M. Wright

Scott Wright has spent his career exclusively at institutions that laud the mythos of Osler. He received his M.D. from McGill University, and he then completed his internal medicine residency training at the Montreal General Hospital. After pursuing fellowship training at Hopkins, he joined and has remained on the faculty since 1997. He is well published, particularly in the field of medical education, and his research accomplishments have been acknowledged with election into the American Society for Clinical Investigation. Dr. Wright has been providing longitudinal primary care to patients in Baltimore since 1995, and he serves as a teaching attending on the inpatient general medical services at Hopkins. For his teaching efforts and achievements, he was elected to membership in Alpha Omega Alpha in 2009. With colleagues, he established the Miller-Coulson Academy of Clinical Excellence at Hopkins. Dr. Wright serves as Director of the Academy which is committed to recognizing and promoting excellence in patient care.

The institutional culture at many academic medical centers is one wherein faculty that spend a majority of their time caring for patients are dismayed that promotion criteria feel more difficult to reach (than for their research counterparts) and many do not feel appreciated. A failure to recognize and reward excellent clinicians pushes some to leave for the private sector; this is neither good for our patients or our learners who are left with fewer role models to teach clinical skills and bedside medicine.

To address this issue, in 2009, the Miller–Coulson Academy of Clinical Excellence (MCACE) was established to recognize and reward masterful physicians at Johns Hopkins University School of Medicine across all clinical departments. Qualitative and quantitative research was conducted, and our publications served to offer a contemporary definition of clinical excellence. A rigorous nomination and application process culminates in a meticulous assessment of clinical portfolios - with external reviewers (akin to a study section) and an internal selection committee.

We now have over 70 members of the MCACE - representing the best clinicians at Hopkins. Our working Academy meets regularly to strategize how to promote clinical excellence at the institution for the benefit of our patients and learners. While the MCACE has several signature programs that have impact predominantly at Hopkins, in early 2018 we are launching "CLOSLER" that will be seen and appreciated beyond our walls.

CLOSLER will primarily be a website, with links to other social media platforms; of course, it will celebrate and tap into the legacy of Osler. CLOSLER will serve as a growing repository housing informative and thought-provoking content related to excellence in patient care. CLOSLER will expose the world to role models for and thinking about clinical excellence - emphasizing that lifelong learning is essential in the pursuit of mastery. CLOSLER will try to engage the entirety of the career cycle of physicians (from medical students to retiring physicians) and galvanize all to move "closer to Osler".

Learning objectives:

1. To describe the rationale behind and process for establishing the MCACE.
2. To explain the rigorous selection process of the MCACE and the impact of MCACE programs on the institution.
3. To introduce CLOSLER and to promote dialogue about how it can be supportive of and bring additional attention to the American Osler Society.

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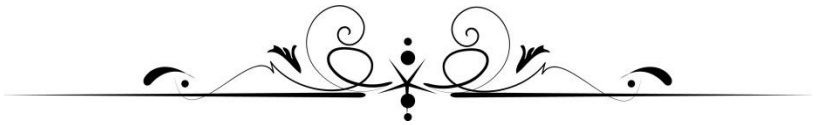

The American Osler Society was founded for the purpose of bringing together members of the medical and allied professions who are, by their common inspiration, dedicated to memorialize and perpetuate the just and charitable life, the intellectual resourcefulness, and the ethical example of Sir William Osler (1849-1919). This, for the benefit of succeeding generations, that their motives be ever more sound, that their vision be on ever-broadening horizons, and that they sail not as Sir Thomas Browne's Ark, without oars and without rudder and sails and therefore, without direction.