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President Joan Richardson 55<sup>th</sup> AOS President Installed at the 2024 Annual Business Meeting.

#### AMERICAN OSLER SOCIETY

# The Oslerian

## A Message from the President

## Joan Richardson



For over fifty years I have lived in Galveston, Texas, located on Galveston Island, a 30 mile long, 2.5-mile-wide barrier island 2.5 miles off the southeast coast of Texas. I have weathered seven hurricanes. Four of them were direct hits to the Island----Alicia 8/17/83; Jerry 10/15/89; Ike 9/12/08; and most recently, Beryl 7/8/24. The other 3 were close calls and did their fair share of damage and disruption. However, I missed the "Big One", the Galveston Storm of September 8, 1900, or Isaac's Storm that leveled Galveston, killed one-third of the population, and still holds the record as the worst natural disaster in the United States.

Hurricanes are blockbuster weather events. They suck heat from tropical waters to fuel their fury, then form over the ocean beginning as a low-pressure tropical wave somewhere off the coast of Africa. As they move westward through the moisture-rich tropics, air moves under the storm, rises and cools, and forms clouds and thunderstorms.

Water in the clouds condenses, releasing even more heat to power the storm. Wind speed increases, and a counterclockwise, rotating, organized system of clouds and thunderstorms begin to churn around and around resulting in the formation of an eye in the middle of the giant cylinder that is devoid of wind, clouds, and rain. When the wind reaches 74 miles per hour, it's defined as a hurricane-a Category 1 hurricane. If the wind speed exceeds 157 miles per hour, it's a category 5 hurricane. Cat ones and twos are not much fun. They cause flooding, wind and water damage, major inconvenience and disruption of services, but they generally do not kill you. Cat threes are devastating. Cat fours and fives are catastrophic and very lethal to any living thing who unwisely chooses to remain in their paths. The faster the wind speed, the more devastating the storm. The larger the size, the more water is churned up to create a massive storm surge, and the

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#### **President's Message** (Continued from page 1)

greater the storm surge, the more deadly. The wind does the damage; the water does the killing.

Until the 1950's hurricanes and tropical storms were denoted by the year and order in which they occurred, but that got too confusing and difficult to keep track of. Short, simple, easily remembered names became preferred, as they were more readily communicated and less likely to be mistaken for an entirely different storm located many miles away. In 1953, tropical storms and hurricanes were given female names, and 1978, gender equality prevailed with the use of both male and female names, alternating from storm to storm and progressing in alphabetical order. Currently, a strict naming convention is used that alternates every 6 years. Certain names are retired after only one usage, particularly if he or she has been a particularly deadly or costly storm where re-use of the name might be considered insensitive, e.g., Katrina. The first storm of the season will always have a name starting with the letter "A". If a busy season consumes all letters of the alphabet, naming moves on to utilize the Greek alphabet, starting with "alpha" and proceeding onward. I don't know what the naming convention uses once all the letters of the Greek alphabet have been used. That situation has never arisen, but given the new climate we have created, it is possible the Namers will need to pursue other, hopefully, non-Cyrillic options.

When it comes to hurricanes, one can never do the completely correct thing. Hurricanes are unpredictable and love to bring surprises and create totally unexpected, unpleasant situations. Despite our advanced technology, it is still not possible to predict where a hurricane will eventually make landfall with pinpoint accuracy. There is much more to a hurricane than just its wind speed. The Saffir-Simpson Hurricane Wind Scale Is a 1 to 5 categorization developed by wind engineer Herb Saffir and meteorologist Bob Simpson many years ago to alert the public to the possible impacts of various intensity hurricanes. Category 3 or above is defined as a major hurricane, and in general, damage rises by a factor of four for every category increase.

The Saffir-Simpson Scale is a very useful tool, but it's focus is primarily wind speed and does not address the other major impacts hurricanes impose such as storm surge, rain fall and flooding, tornadoes, and the size of the storm. Nor does it consider the buildings that will be subjected to these winds and how well they conform to building codes necessary to withstand the wind forces encountered. A somewhat better way to assess these behemoths is the more recently developed Hurricane Severity Index which attempts to consider all these factors. The problem is that one can never consider all the factors, complications, and system failures likely to reveal themselves unexpectedly at the most inopportune times. That's why that when it comes to hurricanes, you can never do all the right things.

Category	Wind Speed	Pressure (millibars)	Storm Surge	Damage
1	74-95 mph	>979	4-5 feet	minimal
2	96-110 mph	979-965	6-8 feet	moderate
3	111-130 mph	964-945	9-12 feet	extensive
4	131-155 mph	944-920	13-18 feet	extreme
5	>155 mph	<920	>18 feet	catastrophic

Saffir-Simpson Hurricane Scale

🍯 © Teacher's Pet 202 www.etpet.co.uk

Consider Hurricane Katrina which devastated New Orleans in 2005 and wreaked havoc along the Louisiana, Mississippi, Alabama, and Florida Panhandle coasts. She made landfall as a respectable Category 3 but was gigantic in size, generating a massive storm surge. Though she seemed to be moving on, the surge broke the levies and flooding was massive. There's always something that didn't get included in the calculation.

Hurricanes predominantly focus their fury on the Gulf Coast and southern Atlantic Coast of the United States. Occasionally, one will go rogue and head up the Northeast coast to menace New York, New Jersey, and points north, and when this happens, it is brutal. Mostly, however, hurricanes are a Southern thing, and generally the brunt is borne by the former Confederacy with Florida most often in the crosshairs. The former great state of Texas is no stranger to these monsters, however, and is second only to Florida in the number of named storms. The first recorded tropical cyclone to hit Texas was in November 1527 and destroyed a merchant fleet on Galveston Island, killing at least 162 people. Since 1850, according to National Oceanic and Atmospheric Administration (NOAA), 109 tropical systems have made landfall in Texas. About half have been hurricanes and half tropical storms. They have exacted an immeasurable toll of lost property, lost lives, and lost hopes and dreams. Consider the thriving metropolis of Indianola, Texas, a bustling town and port on Matagorda Bay just southwest of Galveston. At one time it was a major hub for shipping and a major point of entry. Populous and prosperous, it was struck by a hurricane in 1875 and again in 1876 and is now a ghost town marked only by a few ruins and a Texas Historical Marker.

People living along the Texas Gulf Coast who

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have any common sense know that the best way to deal with a hurricane is to leave and seek refuge with friends and relatives who live far inland. But common sense is not very common along the Texas Gulf Coast, so a significant number of people don't leave. They all have generally plausible reasons for staying, or at least they believe they are. I am one of them and stay, both because I lack common sense, and because I work in a hospital that takes care of small, sick neonates who require intensive care, are attached to myriad pieces of high-tech equipment, and are very difficult to relocate.

Hospitals do not do well in hurricanes. They need electrical power and that is often the first thing lost when a storm rolls through. Thus, we go on emergency power and that can be tenuous unless the generators are located high above ground and have a constant supply of fuel. Hospitals also need a continuous influx of all sorts or supplies, medicines, food, and water to care for patients and to sustain the staff needed to care for patients. Hurricanes disrupt all of that, starting before they make landfall, during their assault, and continuing for many days after their visit is long over.

My first experience with a hurricane occurred in August 1983 when a weak low-pressure area drifted into the northern Gulf of Mexico sometime during the night of August 14. Thunderstorms developed off the Mississippi, Alabama, and Florida coasts followed by the development of a mesoscale convective complex drifting southwesterly off the Louisiana coast. In layman's terms, a huge cluster of powerful thunderstorms with an area of low pressure and counterclockwise surface circulation moved into the Gulf of Mexico south of Galveston. By the afternoon of August 15<sup>th</sup>, it became a tropical storm named Alicia, and by the afternoon of August  $16^{th}$  she was a hurricane---the first of the season. She moved painfully slowly toward us, ever gaining strength as she came, and made landfall at 2 am on the morning of August 17<sup>th</sup>. She came in as a Category 3, killed 13 people, had a 12-foot storm surge, eroded 200 feet of Galveston coastline, packed about 120 mph winds, filled the streets of downtown Houston with tons of glass broken from skyscraper windows, and left us a bill for about \$3 billion.

But at the University of Texas Medical Branch, whose motto is "UTMB stops for no storm", we were ready for Alicia. We had stocks of supplies, food, water, meds. Our ride-out teams, that is, doctors, nurses, other health professional staff who come to the hospital prepared to stay and take care of patients for the next 72 hours were all in place. Seventy-two hours is the timeline, because that is the estimated time it will take for first responder rescue teams to get to you following a major storm. We had about 34 babies in the neonatal intensive care unit. Some were Intubated and being supported by ventilators. Most were in incubators or on radiant warmers. All were attached to cardiac monitors and receiving various medications and fluids by intravenous administration pumps.

At 2 am the storm hit, sounding like multiple freight trains. Occasionally, a window would pop, but we quickly nailed plywood over it and went on with our duties. Gravel from a roof one block away peppered the windows of the newborn nursery. The team quickly moved the babies to another area. Then, the regular city power went, and our emergency power kicked in. The maelstrom continued, but then the emergency power began to fail in parts of the hospital complex. Remember, when it comes to hurricanes, you never do all the right things.

At that time communication during these events was maintained with walky-talkies as telephones were not reliable, and at that time cell phones didn't exist although they would likely have been unreliable as well. My walky -talky alerted me that a meeting of hospital leadership was being urgently called. The news was not good. One by one, the emergency power generators were failing because they were being flooded by the rising water. The generators were located at various points across campus and were all at different heights. The generator powering the neonatal ICU was about to be flooded out, and we needed to move the babies quickly to an area on the second floor powered by an emergency generator fortunately located on the third floor. The neonatal ICU was on the fifth floor. All hands were summoned on deck to help with the move. Fortunately, the elevators were working, that is, until they weren't. Halfway through the move, the power went out along with the lights and the elevators went out.

That's the other thing about hurricane preparedness. Always have a Plan B, and in this case, Plan B was the stairs. These ICU babies weigh generally 2 to 5 pounds, but the equipment needed to support them weighs a ton. Thanks to divine intervention, groups of three to four adults carrying a 2- to- 5- pound baby attached to heavy life-saving accoutrements successfully made it down the stairs to functioning electrical power outlets. The whole world showed up to help, or so it seemed. People I've never seen before or since appeared to help us get some very precious cargo to safety, and all participants, including the smallest ones lived to tell the tale. In fact, the condition of some of the babies improved after their wild ride.

Often, people who are not from this part of the country, tell me they would like to experience the thrill of going through a hurricane. My suggestion is to go home on a Friday afternoon in the month of August; turn off the electricity, gas, water, TV, and phone; and spend the weekend at home. Except for a few hours or so of heavy rain and wind, that is what it is like to experience a hurricane. In my opinion, the absolute best way to experience a hurricane is to watch it on the Weather Channel from the comfort of your home about 200 miles inland.

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## Preview of American Osler Society Meeting Pasadena, CA May 2-5, 2025

The American Osler Society will return to Pasadena for the  $55^{\text{th}}$  annual, site of the  $35^{\text{th}}$  annual meeting in 2005. The meeting will be held at the Hilton

Hotel near downtown Pasadena from May 2<sup>nd</sup> to May 4<sup>th</sup>. There are two major airports serving the area, the larger one is Los Angeles International Airport (LAX) located



about twenty-eight miles from Pasadena – about a 40minute drive. The other, more convenient airport is Burbank Bob Hope (BUR) airport. LAX offers more direct flights, but Burbank is easier to get in and out of.



We have arranged to visit the Huntington Library, Art Museum, and Botanical Gardens (https:// huntington.org/)

in nearby San Marino where we will have dinner

Satur on day even ing and are planning exhibit an of rare medical books in the Hun tington's



collection including books from the collections of former AOS presidents, Larry Longo, Bruce Fye and Earl Nation.

In addition to the library, the Huntington houses an extensive art collection with a focus on 18th and 19th century European art and 17th to mid-20th century American art and over 100 acres of specialized botanical landscaped gardens, including the "Japanese Garden" with the 350-year-old Shoya house (https:// huntington.org/japanese-garden/shoya-house), the "Desert Garden", and one of the largest "Chinese Gardens" in the world. The newly renovated Rose Garden Tea Room continues its elegant tea service with a selection of teas, seasonal house-made scones, and a variety of savory and sweet offerings. Reservations are required.

We are in discussions with local book dealers to present a mini-book fair on site at the hotel. The USC Pacific Asia museum, established in 1971, is one of the few U.S. institutions dedicated to art and culture of Asia and the Pacific Island is only a 10minute walk from the hotel. (<u>https://</u> <u>pacificasiamuseum.edu</u>). Nearby is the Paseo shopping center with restaurants and a movie theater. For those interested in architecture, the Gamble House (<u>https://gamblehouse.org/</u>), built in 1908, is an internationally recognized masterpiece of the American Arts and Crafts movement. Built for David and Mary Gamble of the Procter and Gamble Company, the house is the most complete and original example of the work of architects Charles and Henry Greene.

If you have seen the Rose Parade on television, then you have seen Norton Simon Museum (<u>https://</u><u>www.nortonsimon.org</u>/) as the parade passes in front of it. Norton Simon was a businessman who built a

conglomerate that included Hunt Wesson foods, Canada Dry, Max Factor cosmetics and Avis car rental ("We Try Harder"). His collection is housed in the museum about



one mile away from the hotel and features European paintings (think Rembrandt, Claude Monet, Pierre-Auguste Renoir, and Edgar Degas, who alone is represented by over one hundred works of art, and Vincent van Gogh, Paul Cézanne and Paul Gauguin), sculptures, and tapestries; Asian sculptures, paintings, and woodblock prints. Outside sculptures Rodin surround

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#### the museum.

We will keep you appraised of further developments as they unfold. We look forward to seeing you in Pasadena next Spring.



Images from the Norton Simon Museum Asian Gardens

COMMITTEE	CURRENT CHAIR	CURRENT MEM- BERS	NEW CHAIR	ROTATES OFF	NEW MEM- BERS
Bean Award	J. Harris	K. Klaas, S. Moss, T. Frank	No change	K. Klaas, S. Moss, T. Frank	TBD
McGovern Award*	C. Boes	M. Jones, B. Mennel	R. Del Maes- tro	M. Jones	None
Lifetime Achievement Award	L. Drevlow	J. Howell, F. Neelon, H. Swick	No change	J. Howell	None
Nominating*	C. Boes	B. Mennel	R. Del Maes- tro	M. Jones	None
Finance	F. Bernadett	F. Bernadett, M. Molina, M. Stone	No change	No change	None
History & Ar- chives Commit- tee	H. Swick	S. Arfaie, R. Del Maestro, M. Hague- Yearl, D. Kratz, R. Stone, L. Wang	No change	None	None
Membership#	J. Wright	L. Geldenhuys, S. Kelen, P. Kernahan, D. Wolf,	J. Harris	J. Wright	TBD
Media & Tech- nology Commit- tee	P. Travers	G. Frank, J. Klaas, M. Malloy, M. Abdalla, J. Crevero, M. Stanley	No change	G. Huston	None
Annual Meet- ing† – Program Committee	J. Richardson	G. Jackson, M. Mal- loy, B. Mamlock, B. Thompson, J. Wright	J. Wright	G. Jackson, M. Mal- loy, B. Mamlock, J. Richardson B. Thompson	J Harris, TBD
Annual Meeting – Local Ar- rangements Committee	C. Crenner		M. Molina	C. Crenner	TBD

\* Chaired by the most recent living Past President and include the 3 most recent living Past Presidents
# Chaired by the Second Vice-President
† Chaired by the First Vice-President

#### YOUNG OSLERIAN VIEWS

#### A Student Reflection on The Osler Library of Medicine

By Paris Dastjerdi

The first time I heard about the Osler Library of Medicine was through a social media post by a fellow Oslerian student, a few months before I started medical school. At that time, I had just been accepted to medical school, and the realities of returning to the classroom after a 12-year hiatus in the corporate world had not yet set in.

The transition back to the classroom was challenging, especially with the added responsibilities of parenthood, being a wife, and managing our household. Despite the hectic schedule, I found solace and peace in the Osler Library. Running to the library after morning lectures and before afternoon sessions, I found a unique motivation to learn. Surrounded by a wealth of knowledge from some of the oldest collections in the world, I felt an immense desire to immerse myself in my medical books.

Initially, my understanding of Sir William Osler was limited to his reputation as a renowned physician and the fact that this library bore his name. I had no idea about the rich collection housed in the library, nor that both Sir William Osler and Lady Osler's ashes were interred within its walls. One day, as I peeked through the glass door at the back of the library, I noticed a hidden spot. Dr. Mary Yearl, the head librarian, saw my curiosity and offered me a tour. Behind the glass door was the William Osler collection, donated to McGill University. I was mesmerized by the beauty of the library, its architecture, the collections, and all the historical masterpieces. The place felt so magical, and I knew I wanted to return. Eventually, I did go back and ended up organizing tours for a few different groups with the help of Dr. Yearl and Dr. Del Maestro.

Not long after, I learned about the Molina Foundation research award through the Osler Library. It was a two-month summer scholarship focused on the history of medicine using the library's archives. Without a clear research topic in mind, I was determined to find one that would interest me and win the judges' votes. I started exploring the library's online archives when I stumbled upon references to "Avicenna's tomb" in Osler's personal correspondences.

Avicenna, a Persian physician from a millennium ago, is a revered figure in medicine. Growing up in Iran, I had visited his tomb as a child and learned a lot about him at school. Seeing nothing more than a title in the online archives, I visited the library the next day to find out more about those letters. With the help of the head librarian, we pulled out the physical archives and

uncovered a stack of letters dating back over 100 years. These correspondences, mainly between Osler and a Persian physician, Dr. Saeed, from the early 1900s, became the foundation of my research on Osler's efforts to restore Avicenna's tomb.

Throughout the next six months, I became intimately acquainted with Osler through his letters. His writing revealed a visionary with a deep sense of discipline and inclusivity. Osler's respect for others and his passion for teaching were evident in every letter I read. Presenting my research during Osler Day in 2023 and at the Canadian History of Medicine conference in 2024 was met with enthusiasm and interest, deepening my desire to become more involved with the history of medicine and the Osler Library.

By now, the Osler Library had become more than just a study space for me; it had become a place of inspiration and discovery. My involvement with the library allowed me to build strong relationships with the staff, fellow students, and supportive mentors. This support system was invaluable during the challenging initial phase of medical school, aligning perfectly with Osler's spirit of knowledge exchange and teaching.

Today, as the co-president of the McGill's Osler Society, I look around at the diverse cohort of students involved in various activities hosted by the Osler Library, such as the Molina Awards, the Del Maestro Family Essay Award, the poetry nights, the trivia nights, and the annual banquet. I reflect on how much the library's community has evolved over the past 100+ years. From a small group of students forming the first executive team of the Osler Society to a diverse group of students all interested in similar things: the history of medicine and knowledge exchange.

The Osler Library is not just a repository of books; it is a place where history comes alive. Life has mysterious ways of connecting the past with the present, and history teaches us that as humans, we are complex beings with recurring patterns of behavior and thought. The stories and lessons from the past serve as mirrors, reflecting our own experiences and guiding us toward understanding and growth. In this sense, the Osler Library is more than an archive; it is a testament to the enduring legacy of those who came before us and a beacon for future generations, reminding us of the importance of learning from our shared human experience because at the end of the day we are all part of one big human family!

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## YOUNG OSLERIAN VIEWS

#### Samuel Taylor Coleridge And His Relation to Medicine

#### By Noah Hoonhout

The youngest of John Coleridge's 14 children was a sickly, small boy with pale skin and an insatiable appetite for knowledge of every kind. From an early age, he adopted a special interest in medicine from both his personal experience of illness and an almost obsessive reading of books on physiology, anatomy, and apothecary. Frequently ill, Coleridge saw medicine at its most advanced and its deepest flaws, and thus often turned to his own devices with a hypochondriac attitude. His intellect was always searching and with a personal connection to disease and healing, it was almost destined for Coleridge to hold the world of medicine in a special place.

Samuel Taylor Coleridge's father died when he was 9, leaving a widow with an army of children and no income. Samuel was sent to the boarding school at Christ Hospital, which in reality acted more as an orphanage-school for the needy gentry. He was bright, full of passion and melancholy, and excelled in his academics despite suffering constitutional attacks ranging from rheumatic fever to neuralgia. Here also began his lifelong relationship with opium, a constant source of pain and poetry. But his success garnered equal expectations, and so he was sent to Cambridge on scholarship to cultivate a promising young career. Throughout his life he would build relationships with great men of medicine and science, including Humphrey Davy, Thomas Beddoes, and my focus of research, Joseph Henry Green. With a mind seeking to know every phenomena of reality and an authentic revolutionary spirit, Coleridge led an utterly unique intellectual career, which frequently was shaped by the medical and physiologic.

Samuel Taylor Coleridge's close relationship to medicine naturally leads to questioning in what ways his great mind left some mark on the profession. This was the guiding research question for my Bean Award. Initially one would assume his poetry. For instance among his most famous poems is "Kubla Kahn." The strange verses transport the reader into an ethereal Eastern land, giving the impression of a drug-induced trip. Coleridge himself admits the poem was written under the influence of opium. Yet Coleridge's influences from the medical world penetrate his work at a much deeper and more serious level than a medium to write poetry. It is in his philosophical musings that this intimate connection to medicine would motivate him to study the natural world and human anthropology as rigorously as any literary discipline.

Coleridge's philosophy of life and nature is less-

er known than his poetry but arguably just as important to understanding his mind and legacy, particularly in his effects on medicine. It is in essence an anglicized version of the German Romantic philosopher Friedrich Schelling's "Naturphilosophie." His theory is seen most succinctly in Hints Toward the Formation of a More Comprehensive Theory of Life, and is decidedly vitalistic, arguing for a dynamic and animated principle to explain living beings. Coleridge wrote in direct opposition to the common mechanistic view, which reduced life to the basic processes of biology and the environment. I was fascinated by this approach because I hardly expected a cohesive philosophical system from a figure known for breaking away from systematic thinking. But how do philosophical theories about the natural world and living things lead to great influences on the practice of medicine?

The answer lies in the surgeon Joseph Henry Green, one of Coleridge's closest friends and loyal students. Green's most notable historical contribution is as literary executor of all of Coleridge's written works after his death. Yet, he was a remarkable physician and comparative anatomist in his own right. The focus of my Bean Award was to uncover Green's legacy and contributions as an extension of Coleridge's thinking into the medical world.

Joseph Henry Green offers a number of notable contributions to human anatomy, theories of evolution, medical education and surgical training, and even Romantic philosophy in the spirit of his mentor. Green also had important students of his own, including Sir John Simon, England's first Chief Medical Officer, and Sir Richard Owen, one of Darwin's key contemporaries. However what struck me on the most personal level was his deep sense of purpose for the profession of medicine and ethical character of the physician, which he continuously summed up in a single word-"gentleman." Within his writings one can see the habit, likely obtained from a decades long friendship with Samuel Taylor Coleridge, of seeking the underlying thread of truth in each intellectual and professional pursuit. Green frequently published to remind the profession of its role as one of service to society and a continued seeking of scientific truth, in stark contrast to monetary gain and increased social status. Joseph Henry Green's ability to take a step back with a grounded yet reflective attitude has become a model for me and a surprising lesson learned amidst the weeds of medical school studies.

Noah Hoonhout is second year medical student at the New York Institute of Technology College of Osteopathic Medicine in Old Westbury, NY. He graduated with a BS in History from Hillsdale College in 2023 and is interested in the intersection of history, ethics, and medicine. <u>noah.hoonhout12@gmail.com</u> Volume 25 - Issue 2

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## OSLERIAN VIEWS



*Figure 1.* Earl F. Nation (1910–2008) was honored at the 2005 meeting at the registration desk (top left) and with the presentation of a Carrie Nation quilt, which Donna Bryan completed just in time for the banquet. Earl was a leading historian of urology whose broad historical interests extended to the American West and to his (nongenetically related) great-great aunt, the temperance crusader Carrie Amelia Nation (1846–1911). *Upper right:* Donna Bryan, and Earl's former secretary Carolyn Guidotta, pose with Earl and the Carrie Nation print. *Bottom right:* Earl signed copies of his *Annotated Checklist of Nationiana. Bottom left:* Larry Longo, CSB, and Earl posed after the banquet, producing a "staircase effect."

## <u>Journal of an Oslerian</u>

<u>Deo volente</u>, the 2025 AOS meeting in Pasadena will mark my fourth trip to that city and the first not centered around my dear friend Earl F. Nation. In 2003, Earl invited me to give the George Dock Lecture to the George Dock Society of the History of Medicine. In 2005, the AOS met in Pasadena at which time, as secretary-treasurer of the AOS, I honored Earl with a poster at the registration desk and his portrait on the cover of the Program and Abstracts booklet. More substantially, Donna honored Earl by making a Carrie Nation quilt for him; she completed it just in time for the annual banquet (Figure 1). In 2008, we flew out to California for the sole purpose of attending Earl's memorial service. Earl, a second-generation Oslerian and char-

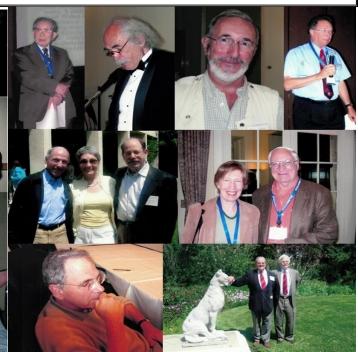


Figure 2. Shown here are eight distinguished Oslerians whom I numbered among my close friends, and whose correspondence I treasure. Top row: Shigeaki Hinohara (1911-2017) was the founder of the Japan Osler Society, an honorary member of the American Osler Society and the Osler Club of London, one of Japan's most celebrated physicians, and an international authority (and exemplar of) longevity. Lawrence D. Longo (1926-2016), who served 12 years as secretary-treasurer of the AOS during which the society grew and prospered, was one of the world's leading researchers in developmental physiology. Neil McIntyre (1934-2020), a stalwart member of the Osler Club, authority on the medical education of women in Great Britain, world-renowned hepatologist whose research opened the entire field of gut hormones, was my best friend on the other side of the pond. Chester R. Burns (1937–2006), the American physician to obtain a doctorate in the history of medicine from the Johns Hopkins University, played a key organizational role in the 1970 meeting in Galveston that led to formation of the AOS. Middle row: Mark E. Silverman (1939–2008) (right, with his brother Barry and wife Dianna), was an Atlanta cardiologist who conceived the idea of The Quotable Osler, the first large-scale collaborative project of AOS members. Charles G. Roland (1933-2009), the dean of Canadian medical historians, was a prolific and insightful contributor to the literature on Sir William Osler; he also ran the society for nine years as secretary-treasurer. Bottom row: Joseph W. Lella (1936-2020), a medical sociologist and founding faculty member of the Department of Social Studies of Medicine at McGill, was broadly steeped in the humanities as related to medicine and wrote and produced a dramatic monologue, Willie: A Dream. John Walton (Lord Walton of Detchant) (1922-2016) was an eminent British neurologist and authority on muscular disorders who served a term as Warden of Green College, Oxford, during which he occupied the Oslers' former residence at 13 Norham Gardens.

### **OSLERIAN VIEWS**

#### (Continued from page 8)



*Figure 3*. Spread over some 120 acres, the Huntington Botanical Gardens contain more than 83,000 plants apportioned into eighteen spectacular themed gardens. Our favorite was the Japanese Garden (top left). We found the cacti in bloom and especially enjoyed the Rose Garden, spread over three acres and with 3,000 plants representing 1200 cultivars. Oslerians relaxed on a bench. A solitary painter exercised his craft.

ter member of the AOS, was a universal best friend to anyone who studied the life and legacy of Sir William Osler.

Attending the 2005 AOS meeting in Pasadena were many now-departed second- and thirdgeneration Oslerians whose contributions to the Oslerian corpus remain impressive. Eight of these are shown in Figure 2; others included Charles T. Ambrose (1929–2019), Billy F. Andrews (1932–2019), John C. Carson (1927–2019), William S. Haubrich (1923–2012), Robert C. Kimbrough, III (1941–2010), Philip W. Leon (1944–2012), and John Noble (1937–2021). The 2025 meeting will inevitably reflect a trend toward fewer presentations on William Osler and more papers by medical students. One can only hope that these students will form friendships as rich and meaningful as those of their predecessors.

For those of us who live on the East Coast, a trip to Pasadena is worthwhile if only to visit The Huntington in nearby San Marino. Endowed by railroad magnate Henry E. Huntington (1850–1927), The Huntington Consists of a world-renowned research library with about twelve million volumes, an art museum with more than 45,000 objects, and about 120 acres of specialized, meticulously manicured botanical gardens (Figure 3). To my knowledge, there is nothing quite like it in the world. The Huntington complex is near and dear to our Pasadena host, Mario Molina, and it will surely be the highlight of the meeting for next year's attendees.

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## Humanities

## <u>Poetry corner</u>

#### **Products of Conception**

By Jacob Harper

You only got a label, never got a name, Never got to live your life, pursuing love and fame. We never got to hold you, the way we thought we would . Things don't always work out, the way we feel they should. It started with excitement, those two little blue lines. Couldn't wait to meet you, counting down the time. Patiently we waited, didn't want to jump the gun. "Let' s tell our folks at Christmas, wouldn't that be fun?" But it turns out these happy times were nothing but misleading, "I think there's something's wrong, this is too much bleeding". Running from a weekly quiz, straight to the fifth floor. Scanning my med student badge to get me in the door. Your first foray into OB should not be for your wife. To hold her hand and get the news - we lost a tiny life. Run back down the stairwell. can' t be late for class. For the first time in my life, I don't care if I fail or pass. Sprint back to the hospital, emotional weights in my feet draw some blood, run some tests, then grab something to eat I never cry, so why start now? That won't help a bit I feel a tear begin to form, and beg my eyes to quit. For those few weeks. we walked on air.

our faces always glowing. Every bit felt so surreal, to feel our family growing. You represented progress, the next step, the next mile. You made me feel so adult, no longer just a child. Now even as I write this, I can't help but feel so sad. Even though I was scared to death, I couldn't wait to be your dad. For the hospital staff, it was all routine, "You're done, please sign the form" There's plenty more just like us, they don 't have the time to mourn. I don't blame them, how could I? One day I'll be the same. Trying to be present, while your patient feels such pain. Trying not to rush them, but needing them to leave. Your schedule way too busy, to give them time to grieve. But being on the other side, I saw the disconnection All you'll ever be to them?

Products of Conception.

Jacob Harper is originally from Salt Lake City, Utah and is currently a 4th year medical student at the University of Texas Medical Branch. He will be applying to orthopedic surgery this fall. He and his wife are excited to welcome their first child this September.







## American Osler Society Online Application Process

Thanks to the hard work of Skip Harris with assistance from Pete Travers, a new online process has been created for application for membership, application for Bean Awards, and submission of abstracts for the Annual Meeting. The online application site for these three categories of applications will at the AOS available website: https:// be www.americanosler.org. The AOS website will be undergoing some revision, but the intent is to have the membership application embedded under the current website tab labelled "Members"; the Bean Award Application under the current tab labelled "Bean Award"; and the abstract application under the current tab "Annual Meeting".

The online application form differs based on applicant type (trainee, active, fellow). The trainee form explains the criteria for applying as a trainee and asks for an expected date of completion of all training. The active and fellow application explains the criteria for each category of membership and requests employment history and for fellowship application documentation of having presented a paper at an AOS Annual Meeting or having attended two Annual Meetings. Applications must be received by March 31st. The membership application site will open October 1.

The online application for the Bean Award must be completed before March 1. As part of the application process the student will be requested to identify and request a letter of support from a faculty sponsor. The online site will automatically send a request to the faculty sponsor who will upload their letter of support onto the website. Site opening October 1.

AOS members and others must submit proposed abstracts via the online application site which will be available from October 1-November 15. As reviewed on page 12 of this edition of the *Newsletter*, the abstract title, author(s) name(s), affiliations, and biographical sketch are limited to 80 words. The body of the abstract is limited to 380 words, and the 3 learning objectives are limited to 12 words apiece.

We are confident that these new online process will lead to a more efficient and expeditious application and review process. If you have further questions contact Lydia Lujan at <u>Administra-</u> tor@americanosler.org.

## Announcing a Supplement to the Oslerian Newsletter: Journal of the Young Oslerians

There has been much discussion over the past years about developing a journal sponsored by the American Osler Society (AOS). Costs and the practicality of putting together such an endeavor have been challenging. Although negotiations to purchase an already established journal and convert it to an AOS sponsored one are ongoing, in the interim a suggestion to provide a supplement to the Oslerian Newsletter entitled, The Journal of the Young Oslerians, has been put forward. The costs of doing so are minimal and it would provide an opportunity to develop experience in the challenges of publishing a journal. The purpose of the supplement is primarily to provide a platform for students, residents, and fellows to publish a manuscript developed from abstracts presented at the Annual Meeting of the AOS. As part of the submission process guidance for development of the manuscript would be provided by a Board of Editors assembled for the supplement. Thus, the supplement would serve as an educational process for students in developing the skills necessary to publish in professional journals.

Guidelines for publishing will be provided at a later date. The hope would be that abstracts presented by students at the 2025 Annual Meeting in Pasadena, CA. would be the primary candidates for the first supplement which would be published in conjunction with the August edition of the Oslerian Newsletter. The goal for the first supplement would be to publish 1-10 manuscripts. Students, residents, and fellows with accepted abstracts for the Annual Meeting would be identified and queried as to their interest in developing their abstract into a manuscript. Those responding positively would then be instructed on the appropriate formats for their submissions. A potential deadline for submission might be July 1, giving the submitters ample time to develop their abstracts into manuscripts. A Board of Editors would then review the manuscripts providing guidance and selecting the ones for publication. The goal is to then publish the selected manuscripts with a digital object identifier (DOI) obtained from a referencing agency so that the manuscripts may be identified online.

The Oslerian

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AMERICAN OSLER SOCIETY

Looking Ahead to Pasadena, CA

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The AMERICAN OSLER SOCIETY exists to bring together members of the medical and allied professions, who by common inspiration are dedicated to memorialize and perpetuate the just and charitable life, the intellectual resourcefulness, and the ethical example of Sir William Osler, who lived from 1849 to

We're on the Web!  $\sqrt{}$  us out at: www.americanosler.org



The 55th meeting of the American Osler Society (AOS) will be held in Pasadena, California, from May 2-5, 2025 We enthusiastically await your arrival. The weather in Pasadena is usually perfect at this time of year. Save the date now!

Call for Abstracts for 2025 Annual Meeting in Pasadena, CA, May 2-5, 2025

Abstracts will be submitted this year via an online application process for the first time. The online site will become available at <u>https://www.americanosler.org/</u> from Oct 1 to Nov 15. There are no restrictions on who may submit an abstract. The abstract title should be followed by the author(s) name(s), affiliations, and biographical sketch (limited to 80 words). The biographical sketch is a description the moderator can use when introducing you. We will print exactly what you write here in the program. You should write in the third person, e.g., if you were William Osler, you could say, "Dr. William Osler is Professor of Medicine at the newly opened Johns Hopkins School of Medicine. He is the author of The Principles and Practice of Medicine, recently published by D. Appleton and Company. Dr. Osler has held previous academic appointments at Penn and McGill in Montreal."

The abstract should be no longer than 370 words. The text of the abstract should provide sufficient information for the Program Committee to determine its merits and possible interest to the membership. The problem should be defined and the conclusions should be stated. Phrases such as "will be presented" should be avoided or kept to a minimum. Only one abstract per person will be accepted.

Three learning objectives should be given after the abstract (limited to 12 words each). Each learning objective should begin with an active verb indicating what attendees should be able to do after the presentation (for example, "list," "explain," "discuss," "examine," "evaluate," "define," "contrast," or "outline"; avoid noncommittal verbs such as "know," "learn," and "appreciate"). The learning objectives are required for Continuing Medical Education credit.

Each presenter will have a 20-minute time slot, which will be strictly enforced. Presenters should rehearse and time their papers to 15 minutes, in order to permit brief discussions and to be fair to the other speakers. Although 20 minutes might seem quite short for a paper in the humanities, our experience with this format has been overwhelmingly favorable.

**AOS Members** — *Please forward to the editor information worth sharing with one another as well as "Opinions and Letters".* - MHM (<u>mmalloy@utmb.edu</u>)