



THE OSLER LIBRARY NEWSLETTER

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Remembering Kappy Flanders

By Annmarie Adams

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28 June 2020



Kappy Flanders, a new member of the Board of Curators, died yesterday from cancer. She was 81.

Kappy Flanders was an activist and philanthropist in the field of palliative care. After witnessing the death of her husband and her mother, she dedicated herself to improving the care of those facing terminal illness. In a twist of fate, upon her own terminal diagnosis, she opted “for comfort care which, hopefully, will give me quality of life for as much future as I have left – unknown at the present,” as she wrote to friends on June 4.

Every project Kappy took on was a great success. She co-founded the Council of Palliative Care in 1994. Many will recall the “mini” series at McGill she ran for many years, bringing knowledge from a wide range of fields to the community. Just last year she launched Projection Week, which featured 50 conversations on death and dying in Montreal institutions from multiple perspectives. The last time we met, in mid-February, she wanted to discuss how she could best contribute to the library board.

To know Kappy was to be part of all these ventures. She and I met regularly for lunch, nearly always over Cobb salads delivered from Mandy’s to her elegant downtown apartment, to discuss whatever was happening at McGill. Sometimes we’d sit together at lectures and other events, which were almost always followed up by sharp next-day observations. After reading something I had written on the architecture of palliative care, for example, she emailed me: “I have spent the last couple of day mulling over, in my mind, whether palliative care/hospices should be ‘homey’ or hospital-ish. I think ‘homey.’”



Kappy Flanders at the annual Eric M. Flanders dinner at the Mount Royal Club, April 29, 2019. Photo credit: Owen Egan.

Kappy knew exactly what she wanted, which made her a great planner. This included donating her body for medical research to McGill’s Body Donor Program. In fall 2016, with her daughter Judith, we toured the anatomy lab and morgue in the Strathcona Building, with these plans in mind. Over my 30 years at McGill University I have given a lot of architectural tours, but this one was by far the most moving. And Kappy continues to enrich medical education and practice at this university through this final, selfless gift.

Kappy Flanders touched the lives of many, even those who never met her. For me, she has been a model of strength, generosity, and dignity. She is mourned by her four children, her many friends, and the Board of Curators of the Osler Library.

Pachydermes Proboscidiens -

Pachydermes proboscideus est
un être qui a un singl allongement
de l'embouche. Cette tige est com-
posée de deux os et
sert à porter les aliments à la bouche
à l'existence des animaux
à court et les jambes élevées, et
sur les os. Le corps est gros, et
à de petites colonnes d'os
développées dans le cou jusqu'
à l'existence de la mâchoire
supérieure, La mâchoire inférieure
de ce genre, l'éléphant.

— éléphant. —
Le caractère des éléphants est que
les os sont enveloppés par
la substance corticale. Ces
dents de lait sont poussées par
celles de lait poussées en avant
et de lait qui poussent
des autres jusqu'à ce qu'elles
de dents de la mâchoire inférieure
les éléphants sont les plus
le corps est épais, l'odeur
ils se trouvent en l'Inde, ils
d'habitude par les mâles
ils dorment couchés sur le

Manuscript notes from Eugène Ducrot's
Cahier d'histoire naturelle.

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Kappy Flanders, 1939-2020

Remembrances of a Formidable Advocate

By Pam and Rolando Del Maestro

“What a person leaves after them are the dreams that their name inspires and the works that make their name a symbol of admiration.”

PAUL VALÉRY
(FRENCH POET)



In February 6th, 2020 my wife Pam and I met with Kappy Flanders and her daughter Judith at our favourite restaurant, La Marinara. Rolando's reason for setting up the dinner date was to inquire if Kappy would be interested in joining the Board of Curators of the Osler Library of the History of Medicine at McGill.

The discussion that evening with Kappy was pure pleasure as these interactions always were. We reminisced about Pam and my coming to Montreal in 2000 and how Kappy had been so welcoming. She had invited Rolando to be involved in the first series of Mini Med lectures that she had organized, and we discussed how successful this novel approach to education had been. Students, young and old, busily asked questions both about medical careers and how to make a difference in their community. That evening at the restaurant we also discussed that some years ago, Kappy had come to our home with a group of other interested individuals to discuss the creation of a Palliative Care Unit at the Montreal Neurological Institute and Hospital. Over the years we attended many events organized or supported by Kappy including the recent celebration of the 15th Annual Flanders Family Visiting Professor in Medical Simulation held on November 14th, 2019. Kappy had addressed the audience with warm words but also probed how the researchers assembled would answer questions related to the role that new technologies would play in the future of simulation and medical education. Kappy took the time that evening to get our opinion on how artificial intelligence was going to improve surgical outcomes.

That evening, after good food and conversation, Rolando approached the topic of the Osler Library and outlined the important role of the Board of Curators. My hope was that she would consider being a member of the Board. Kappy had been a regular at the Medical Student Essay Prize competitions at the Osler Library. She very much enjoyed discussing the essay topics with the student presenters. Pam was aware of the plan

as we discussed our very positive experiences in encouraging medical students to participate in these competitions. The donation to the Faculty of Medicine at McGill of the Osler Library by Sir William Osler and his wife Grace was made to encourage the dissemination of knowledge and the creation of new ideas. The Osler Library has been committed to fulfilling these roles for over 90 years. We also outlined new initiatives such as the Molina Foundation's support for medical student summer internships at the Osler Library and the multiple travel fellowships that the Osler Library supports bringing researchers from around the world to do research.

One always knew when Kappy was engaged with a topic. Her eyes became more focused, her enquiries more direct. Kappy asked probing questions about the role of the Board of Curators and how she could contribute. Present issues that the Board was dealing with including governance, the development of an Osler Library contingency fund and budget reform were outlined. Her interest in medical students and education was clear but being on a library board focused on the history of medicine was something new. We were encouraged to see her interest, but she wanted to think about her decision. We all hugged, kissed and parted since it was not yet the time of Covid-19.

Over the next few weeks we exchanged a series of emails concerning the role of members of the Board of Curators. We discussed the issues facing the Library more in depth.

On February 24th Rolando received an email from Kappy which included the words:

“After much reflection and discussion, I have decided to accept your invitation to sit on the Osler Board. I am flattered to have been asked and although I still think that someone younger would have been better, I am happy to accept.”

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Kappy Flanders with Pam and Rolando Del Maestro. McGill Mini-Med Series, University Club, November 27th, 2010. Photo credit: Owen Egan.

Our delighted response: “This is great news Kappy. Not to worry we are all young at heart that is what makes us get involved in helping the community in the many ways we are still able to do.” On March 23rd Rolando informed Kappy that she was unanimously appointed to the Board of Curators of the Osler Library of the History of Medicine. Over the next months, issues being dealt with by the Standing Committee of the Board of Curators were discussed and Kappy was already providing wise counsel.

On June 4th Kappy informed us, and many of her friends, that she was diagnosed with a terminal illness.

Among the words we wrote to her after receiving this information were:

Pam and I are deeply saddened by your news but take heart from your courage.

Paul Valéry, writing of Leonardo, said:

“What a person leaves after them are the dreams that their name inspires and the works that make their name a symbol of admiration.”

Your decision to come on the Board of the Osler Library and the many other activities that you fostered for students are just some examples of your passion for the expansion of knowledge among all learners. Your loving care for all individuals showed in your dreams and years of dedicated efforts for palliative care. A dream fulfilled but lasting works which have and will continue to have the admiration of all for many generations to come.

Indeed, Kappy was the embodiment of how one fulfills Paul Valéry’s quote.

On Saturday June 25th, 2020 Kappy passed from this life.

The Osler Library Board of Curators has lost a most formidable advocate, as has McGill, the Montreal community and all humanity.

Perspective: Health Librarians on the Front Lines

By Francesca Frati

LIAISON FOR THE MCGILL INGRAM SCHOOL OF NURSING AND AFFILIATED HEALTH INSTITUTION LIBRARIES



March 13th of this year marked the beginning of a new way of doing things at McGill and affiliate libraries. This was the first day many of us began working remotely as part of the measures put in place in response to the COVID-19 pandemic. As I write this, several months have now passed and we have found new ways to ensure the continued remote delivery of most of our services, including reference, liaison services, and much of our collections. Some of our hospital-based colleagues began rotations on the most literal front lines - screening entrants at hospital doors, delivering PPE from storerooms to wards and wiping down high-contact surfaces. We are all very much aware of the ways in which our lives have changed, but lately I have been reflecting on the ways in which they have not, particularly for those of us who serve the health care specialties. While our context has changed, our core competencies of finding evidence, facilitating access, and equipping health care workers with skills and tools to better their practices remain.

We continue to collaborate with faculty in health care to plan and teach evidence-based practice so that graduates of McGill are able to enquire intelligently, to seek out information successfully, and to appraise critically what they have found in order to provide excellent patient care. Many of our students, residents, nurses, and others are already working in clinical settings while continuing their studies at McGill. Others will graduate during the pandemic and will need the knowledge and skills to navigate a newly challenging world. We continue

to collaborate with researchers, in particular those conducting knowledge syntheses such as systematic and scoping reviews, offering our search and methodological expertise in order to increase rigour and reduce research waste; knowledge synthesis is necessary given that the speed with which studies are being published has drastically increased, making it impossible to keep up with it all. It is ever more crucial to ensure that this type of research follows best practices, as many new publications become available as preprints, forgoing the usual quality check in the form of peer review in favour of timeliness. Whether in the form of literature searches and alerts, knowledge hubs, or collection decisions we continue to ensure access to high quality evidence for faculty, clinicians and administrators so that health care institutions and professionals might make the best decisions possible with their patients.

Over the past few decades, the health care model has moved towards engaging patients in their own health, and as librarians, we have worked with health care professionals and directly with patients to create and provide access to plain language information in multiple languages. Ultimately, these patients are our family members, our friends and ourselves. As misinformation related to COVID-19 proliferates, leaving us all with the daunting task of navigating to information we can trust, it is more important than ever that we make decisions about our health based on reliable evidence. As health librarians we do our part, as we always have, to contribute what we can to the rainbow of hope: “ça va bien aller”.

Call for COVID-19 Ephemera

We are living in one of those moments when people seem acutely aware of the historical importance of our collective experience. We do not yet know what the future will hold or how COVID-19 will have shaped it, but there is consensus that the pandemic is historically significant. As a history of medicine library, we would be remiss to ignore the mass of information being created around this pandemic. While colleagues elsewhere in the library are focusing on capturing digital material, we at the Osler would welcome your ephemera. The ordinary, the wacky, the mundane, but especially those things that are likely to slip away or be recycled if they are not preserved now. Do you have

posters, or leaflets from various local organizations, or unused masks (preferably visually interesting ones) that might be of interest to a future student or scholar studying responses to this pandemic? Are you keeping a journal that you would be willing to have archived in the future? We are particularly interested in items that go beyond the mainstream, but if you have something, help us document! Please reach out to us first to let us know what you have (osler.library@mcgill.ca), and so we can let you know when our receiving department is open again; for now, we remain closed and are working from home.

Predictor, Montreal, and Meg Crane: A Very Brief History of Pregnancy Testing in Canada

By Jesse Olszynko-Gryn

MCGILL ALUMNUS AND CAMBRIDGE UNIVERSITY PHD RECIPIENT, JESSE IS A HISTORIAN OF SCIENCE, TECHNOLOGY AND MEDICINE AT THE UNIVERSITY OF STRATHCLYDE, GLASGOW. HE IS CO-LEAD ON AN UK-GERMAN COLLABORATIVE RESEARCH PROJECT INVESTIGATING THE CONTESTED USE AND REGULATION OF DRUGS IN PREGNANCY AND THE RISK OF BIRTH DEFECTS SINCE THALIDOMIDE. HIS FIRST BOOK WILL RECONSTRUCT THE REMARKABLE TRANSFORMATION OF PREGNANCY TESTING FROM AN ESOTERIC LABORATORY TOOL TO A COMMONPLACE OF EVERYDAY LIFE.



redictor has come home. Initially sold in Montreal drugstores in 1971, an original “Predictor” brand pregnancy test kit, was unveiled at McGill University’s Osler Library on May 7th, 2019. The first reliable pregnancy test sold directly to women, Predictor was created by graphic designer Meg Crane in the late 1960s. At the time, Meg was employed by the New Jersey-based pharmaceutical company Organon. Fearing a backlash from conservative doctors and the church, Organon decided to test market Predictor in Canada, where abortion had been legalized in 1969. Predictor would not be approved for US sales until 1976. But in 1971, Organon set up a Canadian subsidiary, Chefaro Labs, at Rue Saint-Paul (Montreal’s oldest street), to locally distribute Predictor.



The design of the Predictor was thoughtful yet simple. Photo credit: Mary Yearl

With its test-tube and dropper, Predictor resembled a small chemistry set. The result (a visible pattern at the bottom of the tube) took two hours to form, but the test itself was 99% accurate. Although slow and clunky by today’s standards, Predictor represented a major step for women’s access to knowledge about their own (reproductive) bodies. It prepared

the way for Clearblue and the other more streamlined products that followed.¹

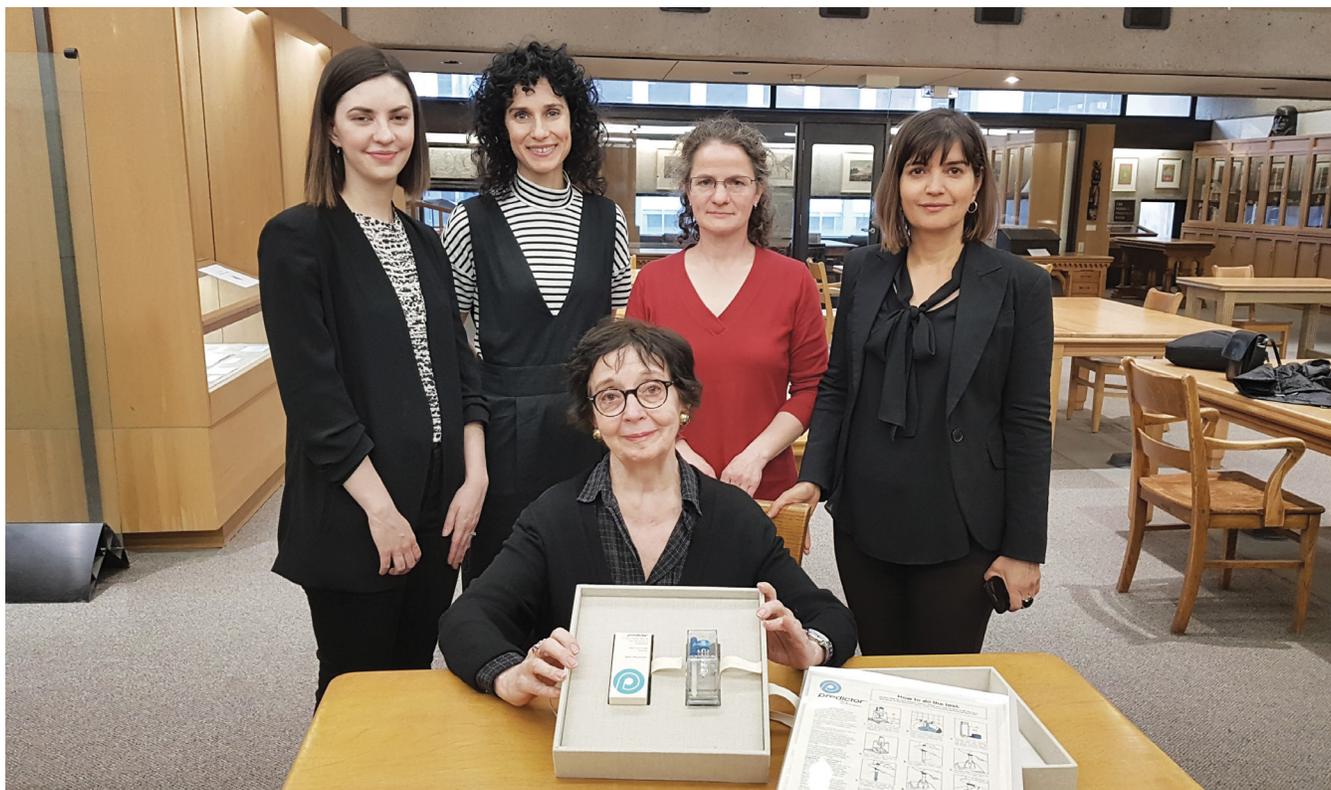
As with all subsequent home pregnancy tests, Predictor functioned by detecting the presence or absence in a woman’s urine of hCG (human chorionic gonadotropin), the so-called hormone of pregnancy. The first reliable test for hCG,² a German innovation, dates back to the late 1920s. Back then, pregnancy testing involved injecting immature female mice and then dissecting them to inspect their ovaries for visible changes induced by hCG. The need for mice and an experienced technician limited access, especially in a sparsely populated country like Canada. As an editorial in Canada’s leading medical journal lamented in 1930, the “expensive” mouse test for pregnancy could not be made “generally available” because it required “the assistance of a laboratory where a large stock of young female mice is constantly at hand, and where there are trained observers.”³

Rabbits also came into general use in the 1930s, giving rise to the American euphemism, “the rabbit died.”⁴ Crucially, women did not have direct access to either the mouse or rabbit test. Laboratories would only deal with doctors. Demand, nevertheless, steadily increased throughout the 1930s. To give a sense of scale, the University of Toronto offered an Ontario-wide service that performed over 6,500 (mostly rabbit) tests for pregnancy between 1931 and 1937; requests came in from as far as three-hundred miles away.⁵

Meanwhile, by the eve of World War II, a new test animal had come into vogue: *Xenopus laevis*, the South African clawed frog.⁶ *Xenopus* had the advantage of being reusable: because hCG induced female of the species to lay eggs (a “positive” result), no animal had to be killed or dissected in the course of a test. During the war, hundreds of *Xenopus* were flown in from Durban (via Khartoum, Cairo, Gibraltar, and London), and put to work screening new recruits into the Canadian Army Women’s Corps at Rockcliffe Hospital, near Ottawa, and at McGill’s Macdonald College (where female troops were stationed).⁷

Frogs reigned supreme until the early 1960s, when they were made obsolete by cheap, mass-produced test kits (these formed

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Speakers at the unveiling of the Predictor. In front: Meg Crane. In back, left to right: Jenna Healey, Alanna Thain, Mary Yearl, and Christabelle Sethna. Photo credit: Cynthia Tang.

the basis for Predictor). Medical control was also beginning to relax. In Canada in the 1970s, hospital labs provided free pregnancy tests, on provincial Medicare, but only when ordered by a physician. Women who did not want to go through a doctor could have a test done at a drugstore, for anywhere between \$5 and \$10.⁸ Predictor initially retailed for \$5.50. It was in keeping with the zeitgeist for an advertisement in the popular Canadian women's magazine *Chatelaine* to boldly proclaim: "Every woman has the right to know whether or not she is pregnant."⁹

Organon's Canadian adventure was, however, short lived. Despite strong sales and lack of controversy, the business-to-business company strategically retreated from consumer goods and also cancelled plans to launch Predictor stateside. Instead, Organon licensed the design to other, more consumer-oriented companies that in 1978 brought out equivalent products under diverse brand names. One of these was Acutest, the brand used by Spike in "It's Late," the ground-breaking eleventh episode of *Degrassi Junior High* (1987). Today the global market for home pregnancy tests is valued at over a billion dollars. Related products, such as ovulation tests and the Eve Kit, Canada's first home HPV test, owe much to Meg's innovation. It all started forty-eight years ago in Montreal. Welcome home Predictor.

Jesse thanks Mary Hague-Yearl for the opportunity to contribute to this newsletter and Meg Crane for generously sharing her story; Wellcome (106553/Z/14/Z) and AHRC (AH/T013281/1) for supporting the research. He is delighted to have been able to facilitate the return of Predictor to Montreal.

Please direct any correspondence to jesse.olszynko-gryn@strath.ac.uk.

1. Jesse Olszynko-Gryn, "Predictor: The first home pregnancy test," *Journal of British Studies*, 59 (2020): 638-642.
2. Jesse Olszynko-Gryn, "The demand for pregnancy testing: The Aschheim-Zondek reaction, diagnostic versatility, and laboratory services in 1930s Britain," *Studies in History and Philosophy of Biological and Biomedical Sciences*, 47 (2014), 233-47.
3. A.G.N., "The Zondek-Ascheim test for pregnancy," *Canadian Medical Association Journal*, 22 (1930), 251-53.
4. Sarah A. Leavitt, "'A private little revolution': The home pregnancy test in American culture," *Bulletin of the History of Medicine*, 80 (2006), 317-45.
5. E.W. McHenry and C.H. Best, "The biological test for pregnancy," *Canadian Medical Association Journal*, 37 (1937), 151-52.
6. John B. Gurdon and Nick Hopwood, "The introduction of *Xenopus laevis* into developmental biology: Of empire, pregnancy testing and ribosomal genes," *International Journal of Developmental Biology*, 44 (2000): 43-50
7. Stella B. Cameron, "Moses in the Laboratory," *Scientific Monthly*, 66 (1948), 488-90.
8. Donna Cherniak and Allan Feingold, *Birth Control Handbook*, 12th ed. (Montréal: Montréal Health Press, 1975), 16-17.
9. "To the woman who is wondering whether or not she is pregnant," *Chatelaine*, Sept. 1971, 98-99.

A Purpose and a Plan: Delving into the Wilder Penfield Fonds

By Rachel Black

A 2018 GRADUATE OF MCGILL'S MIST PROGRAMME, RACHEL IS THE CONTRACT ARCHIVIST WORKING ON THE OSLER LIBRARY'S WILDER PENFIELD FONDS. IN ADDITION TO BEING PENFIELD ARCHIVIST, RACHEL IS CURRENTLY THE PROJECT COORDINATOR FOR THE DATA RESCUE ARCHIVES AND WEATHER (DRAW) PROJECT AT MCGILL.

“And yet I know that, beyond it all, there is an everlasting purpose, and within each one of us there is that lonely something that links us with Divinity. The link is there, to be used or disregarded. Each must make his own choice.”

WILDER PENFIELD

NO MAN ALONE: A SURGEON'S LIFE, P. 117-118



The Wilder Penfield fonds (P142) held at the Osler Library of the History of Medicine is a fascinating collection reflecting Wilder Graves Penfield's personal life and professional career. Consisting of over 80m of records, it contains material dating from Dr. Penfield's childhood up until his death in 1976. The fonds provides an excellent perspective not only into Penfield's career at the Montreal Neurological Institute (which the bulk of the records reflect) but also into the man himself - a man who dearly loved his wife and children, and who thought deeply about religion, family and the meaning of life.

ABOUT THE FONDS

First established in 1976, the archive was administered by Dr. Penfield's Literary Executors, Dr. Theodore Rasmussen and Dr. William Feindel. Under the supervision of archivist Althea Douglas in the late 1970s and early 1980s, and partly using Dr. Penfield's original filing system, the records were arranged using T.R. Schellenberg's American Record Group style, collecting the records into 5 subgroups (Archival Material, Correspondence, Events, Objects/Artifacts, and Writings). The fonds contains a wealth of material including photographs, correspondence, manuscripts, drafts of publications and speeches, research notes, glass slides, bound reports, films and academic gowns.

As part of the collections held at the Montreal Neurological Institute (MNI), the fonds was included in the Guide to Archival Resources at McGill University, which was published in 1985. In 1987 the archive was transferred to the Osler Library under an agreement between the Board of Curators of the Osler Library and the Literary Executors of the Estate, and in 2011 the fonds was officially donated to the Osler Library, becoming part of its extensive archival holdings.



Smiling at something off camera, Wilder Graves Penfield during the winter of 1922 in Garrison, New York. (OV Photograph Album (1919-1927)).

ARCHIVAL PROJECTS

Enhancing access to the fonds has been a priority since its inclusion at the Osler Library in 2011. A first step was to incorporate newly included and described records (thereby increasing the number of subgroups to 19). This focus continued with the updating of descriptions to the current Canadian standard (the Continental French *respect des fonds*), and finally with its addition to the online McGill Library

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Archival Collections Catalogue (AtoM), an open source software to manage archival descriptions.

In 2014 the goal of enhancing access culminated in the creation of the Wilder Penfield Digital Collections site (WPDC). Supported by a grant from the R. Howard Webster Foundation, Dr. Feindel hired archivist Duncan Cowie to realize this project. The resulting online collection features digitized material from the fonds, focusing on significant items in both Dr. Penfield's life and MNI history.

The current iteration of work on the Wilder Penfield fonds, begun in December 2019, aimed to add to the previous projects' enhancement of access. To achieve this, the project was completed over the course of 26 weeks and was supervised by Mary Yearl, Head Librarian of the Osler Library of the History of Medicine and Megan Chellew, Cataloguing and Metadata Coordinator of Collection Services, McGill University Library. The main tasks completed were 1) a complete up-to-date inventory of the fonds; 2) the description of un-described records; 3) the clean-up of metadata in existing records, and; 4) the linking of digitized materials to the AtoM record.

1) A COMPLETE UP-TO-DATE INVENTORY OF THE FONDS

An inventory of the fonds was determined to be necessary as a complete box and file listing could not be found at the start of the project. Without this list, it was possible that files or entire boxes could be overlooked for description. The inventory was completed over the course of 9 days and utilized an export of data from the Wilder Penfield fonds' AtoM record to crosscheck items. It determined that there were 68 boxes potentially needing new description out of the roughly 337 boxes within the fonds. Of the 68 boxes, 28 had been highlighted at the beginning of the project as requiring further investigation.

The inventory not only identified new records which should be described and added to the fonds, but also records which potentially could be removed. The records in question are comprised of duplicates and reprints of writings by either Dr. Penfield or by those he collaborated with. It is recommended that 3 copies of an item be kept, and the others discarded. In addition, there were a number of records found which were not created by Dr. Penfield but were in fact created by Dr. Feindel during his work with the fonds. It is recommended that these records be transferred to a William Feindel fonds at a later date.

2) THE DESCRIPTION OF UN-DESCRIBED RECORDS

After confirming which records required description and addition to the fonds, most of January and February 2020 were dedicated to this task. Descriptions according to the Rules for Archival Description (RAD) were produced for part of the Administration/Neuro and the entirety of the Administration/McGill subseries, which focused on the correspondence and

administrative records Dr. Penfield created while Director of the MNI and as head of the Department of Neurology and Neurosurgery at McGill. Comprised of 23 boxes, this material was a fascinating look into the inner workings of the institution and departments in the early 20th century. I found that the most interesting documents were associated with Dr. Penfield's war efforts, or mundane issues such as noise complaints about the McGill Stadium.

In addition, this task required the description of the core of Wilder Penfield's personal and travel diaries. They had been restricted to the public until 2015 and remained undescribed. The diaries provide a glimpse into Dr. Penfield's life, work, and travels, particularly between Dr. Penfield's retirement in 1960 and his death in 1976. It is during this time period that Dr. Penfield travelled, began exploring the idea of a second career in writing, helped establish the Vanier Institute of the Family with Major General Georges Vanier, and recounted the adventures of his family. Of particular note are Dr. Penfield's thoughts on growing old, on making one's life have purpose and seeking out that purpose, and above all, his continued ardent love for his wife Helen.

3) THE CLEAN-UP OF METADATA IN EXISTING RECORDS

Between 2011 and 2015 an online searchable finding aid was created for the Wilder Penfield fonds. The data from this bespoke database became the basis for the existing AtoM record we use today to present the fonds to the public. Unfortunately, when imported into AtoM a number of errors cropped up. Associate Librarian Anna Dysert, formerly of the Osler Library and now part of Collection Services at McGill University Library, has been steadily working on this issue with the help of student workers. When this project was conceptualized the import errors in the metadata (information about the records such as dates and notes) were added to the tasks with the aim of fixing them. At the time of writing, 90% of the import errors have been resolved.

In addition, using AtoM's physical storage linking feature, the identified boxes for each file were added to the individual AtoM records for the Wilder Penfield fonds. This additional metadata will now appear to the public on the generated finding aid, helping staff connect researchers and other interested parties to the materials with more ease.

4) THE LINKING OF DIGITIZED MATERIAL TO THE ATOM RECORD

The Digital Initiatives Department at the McGill University Library has been steadily digitizing material from various McGill archives and special collections for inclusion on the main AtoM site. This includes records from the Wilder Penfield fonds. Most of the digital objects created for the Wilder Penfield fonds are hosted on the WPDC site launched in 2014.



Avid adventurers, Wilder Graves Penfield and Helen Kermott Penfield explored the countryside during down time while Wilder was completing medical training in England, April 1920. (O/V Photograph Album (1919-1927)).

Digital objects which have been created since then, primarily from specific research requests, are linked to the relevant AtoM record in order to aid discoverability. These materials mostly consist of correspondence between Dr. Penfield and his mother, and photographs of Dr. Penfield and his family. Going forward, it is hoped that an import from the WPDC site can occur, linking these existing digital objects to their relevant AtoM record.

WHAT'S NEXT?

While a great deal of work has been completed over the 26 weeks, there is always more that can be done to improve access to Dr. Penfield's archival materials. For example:

- The inclusion of access points such as descriptive tags for names, places, and subjects on records which have none currently
- Merging of similar series, such as O/B Appointment Diaries and Penfield Personal Diaries for users to find materials more easily
- The improved storage, arrangement, and description of the W/P series dedicated to Dr. Penfield's published writings
- The removal of duplicates, reprints, or materials not belonging to the fonds to allow for a more cohesive and searchable fonds
- Incorporation of the Wilder Penfield Digital Collections site's digital objects into AtoM, allowing all of Dr. Penfield's related materials to exist in one central discovery space

New avenues of collaboration and discovery could be explored as well. The MNI Library currently holds Dr. Penfield's personal book collection for example and a future project could be the description of these items for inclusion into McGill Library's catalogue. The Osler Library also holds the Jefferson Lewis Collection, which contains the records from Lewis' time writing Dr. Penfield's biography. The two series dedicated to Dr. Penfield and his wife Helen could benefit from improved description.

Further, some tasks which were part of the project, such as improving metadata, were restricted due to the global COVID-19 pandemic. For example, without access to the physical materials the work in progress on improving descriptions on the Wilder Penfield Photographs was put on hold and will need to be resumed in the future. Similar tasks which rely on the archivist being able to interact with the material will have to be incorporated into future projects.

REFLECTIONS

The Wilder Penfield fonds is amazing. The way that the fonds had been arranged by previous archivists, the projects which have been created from it, and the material itself is a testament to the impact which one man has had upon the world. One truly jumps into the fonds and finds a man who has had and who continues to have tremendous potential for discovery.

Dr. Penfield's accomplishments in neurology and medicine are profound and his scientific and medical career are often what one thinks of immediately when discussing his life. But these accomplishments just barely describe what a fascinating and engaging man he was. The personal and professional correspondence that is included and which I had the pleasure of reading shows a man who is dedicated, thoughtful, and loving. His love for his wife, his *dear choux*, shines through the pages of his letters to her and are especially prevalent in the pages of his personal diaries. One of his last diaries before his death contains reflections on Wilder Penfield's life with Helen, remarking that he does not love her even one iota less than when they first met.

His diaries also reemphasize the extremely motivated man who was behind the sheer numbers of scientific publications he produced. He was constantly looking for the purpose to his life. He found it in neurology but then struggled after his retirement to find a new purpose. This prompted his writing, his lectures and philanthropy through the Vanier Institute, and continued until the end as a few weeks before he passed he finished his last book, *No Man Alone: A Neurosurgeon's Life*.

I greatly encourage anyone interested in Dr. Penfield to explore his fonds at the Osler Library. The Wilder Penfield fonds is not just a fascinating and informative look into Penfield's literary and scientific legacy; it is also a window into the man and his life behind the science, to see the man who greatly loved his children and wife, who respected his mother and her advice, and who was constantly asking the world, *what is my purpose?*

A Librarian's Private Reflections upon the Pandemic

By Mary K.K. Hague-Yearl

OSLER LIBRARIAN



This is not the piece I set out to write. It is far less academic and presents reflections that are deeply personal. Perhaps, in these odd times, such an indulgence might be allowed. Initially, my piece was about representation and some of the work we have done at the Osler to examine our material through less conventional lenses.¹ The first draft consisted of an attempt to think critically about who is represented in the library, how they are represented, and who might be missing from our telling of the history of medicine. Even as that piece began to take shape, the pandemic and other world events spilled into and eventually consumed those early paragraphs about revealing the unseen in library content.

When we first started to gather material for this issue of the newsletter, SARS-CoV-2 had not yet been identified. As we began to think about how the newsletter might take shape, COVID-19 was in the news and was a source of concern, but there had not been any cases reported in Quebec. There were troubling signs, particularly an escalation in anti-Asian racism.² We felt the effects of the new virus before it arrived, but we were still watching from a distance. How quickly that changed.

March 13th was our last day in the library building and from that date things were suspended: for two weeks in the first instance, but even then it was clear that the pause would be extended. We had already put on hold the visit and exhibit of Michele Larose-Osler Library Artist-in-Residence Ana María Gómez López. Not long after, we confirmed the postponement of Rob Boddice's exhibit, "Experiment, Experience, Expertise: Scientific and Medical Knowledge Production, 1796-1918."

In the early weeks, colleagues shared tips and encouragement, as well as reassurances that it was okay not to be okay. We sighed that it would help if only the weather would warm up just enough that we could open the windows, enjoy our balconies.

From our hastily constructed home offices we worked, we adapted. On March 12th, a colleague and I had mused that we were looking forward to working from home because we expected that we would be able to use those two weeks to focus on completing important tasks that had been difficult to wrap up given the office buzz. Those fantasies of super productivity seem utterly absurd now. Checking in a couple of weeks later, my colleague and I were both taken aback by the degree to which work – meetings in particular – had intruded into the

home; we lamented that everything took longer to accomplish. We were not working from home in the sense that we very occasionally had done before when we wished to complete projects that required intense concentration; we were exerting impressive amounts of energy to continue working while dealing with the complex ramifications of a global trauma.

Those observations about adapting to a changing reality gave way to new thoughts, new concerns as we watched the pandemic unfold. As an historian of medicine who has a keen personal interest in issues revolving around public health, medical ethics, and epidemiology (rarely so intertwined as now), I watched the numbers – local and global – with interest and wonder. A few weeks in, I wrote that it was a bit like having prime seats to an immersive horror film with no possibility of escape.

In a general sense I was aghast at what was happening with respect to public health – particularly in the US and UK, where I have strong personal connections – but it was an understanding of the deeper implications of what was going on that caused the greatest disquiet. In that sense, my observations of the situation in Montreal were close to my concern about trends elsewhere. I watched as the course of the pandemic revealed itself incrementally and laid bare inequities in society and in healthcare. Within Canada, at a time when public PSAs repeated "wash your hands/lavez les mains," it was clear that many Indigenous communities were at increased risk due to a lack of access to safe water, not to mention the prevalence of substandard housing.³

As I sat in my comfortable home in a residential part of Montreal barely inconvenienced by the pandemic, I could only reflect each morning upon the unfairness of my own good fortune. The high-speed internet service I subscribe to is reliable; each family member has access to a unique computer; within our apartment there is space enough that we can each occupy a different room if need be. Every 7-10 days I could pick up essentials from a grocer only a few minutes' walk from my door. I could exercise in the mornings, run to the parks or to the mountain with a mask in hand, knowing that I would never come within even a few metres of another person. I could isolate, inside and out, despite living in a city.

From the safety of my home I sought out opportunities to learn: I tuned in to seminars and conferences suddenly accessible via my computer. Some were on library responses to COVID-19,

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others on the history of global pandemics. On Thursday afternoons, I listened intently to discussions organized by Evelyn M. Hammonds of Harvard's Hutchins Center, "Epidemics and African American Communities from 1793 to the Present."⁴ The dialogues confirmed what I had already observed in the first weeks of the lockdown: that even as we all experienced life during a pandemic, our experiences were vastly different. Within a few weeks of the pandemic hitting North America with force, the disparity of experience became undeniable. Running contrary to narratives that described the pandemic as a common experience (as I did in describing it as a collective trauma), reports quickly emerged that highlighted the unequal toll.⁵ In a piece that appeared on April 6th, "Coronavirus is not the great equalizer – race matters," Roberta Timothy highlighted concerns about Black and Indigenous communities in particular, but pointed out that all marginalized peoples and groups had troubling experiences with respect to health services: "how will we navigate health systems that continuously violate us? We are talking about those who, like us, live with intersectional social locations, such as race, indigeneity, age, (dis)ability, gender/gender identity, sexual orientation, refugee status, class and religion. Will these social factors play an implicit role in health-care workers' decisions?"⁶

At the end of April, I learned that a younger alumna of my alma mater had died of COVID-19. Through the alumnae network, I had followed her case from shortly after she was admitted to an ICU after having twice been refused a test and treatment, despite displaying symptoms including fever and difficulty breathing. At the time, I reflected upon the history of poor health outcomes for African-Americans, especially for African-American women. I wondered whether Rana Zoe Mungin's name might become synonymous with the fatal consequences of racism in US medicine. In a raw email sent at the time, I noted media coverage of the case but expressed pessimism about the possibility of change given the pervasiveness of racism. After referencing the Tuskegee Syphilis Study and summarizing other ethically disturbing cases in the history of medicine (e.g. Marion Sims in the nineteenth century and the case of Henrietta Lacks in the twentieth), I concluded that, "there is a history that goes back to when Europeans first arrived on this landmass. So if there is widespread distrust of the medical community, including fears that epidemics have been engineered as genocide – there are very real and very valid reasons for those feelings."

The pandemic has become yet another example of how we as humans might inhabit a common society, but divergent experiences mean that our worlds can be almost mutually-unrecognizable; it can be difficult, and painful, to realize that the benefit of belief that exists without question for some of us, is not afforded to others. This has dire consequences with respect to health outcomes.

These thoughts and observations are hardly original. On one early morning walk I listened to a short podcast that was focused on race, but which also laid bare some truths about the pandemic. Virginie Despentès's narrated letter from June 4th repeats the infamous refrain, "we are not racist, but..." and

draws specifically upon her experience in Paris, yet resonates with the situation in Montreal:

*...En France on n'est pas raciste mais pendant le confinement les mères de famille qu'on a vues se faire taser au motif qu'elles n'avaient pas le petit papier par lequel on s'auto-autorisait à sortir étaient des femmes racisées, ... En France on n'est pas raciste mais quand on a annoncé que le taux de mortalité en Seine-Saint-Denis était de 60 fois supérieur à la moyenne nationale, non seulement on n'en a eu un peu rien à foutre mais on s'est permis de dire entre nous « c'est parce qu'ils se confinent mal ». C'est en Seine-Saint-Denis qu'il y a le moins de médecins par habitant de tout le territoire. Ils ont pris le RER tous les jours pour que le travail essentiel à notre vie commune continue d'être assuré. Dans le Centre, c'était « garden-party » tous les jours, en poussette, à vélo, en voiture, à pieds... il ne manquait que les trottinettes. Mais il a fallu qu'on commente : « C'est qu'ils se confinent mal »...*⁷

What Despentès highlighted was seen elsewhere, like Black or Latinx individuals in New York City being fined for social distancing violations at rates much higher than whites.⁸ Similarly, people of colour suffer disproportionately from COVID-19 due in large part to the high percent of essential workers who are minorities.⁹ Moreover, as we have seen in Montreal North, many of the essential workers who are exposed to the virus also live in places where it is more difficult to practise physical distancing, and so are more likely to bring the virus home simply because of the circumstances of their lives.¹⁰ All of this is compounded by the observation that the greater prevalence of underlying conditions in minority populations increases the danger of COVID-19. However, as Ibram X. Kendi notes, this observation should not be weaponized to blame Blacks for what is happening: "To explain the disparities in the mortality rate, too many politicians and commentators are noting that black people have more underlying medical conditions but, crucially, they're not explaining why. Or they blame the choices made by black people, or poverty, or obesity—but not racism."¹¹

When I think about disparities in medicine, the question of representation comes to mind. Those who are being hit hardest by the pandemic are those who are least represented in historical medical works. This is not to suggest causation, but there may be something in the lack of conscious thought given to those who do not occupy a dominant role in the structures of society. At the library we do not inform current medical practice, but we do have an obligation to think consciously and hard about the intended and unintended messages our collections project.

In the introduction to the *Bibliotheca Osleriana* Sir William Osler famously wrote, "A library represents the mind of its collector, his fancies and foibles, his strength and weakness, his prejudices and preferences."¹² This reflection is but one where Osler seems fully conscious of the necessary existence of imperfection even in the most noble of endeavours. Further admission that something great might nonetheless be less than whole comes within the letter that accompanied Osler's 1909 gift to McGill of Andreas Vesalius's *De humani corporis fabrica* (1543). Osler described the importance of this gift:

“...*De humani corporis fabrica* is one of the great books of the world...This work of Vesalius is the first modern treatise on anatomy based upon dissections of the human body...Vesalius really described the body as we know it, for the first time fully.... There are grave mistakes of omission and of commission, but they appear insignificant in a volume full of such important contributions....”¹³

A similar outlook might be applied to the library that Osler assembled with deliberate thought and attention to detail. What it lacks does not undermine its strength, for it was never intended to be everything. Osler’s library is comprised of volumes that laid the groundwork for the medicine that he practised, and that he helped to advance. We acknowledge the Osler Library for the tremendous entity that it is, while being honest about what it is not; for instance, we describe ourselves as “Canada’s foremost scholarly resource for the history of medicine” yet we often struggle to find materials to guide those interested historical approaches to healing among Canada’s Indigenous Peoples, or indeed any of any marginalized groups. COVID-19 has reminded us to look beyond: we do not seek to be comprehensive, for that is impossible and would lead to superficiality. Instead, rather than trying to fill voids that we cannot or should not fill, as librarians we might strive to serve as portals for access to those who are custodians of their own knowledge, their own truths, their own experiences. This we can do even as we think about how we can strengthen our own holdings and expand representation so as to be appropriately inclusive.

During these times of personal and institutional growth, the words of Osler have often come to mind. As the world around demands a fresh examination of what we thought we knew, Osler yet again has sage advice:

*Start out with the conviction that absolute truth is hard to reach in matters relating to our fellow creatures, healthy or diseased, that slips in observation are inevitable even with the best trained faculties, that errors in judgment must occur in the practice of an art which consists largely of balancing probabilities;—start, I say, with this attitude in mind, and mistakes will be acknowledged and regretted; but instead of a slow process of self-deception, with ever increasing inability to recognize truth, you will draw from your errors the very lessons which may enable you to avoid their repetition.*¹⁴

1. In the fall, we hosted a workshop, “The humoral basis of race difference? Depictions of race in medicine within the holdings of the Osler Library of the History of Medicine,” to complement Jonathas de Andrade, *Counter-Narratives and other Fallacies*, Leonard & Bina Ellen Gallery, Concordia University. Though now postponed until May 2021, I was due to talk on “Covering the feminine form in Osler’s Library and the Osler Library of the History of Medicine,” at a conference organized by Hélène Cazes, *Images et imaginaires du sexe féminin : discours et représentations*, 16^e-21^e.
2. Reports of anti-Asian racism increased rapidly in January in February. Fears of violence were realized just prior to the first period of confinement: “Montreal police suspect hate crimes

- after vandals hit Buddhist temples, Chinatown,” March 4, 2020, <https://www.cbc.ca/news/canada/montreal/vandalism-temple-1.5485151> and there was a double stabbing near an Asian grocery store just a few days after all but essential businesses closed, “Montreal’s Korean consulate issues safety warning after man stabbed,” March 18, 2020, <https://www.cbc.ca/news/canada/montreal/koreans-montreal-safety-warning-1.5501963>.
3. Shirley Thompson, Marleny M. Bonnycastle, Stewart Hill, “COVID-19, First Nations and Poor Housing,” Canadian Centre for Policy Alternatives, May 20, 2020. <https://policyalternatives.ca/publications/reports/covid-19-first-nations-and-poor-housing>.
4. “Project on Race & Gender in Science & Medicine,” Hutchins Center for African & African American Research, Harvard University: <https://www.youtube.com/channel/UC6H3qLOyc19DG72nFOcFdA>.
5. See, for example: Keeanga-Yamahtta Taylor, “The Black Plague,” *The New Yorker*, April 16, 2020. <https://www.newyorker.com/news/our-columnists/the-black-plague>. By the time of writing, the impact was clear: Amy Goldstein and Emily Guskin, “Almost one-third of black Americans know someone who died of COVID-19, survey shows,” *Washington Post*, 26 June 2020. https://www.washingtonpost.com/health/almost-one-third-of-black-americans-know-someone-who-died-of-covid-19-survey-shows/2020/06/25/3ec1d4b2-b563-11ea-aca5-ebb63d27e1ff_story.html.
6. Roberta K. Timothy, “Coronavirus is not the great equalizer - race matters,” *The Conversation*. 6 April 2020. <https://theconversation.com/coronavirus-is-not-the-great-equalizer-race-matters-133867>.
7. Virginie Desportes, “Lettre adressée à mes amis blancs qui ne voient pas où est le problème,” <https://www.franceinter.fr/emissions/lettres-d-interieur/lettres-d-interieur-04-juin-2020>.
8. Erin Durkin, “Black and Latino New Yorkers get vast majority of social distancing summonses,” 8 May 2020, <https://www.politico.com/states/new-york/albany/story/2020/05/08/black-and-latino-new-yorkers-get-vast-majority-of-social-distancing-summunes-1283223>.
9. Catherine Thorbecke, “‘Heroes or hostages?’: Communities of color bear the burden of essential work in coronavirus crisis,” 22 May 2020, <https://abcnews.go.com/Business/heroes-hostages-communities-color-bear-burden-essential-work/story?id=70662472>.
10. Verity Stevenson and Benjamin Shingler, “COVID-19’s devastating toll on families in Montreal’s poorest neighbourhoods,” 15 May 2020, <https://www.cbc.ca/news/canada/montreal/montreal-low-income-inequality-covid-19-1.5570296>. Though the numbers may have paled in comparison to US cities, Montreal’s case did stand out within Canada and was noticed by the international press: Tracey Lindeman, “Why are so many people getting sick and dying in Montreal from COVID-19?” 13 May 2020, <https://www.theguardian.com/world/2020/may/13/coronavirus-montreal-canada-hit-hard>. Meanwhile, a local video was made to highlight the parallels between racism and society’s response to the pandemic: <https://montreal.ctvnews.ca/video-starring-quebec-front-line-workers-compares-covid-19-to-racism-1.4923099>.
11. Ibram X. Kendi’s commentary, “Stop blaming Black people for dying of the coronavirus,” *The Atlantic*, April 14, 2020, <https://www.theatlantic.com/ideas/archive/2020/04/race-and-blame/609946/>.
12. William Osler, “The Collecting of a Library,” in W.W. Francis, R.H. Hill, and A. Malloch, eds., *Bibliotheca Osleriana* (Oxford: Clarendon Press, 1929), p. xxi.
13. William Osler, “Note on the first edition of the anatomy of Vesalius 1543,” 9 March 1909.
14. 14 William Osler, “Teacher and Student,” *Aequanimitas*, 38; see also, *Quotable Osler* 578.

What Would Willie Do?

By J. Jeffery Semaan

MCGILL ALUMNUS (MD, CM), PRESENTLY AN INTERNIST AND ASSISTANT PROFESSOR AT HARVARD MEDICAL SCHOOL. IN THE SPIRIT OF ENCOURAGING STUDENT EMPOWERMENT AND INTERNATIONAL COOPERATION, HE INITIATED THE ANNUAL HARVARD-MCGILL MEDICAL STUDENT EXCHANGE.



I am neither an historian nor seer.

I am an Internist who, since March of 2020 has spent more time sitting in front of his computer than ever before and more than ever he could have imagined.

As a medical Internist, I am now “seeing” my patients through their mobile phones onto my computer screen. The Pandemic of 2019 has forced both patient and physician into their corners. It has forced the medical profession to develop a new skill-set to connect, diagnose and treat patients without being in the same room. We have had to relinquish the time-honored bedside method to a new telephonic and televisual electronic communication.

This medium has spilled into nearly every medical specialty, including in-patient consultation where a specialist will obtain the history and “perform” their physical examinations from their offices instead of attending to the patient at the bedside.

Using these mediums, physicians will get a general sense of the patient by listening to the strength, pitch, and tone of their voice. General appearance will be mostly relegated to the face. The patient’s histories will be elicited. With diverse levels of skill on both sides of the camera, the physician can have the patient perform maneuvers to evaluate the various systems such as certain nerve functions and orthopedic integrity. With additional navigation and skill, the physician might be able to have the patient adjust camera angles and have the patient self-palpate bodily locations to assess tenderness or masses. With patient home devices we can obtain blood pressures, weight, temperature, and heart rate. With savvy, one might be able to obtain respiratory rates and with excellent resolution, perhaps pick out an obviously suspicious mole.

Medical schools are gearing up to make this “virtual medicine” part of the curriculum and counting on the mix of experienced clinicians and computer scientists to teach this new skill. Are we being asked to help train students of medicine to communicate, diagnose, and treat in a “virtual visit” everything from a mole to an infection to chest pain to weight loss to depression?

One hundred years ago, on December 29th, 1919, the accepted “Father of Modern Medicine” and perhaps more to the point: “Father of bedside teaching” died. Sir William Osler spent his last year of life living through the great H1N1 Pandemic of 1918. He died at its nadir and died of bacterial Haemophilus influenzae infection (aka “Pfeiffer’s bacillus”, “Bacillus

influenzae”, or “influenza bacillus” at the time) and not directly due to viral influenza.

The 1918 pandemic raged killing over 50 million people on the heels of The Great War (then over-optimistically called: “The War to End All Wars”). As opposed to the SARS-CoV-2, the H1N1 virus inflicted a major blow to the young and strong. Football field-sized infirmaries were filled by stricken 20 and 30 year olds. Facemasks, isolation, lockdowns, fear, racism and all that we find familiar today were the thing of the day. Then, we were just learning through the works of Robert Koch (and nearly 900 years after Ibn Sina’s description of the contagious nature of tuberculosis and ideas of quarantine) that microscopic organisms could cause disease. (1) (2)

In fact, you can find a most interesting exchange at Johns Hopkins at the time:

Dr. W. G. MacCallum: “In view of the fact that we have always found the influenza bacillus as an occasional invader and now find that it can produce alone a peculiar type of pneumonia, I still believe that there is some other cause of the epidemic disease influenza and that the influenza bacillus, like the streptococcus, staphylococcus and various types of pneumococcus, is merely a secondary invader.”

Dr. Wm T Howard: “Perhaps it would interest you to know something of the disease as we saw it from the health department. It started here about Sept 20, apparently on the east side of the city. The first cases we heard of occurred in the private practice of two physicians who were also health officers. The early cases were almost entirely among men working at the government construction camps. These physicians told me at first the disease was entirely a disease of men; but in the few days they changed their tune. The men who had the disease were mostly married, and in a few days their wives came down with it and shortly afterwards their children, and in many families all the children. The disease spread rapidly at Locust Point, where many men work on ships as stevedores, or on repair work of steamers from Europe. We lost over 3500 people in Baltimore in the month of October by death in connection with this epidemic.”

Dr. S. B. Wolbach finishes the discussion: “I am perfectly willing to concede great deal on this question of etiology. Everyone has been kind enough not to mention this evening the fact that Nicolle (Charles-Jules-Henri Nicolle, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2819868/>) has already announced the discovery of a filterable virus for influenza. There was an account of it in the last number of the Journal of the American Medical Association. Nicolle was able to produce grip-like sensations in

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Six Harvard Medical School students pose with McGill Law Professor Daniel Weinstock following his talk and an engaging discussion on 1 June 2018.

man and monkey, with an incubation period of six days, by the injection of filtrates of secretions diluted with salt solution from influenza cases.” (3)(4)

In England, where Osler spent his final years, and specifically Oxford, Osler’s final employer, has charming bit of history whereby during the Plague of the 14th century, academics and students alike fled the university for the safety of the countryside (leaving city dwellers to fend off the Black Death on their own). This history of elitist abandonment is still remembered in Oxford (as told to me by my tour guide) and did negatively affect the quality of education for the following 25yrs. This pattern was experienced all over Europe. (5)(6)(7)(8)

Today’s pandemic comes with technological options not available to those of the 14th or early 20th centuries, let alone the last ten years.

We have entered into an environment of learning called “distance learning,” where teacher and student can quite literally be half-way around the world in different cities and different time zones to have their sessions of lectures and “virtual bedside” learning.

I can see problems with distance learning from general access to quality internet and its corresponding hardware, educational materials, laboratories, and the simple yet important exchanging of ideas that often come with conversations with colleagues and classmates before, during, and after classes in both formal and informal settings.

Dr. W. S. Thayer remembered Osler’s philosophy on learning medicine: “Use your five senses. The art of the practice of medicine is to be learned only by experience; ‘tis not an inheritance; it cannot be revealed. Learn to see, learn to hear, learn to feel, learn to smell, and know that by practice alone can you become expert. Medicine is learned by the bedside and not in the classroom.”(9)

Osler was a fierce critic of societal failings to protect its populace. He railed on the public health policies of Baltimore in the 1890s:

“The penalties of cruel neglect have been paid for in 1896; the dole of victims for 1897 is nearly complete, the sacrifices will number again above 200. We cannot save the predestined ones of 1898, but what of the succeeding years? From which families shall the victims be selected? Who can say? This we can predict—they will be of the fairest of our sons and of our daughters; they will not be of the very young, or the very old, but the youth in the bloom, the man in the early years of his full vigor, the girl just wakening into full life, the young woman just joying in the happiness of her home. These will be offered to our Minotaur, these will be made to pass through the fire of the accursed Moloch. This, to our shame, we do with full knowledge, with an easy complacency that only long years of stunning can give.”

And in regard to TB in Baltimore: “I have been enabled in the past three or four years to have two of the medical students of The Johns Hopkins University visit every case of pulmonary consumption that has applied for admission to the dispensary of our hospital, and I tell you now that the story of these students brought back is a disgrace to us as a city of 500,000 inhabitants. It is a story of dire desolation, want and helplessness, and of hopeless imbecility in everything that should be in our civic relation to the care of this disease.”(10)

During public crises, we must guard against premature conclusions based on fear and bad or incomplete information. Naomi Klein’s study elucidated in her 2007 book, *The Shock Doctrine: The Rise of Disaster Capitalism*, illustrates what can happen when a population is scared into submission and gives up the cause for reflection for the greater good. Osler stated: “The greater the ignorance, the greater the dogmatism.”

What are we missing with this new form of practicing and teaching medicine in the era of texting and emojis to replace intimate conversation? To what extent will Teleteaching and Telepracticing medicine supplant our traditional ways and how will it affect the quality of education and the practice of medicine and the relationships between teacher and student and between physician and patient?

I am told that Telemedicine is here to stay. I think this is true. The pressures of schedules on both sides of the physician-patient see-saw and whatever pressures are applied by payers will bear heavily on the outcome.

I sit with my patients and my students, physically alone, physically distancing as I try to heal and try to teach. I work hard on staring directly into the camera to let the patients and students feel that I am intensely listening while trying to quickly glance at my screen to look at their faces and into their eyes hoping that they do not construe this as inattentiveness. We have now inpatient “teleconsults” where specialists do not even enter the hospital to see the patients during their most intense suffering. Would Osler be proud of our attempts or would he warn that we are potentially dangerously going off course?

So, what would Osler do? Who knows. I do believe, however, that at the very least he would look at us and ask: “Well, what DO YOU do?”

First, we must admonish ourselves for not knowing that infections capable of epidemics and pandemics WILL occur. We were never told “if” it will occur, we were warned that it WILL. Did we let our reliance on technology and medical advances lull us into an intellectual coma? Infections spread through the physical world, it is not as if we do not know of the limited ways bacteria and viruses spread. To not have the simple physical barriers available at the ready is mind-boggling.

The US tried to pass a Sanitary Reserve Bill and many medical schools introduced Sanitation and Public Health courses during and after the 1918 pandemic. Sadly, I believe that the Sanitary Reserve Bill never passed, a testament to the past and warning to the future. (11)

We have asked that our senior medical students now quickly and prematurely graduate in order to help in the cause and bedside teaching go into hibernation. Similar situations were experienced in 1918. (12)(13)

What are we missing with this new form of practicing and teaching medicine? We are missing the essence of the profession. We are missing being in the empathetic trenches with our patients. We are missing the unconscious nuances of our patient’s micro-expressions, a window into the amygdala. We are missing seeing the subtle flushing, jaundice, icterus, faint rash, or irregular mole. We are missing the smell so often a nuance of health or illness. We are missing the sound of a murmur or lack of a bowel sound to infer a diagnosis. We

are missing the feel of a thyroid nodule or the production of pain over the appendix. We are missing seeing the whole person as he/she moves through time and space. Our tools are helpless through the monitor: my stethoscope, otoscope, and ophthalmoscope lay idle. (14)(15)

I believe that the experienced clinician-teachers need to preserve the bedside tradition of medicine. I write this with an open mind to technological advances so innovative in learning (I think of McGill’s Neurosurgical Simulation and Artificial Intelligence Learning Centre). But I remain convinced that the learning of medicine that integrates so many facets of the human condition will always require the “being with the patient” aspect of the profession.

In this pandemic we need to protect our most valuable assets that will bring health back to our patients and our society. In 1919, *The Johns Hopkins Hospital Bulletin* opened its 30th volume with the toll that the 1918 pandemic took from Baltimore. The nurses took the brunt. (16)

Looking ahead, we must have forward thinking scientists and academicians that will have contingency plans not just to treat patients and protect those who do, but to continue to train our students, the very cadre that will take care of us and our children. I hold back on sounding alarmist, but I worry that even losing a year of bed side teaching will harm the quality of the clinician and potentially warp the mind into a presumed acceptable new way to practice and teach medicine. I worry of premature entrenchment of this “new order”.

As we scramble to protect ourselves from today’s virus, I see mounds and mounds of daily waste as protective gear is laid upon an already-present mountain of used protective gear. We have become a throw away culture where we seem to work hard at preserving our current lives without thought to our future lives. Osler loved to take his son fishing. I might imagine his fright to see the oceans filled with plastic or to hear of far-fetched ideas of shooting our garbage into space. (17)(18)

We must do more as public policy to protect our natural world. The medical profession, for example, needs to package intelligently. We need to find ways to sanitize and reuse our protective gear or find other innovative ways to keep healthcare workers and patients safe, without producing megatons of waste that will pollute and eventually erode our health. Let’s remember Louis Pasteur and Joseph Lister. (19)

“Medicine is not a competition; it is a collaboration” has been my motto and one that I have tried to instill into students. This has inspired me to lead an exchange between 1st and 2nd year students from Harvard and McGill medical schools. Each year I have brought six Harvard students to McGill for a weekend and then six McGill students to Harvard on a different weekend. With the generosity of professors and teachers on either side of the border I am able to organize one day of Friday lectures pertaining to something unique to the respective



McGill students in front of MGH heading in for their talk on the history of the Bulfinch Building's Ether Dome, where the first public demonstration of inhaled ether took place in 1846.

medical school, city, or country. After the lectures, the students host their visiting guest to discuss their experiences at their medical schools over the rest of the weekend. This is a unique program as it encourages an exchange of inter-school/inter-country cohorts at a very early stage in their training in a very intimate way as each will host their cohort in their apartment for the weekend. It is my hope that this will fuel student-led ideas on early education and experiences to help unblind institutional biases and foster international cooperation and help us continue to perfect our teaching.

I hold no grudges against the electronic super highway of information. This sharing of data has transformed the speed of scientific progress as data from all corners of the world is shared in almost real time. I am certain that this form of collaboration will free us from our current pandemic and spurn great advances in medicine.

But I do hold that it is the personal relationships that medical professionals have that will push both the art and the science of medicine even further. It comes down to the personal that will build our trust between each other and our patients. It comes down to: Being There.

Six months before his death, Osler stated: "I recall my vagrant career-Toronto, Montreal, Philadelphia, Baltimore, and Oxford as a teacher...Many cities, many men. Truly with Ulysses I may say 'I am part of all I have met' ...Loving our profession and believing ardently in its future, I have been content to live in and for it. A moving ambition to become a good teacher and a sound clinician was fostered by opportunities of an exceptional character and any success I may have attained must be attributed in large part to the unceasing kindness of my colleagues and to a long series of devoted pupils whose success in life is my special pride..."(20)

Let's think this through.

1. There Wasn't a Lot of Comforts in Those Days: African Americans, Public Health, and the 1918 Influenza Epidemic, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2862340/>
2. The Air of History (Part V) Ibn Sina (Avicenna): The Great Physician and Philosopher <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3970379/>
3. Bulletin of the Johns Hopkins Hospital, Vol XXX, No. 338, page 110 <https://babel.hathitrust.org/cgi/pt?id=njp.32101079824916&view=1up&seq=9>
4. Discovery and characterization of the 1918 pandemic influenza virus in historical context, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2391305/>
5. Higher Education and Pandemics: <https://www.bestcolleges.com/blog/higher-education-and-pandemics/>
6. Medieval Oxford, <https://www.britainexpress.com/cities/oxford/medieval-oxford.htm>
7. The Effect of the Black Death on English Higher Education, <https://www.jstor.org/stable/2847661?seq=1>
8. Cultural and Intellectual Responses to the Black Death, <https://dsc.duq.edu/cgi/viewcontent.cgi?article=2412&context=etd>
9. Bulletin of the Johns Hopkins Hospital, Vol XXX, No 341, pp198-199, <https://babel.hathitrust.org/cgi/pt?id=njp.32101079824916&view=1up&seq=9>
10. Bulletin of the Johns Hopkins Hospital, Vol XXX, No. 341, pp 340-342, <https://babel.hathitrust.org/cgi/pt?id=njp.32101079824916&view=1up&seq=9>
11. The Sanitation Reserve Bill: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1362087/?page=1>
12. Annals of Internal Medicine, Influenza in 1918: Recollections of the Epidemic in Philadelphia. 1976: 3rd and 4th year cancelled: <https://www.acpjournals.org/doi/10.7326/0003-4819-145-2-200607180-00132>
13. Penn Medicine News, Flu Forward 1918/2018: <https://www.pennmedicine.org/news/publications-and-special-projects/penn-medicine-magazine/archived-issues/2018/winter2018/fluforward>
14. Automatic Micro-Expression Analysis: Open Challenges, *Frontiers in Psychology*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6692451/>
15. A Review on Facial Micro-Expressions Analysis: Datasets, Features and Metrics, https://www.researchgate.net/publication/325008496_A_Review_on_Facial_Micro-Expressions_Analysis_Datasets_Features_and_Metrics
16. Bulletin of The Johns Hopkins Hospital, Vol XXX, No 335 pp 1-9, <https://babel.hathitrust.org/cgi/pt?id=njp.32101079824916&view=1up&seq=9>
17. More masks than jellyfish': coronavirus waste ends up in ocean, <https://www.theguardian.com/environment/2020/jun/08/more-masks-than-jellyfish-coronavirus-waste-ends-up-in-ocean>
18. Here's Why We Can't Just Throw Our Garbage Into the Sun, <https://www.popularmechanics.com/space/a196666/we-cant-just-throw-our-garbage-into-the-sun/>
19. Using the Power of Light: Preventing the Airborne Spread of Coronavirus and Influenza Virus, <https://www.crr.columbia.edu/research/using-power-light-preventing-airborne-spread-coronavirus-and-influenza-virus>
20. The Life of Sir William Osler by Harvey Cushing, page 1346: https://cell2soul.typepad.com/cell2soul_blog/files/life_of_osler.pdf

Navigating a Fire and a Pandemic: The Experience of a Student Worker

By Victoria Owusu-Ansah

A 2020 MCGILL GRADUATE WITH A BACHELOR'S DEGREE IN INTERNATIONAL DEVELOPMENT AND A MINOR IN POLITICAL SCIENCE, VICTORIA JOINED THE OSLER LIBRARY IN 2018 AS A PROJECT ASSISTANT.

INTRODUCTION



I applied to the Osler Library with the presumption that it would be a calm experience from which I would learn new skills, but also to adapt to a workplace environment as a precursor to the post-university life. While I did learn new technical skills and got acquainted with the workplace atmosphere, it was a much more dynamic and personally pedagogic experience than I imagined.

CHALLENGES: THE BIG MOVE AND THE APPEARANCE OF COVID-19

One month after I started working at the Osler, a fire on the roof changed everything. After the fire, the Osler library moved to the McLennan Building to share space with the Rare Books and Special Collections library. My duties before and after the big move were overall similar. However, I had to once again familiarize myself with a new environment, learn the ins and outs of the Rare Books Library's facilities, the various services offered, and all the small but essential procedures integral to operating a library that may nonetheless vary between branches, such as requesting a book or putting a book on hold for a patron.

Aside from familiarizing myself with Rare Books, re-learning the location of Osler materials was also a challenge. The books whose order I had come to know had been dispersed - most on the rare books floor, but the circulating collection in the basement - and since I could not often leave the front desk, it took a while to get acquainted with our collection's new shelving locations. Nonetheless, these difficulties were minimized by the support I received from the Osler Team and the staff at Rare Books and Special Collections; they made the transition a breeze and were present to answer my questions.

Where my start at the Osler was marked by the fire, my work ended after the appearance of COVID-19. The transition from working at the library to working alone in my home was probably a bigger transition than the one from McIntyre to McLennan. From transcribing my duties to an online format to not being able to go out or see my friends and colleagues, I found my time during lockdown difficult. Yet with the help of my supervisor, I was able to find different ways to support the library and its patrons. Some of my duties during that time

were to update the Osler Library Website by making note of all the broken links on each page and I was also involved in creating social media content. Lastly, the weekly check-up with the Osler team often brightened my days. Especially since I live alone, it was nice to see familiar faces. During these virtual meetings, I felt comfortable expressing my thoughts, whether they were optimistic or not.



Victoria Owusu-Ansah at the Osler Library circulation desk, 4 July 2018. Photo credit: Merika Ramundo.

THE TYPES OF WORK I DID

My work time was predominantly spent at the front desk assisting the patrons and librarians in their various tasks and research. A regular day at the library consisted of answering questions and concerns from our readers regarding our services and our collections but also helping any librarian who might need to set up the conference room for a class. Additionally, I was able to take part in different projects such as one in the library cataloging department under Anna Dysert's guidance. I transcribed data from the Osler Library Archive Collections website to the main McGill Archival Collection Catalogue (AtoM). I updated Wikipedia and Wikidata pages by including links to AtoM related to Osler material. There were also instances where I helped with the installation of displays for an exhibition or ceremony.

One event I remember fondly was when the Osler team had to install some of Sir William Osler's belongings and other medical tools at the Faculty of Medicine for a private event. It was pouring

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that day and we had to juggle our umbrellas in one hand while grasping cumbersome sealed containers full of materials. We were slightly pressed for time and partially wet when we arrived, yet I saw the amount of detail and perfectionism that went into making sure each piece was precisely in its place, neatly set with its captions. The display turned out amazing.

Lastly, some of my more mundane duties involved fetching an item for a patron, which could be bittersweet. In the situations where the patron requested a specific item, for instance a letter or a photograph from a sizeable collection, it was tedious to rummage through the boxes yet since I did not often come in contact with the Osler material, I enjoyed exploring its content. I would stumble on personal and light-hearted letters between two authors or even British administrative papers discussing World War II tactics. Being in the presence of so much history, I could not help but wonder what they felt or experienced at that time. Overall, my duties encompassed a variety of activities, each more engrossing than the last.

SOME MATERIALS FROM THE COLLECTIONS THAT MADE AN IMPRESSION

One item that made an impression on me was the *Cahier d'Histoire Naturelle* by a student named Eugène Ducrot. Ducrot studied at the Collège Royal de Moulins in France in the 1830s during the July Monarchy. His notebook is filled with detailed and neat notes on various subjects relating to medicine and natural history. As a student, I can only be impressed by such dedication and thoroughness. Besides his impressive notetaking skills, I was surprised by his artistic ones; in his

notebook he includes drawings of human anatomy, zoology, and botany. While I cannot attest to their accuracy, they remain aesthetically pleasing. There is a page filled with little monkeys hanging from a tree having fun, which I thought was amusing, yet these drawings are annotated which puts them back into their academic sphere.

Another aspect of the Osler Library that touched me was the Osler Room in the McIntyre Building. While it is not a manuscript or an atlas it appeals to me on a personal level. I cannot speak extensively on Sir William Osler's medical prowess, but his humanity is irrevocable. Aequanimitas - "imperturbability" and "equanimity" - is what I feel when entering the Osler Room. Its cocoon-like feature creates a sense of safety and peace where one can decompress and declutter the mind. I regret not spending enough time inside it.

CONCLUSION

My two years and a half working at the Osler Library were far from the calm ride I envisioned, yet it was more rewarding than I would have thought, professionally and personally. Through those two upheavals, I met great people even friends with whom I am still in contact with today; I learned extensive nuggets of information on western medicine - which I cannot wait to repeat at a party - but also realized how important adaptability and openness are in a work environment. While COVID-19 cut short my time as a student worker, I am forever fond of the Osler Library and its team and every librarian, clerk, and supervisor who wonderfully run this ship.



Sketches from Eugène Ducrot's *Cahier d'histoire naturelle*.

Convergence of Identity and Allyship during COVID-19: Perspectives from an Asian-Canadian Resident Physician

By Steph A. Pang

MCGILL GRADUATE (MD, CM 2019), CURRENTLY RESIDENT PHYSICIAN IN INTERNAL MEDICINE AT MCGILL;
FORMERLY CO-PRESIDENT OF THE MCGILL OSLER SOCIETY (2016-17).



As a resident physician, I have spent the past few months at the hospital navigating day-to-day challenges such as sudden redeployment to serve critical care services, supporting patients and families in times of heightened fear and isolation, rapidly-changing infection control protocols, the stress of potentially catching COVID and transmitting it, the possibility of personal protective equipment shortages, fellow residents being hospitalized for respiratory failure, and the loneliness of being away from friends and family. In the midst of chaos, uncertainty and a heightened sense of mortality, I have found myself thinking often about what matters to me. My thoughts reaffirmed that it is important for me to understand the intersecting personal and cultural identities each physician brings to the profession, and the social responsibilities this entails.

As a person of colour, I am no stranger to experiencing racial discrimination. Since the start of the COVID pandemic, incidents of anti-Asian racism in Montreal have risen, though there has not been much attention in the media nor in our communities. It has been painful for me to witness and hear about these anti-Asian encounters in my own circle. When grocery shopping, my Hong Kongese relatives received many glares from fellow shoppers that they did not experience pre-COVID. Weeks ago, my good friend from McGill medical school, who is of Chinese descent and is now a resident physician, went jogging to destress from her hospital shift. A man came up to her on an empty street and threateningly yelled, "CHINESE VIRUS!" Another friend invited me to join the recently-formed Facebook support group named "Groupe d'entraide contre le racisme envers les asiatiques au Québec," and I learned that sadly, my relatives' and resident friend's experiences were not the exception. In this group, I saw news articles about vandalism left on Buddhist temples attended by Asian Montrealers to Asians being stabbed in the streets of Montreal in COVID-related hate crimes. There were days when I was afraid to walk in public even in broad daylight, and I would put on sunglasses to hide my eyes, which otherwise give

away my ethnicity. Because it is culturally ingrained in Asian cultures not to complain, even when we have been wronged, Asian Canadians often quietly endure these incidences of hate. Despite our perceived silence, I know that all of us deeply appreciate friends and colleagues reaching out to express solidarity and indignation at this wave of anti-Asian racism - and just as importantly - publicly speak out against it.

While Asians like myself have been on the receiving end of increased racism, recent media coverage of police violence against Black people have made us Asians confront discomfiting truths. Though we are a visible minority, our community also plays a role in anti-Black racism, whether by remaining silent in face of overt discrimination against Black individuals or by continuing to perpetrate prejudicial stereotypes. I have, for example, seen Asian media articles explain the disproportionate rates of violence endured by Black communities as moral failures, rather than violence being a product of centuries of systemic racism and marginalization. Most prevalently, colourism, or discrimination based on (dark or darker) skin colour, persists throughout Asian communities today. Recently, I was discussing with a Polish colleague about cultural expectations surrounding choices for life partners; I told her I know Hong Kongese individuals who have faced condemnation from family for marrying people with skin darker than ours. There have been times when Asians of older generations made anti-Black remarks that I disagreed with, but I did not speak out because I adhered too strictly, in retrospect, to our cultural norms of not challenging elders.

As a physician, I must additionally confront my profession's complex relationship with racism and exploitation of Black communities, in history and in contemporary times. I find myself remembering the Osler Lecture from 2017 by historian Dr. Susan Reverby, where she detailed the Tuskegee and Guatemala syphilis experiments. When I had attended as a medical student, she left a great impression on me when she said that it is easier to denounce historical figures for what would be considered outright unethical and racist by today's standards.

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However, the real challenge now is to inspect ourselves: How do we, in the 21st century, continue to perpetuate racism, despite our best or unknowing intentions? Black scholar Dr. Ibram X. Kendi pushes the idea further - it is insufficient to be simply “not racist”, as it takes on a cover of passive neutrality that does not challenge the status quo in society. Kendi argues that the ideal is to work towards being “anti-racist”, which consists of actively confronting racial inequities. How can we better educate ourselves, to unlearn decades of internalized racism and address discriminatory thoughts and behaviours? How can we concretely engage, on individual and structural levels, to curtail injustices experienced by people of colour, especially Black people? These are tough questions to ask and to answer, whether you are from a non-Black ethnic minority group like myself, whether you are a physician whose goals are to serve all patients equitably, or whether you have been an ally to equity, diversity, and inclusion efforts for years.

I ruminated on these questions as I went about my days within the walls of the hospital. While I was working on the wards, I took care of an elderly Black gentleman with advanced dementia. We had a very pleasant routine that unfailingly brightened my long days. We would greet each other warmly every morning; I would ask my regular questions and do my physical exam; we would share some jokes and stories, with his unbridled laughter bouncing out into the hallway; he would tell me about his previous work in the community; I would then help him fiddle with his cell phone, so that he could call his family from which he was separated due to infection control measures. “See you tomorrow!” he would happily say to me, like speaking to an old friend. By the next morning, he would have forgotten all the previous day’s events and I would reintroduce myself anew.

The day after George Floyd’s death, I arrived again to see him in his room. Gone was the smile and the laughter. This was a completely different man, a devastated one. “Did you hear about George Floyd? How could this happen?” he said to me hollowly. “How could another human being kill someone like that?”

Somehow, despite the dementia and the inability to remember the resident physician who had been visiting him every day for two weeks, Floyd’s death stayed with him. I was deeply saddened, but not surprised. Even as a non-Black person of colour, I understood that there are unspoken scars and traumas that overt and covert racism embed in us over the course of years and decades. No wonder my patient remembered this particular event and felt the pain keenly, despite his dementia.

That day, there were no acute medical issues to deal with. My purpose was to sit with him and to have a conversation very different from our usual light-hearted ones. We talked about the weight of centuries of discrimination and violence against Black people, the need for solidarity across all ethnic and racial communities in these times, and the sad truth that even multicultural Canada remains an unequal one. I offered

my listening ear and as many words of comfort I could muster. But when I walked out of his room that day, I knew that my work was not done. During that conversation with my patient, I was reminded that as a physician, I had a duty to reflect, to educate myself, and to take concrete steps to support Black communities. Learning to be a better ally is key to a physician’s ability to emotionally support patients during such heavy one-on-one moments, when their suffering extends beyond the physical body. Equally as important, learning empowers us to address race as a social determinant of health.

COVID has brought many of the world’s activities to a standstill, but it certainly has not put racism - and its centuries of weight on Black, Indigenous, and people of colour - on pause. Watching the Black Lives Matter movement, I reflect on the meaning of allyship. I do not believe that there is such a thing as a perfect ally. Given our complex, multifaceted ethnic identities and collective histories, we all have particular preconceived notions and internalized prejudices to work through. I, as an Asian experiencing racism in times of COVID, long for solidarity and allies to speak up along with us in face of injustice. At the same time, I exist as an Asian who has witnessed and been, unfortunately, complicit through silence in my community’s own racism. I must reflect deeply on how to speak up and also on the barriers to vocalizing our true thoughts; there are circumstances where silence comes not from agreement, but rather from fear of repercussions. I must work with my ethnic community with cultural sensitivity to collectively grow beyond anti-Black racism and colourism. We can draw from our own history of surviving discrimination to be better allies. As a physician, I must better uphold my commitments to learn, to listen to marginalized voices, and to address challenges faced by patients of colour, especially Black and Indigenous patients. As a start, I am working my way through Black scholars’ writings on racism, reading through Black community groups’ recommendations, and amplifying their perspectives on social media. However, I know that it will take time to process deeply and incorporate my learning into my work and my day-to-day life.

It is my desire and duty to deliver compassionate care. It is equally important for me to contribute to equity at a systemic level, with the principles of anti-racism and allyship at heart. The key to allyship, I think, lies in fostering our humility and in confronting ourselves - no matter how uncomfortable it can be - so that we may actively dismantle discriminations that we bear.

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Osler Day 2019: *Reflective Essays by the Winners of the Del Maestro Family William Osler Medical Student Essay Awards*

Reflective Exercise

By Brendan Ross | *Mentor: Professor Mikaël Bauer*

BRENDAN ROSS (MD, CM CLASS OF 2022) WON 1ST PLACE FOR HIS ESSAY, "ILLUSTRATING THE UNIMAGINABLE: DISSECTION SCROLLS OF EDO-ERA JAPAN."



With renovations currently underway on the Osler Library in the McIntyre Building, this was a unique year to be a part of the William Osler Essay Contest. I felt very grateful that the invaluable collections remained not only undamaged by the fire but also accessible to us as students on the fourth floor of McLennan Library. I look forward to the return of the original Osler Library, but in the meantime, I am happy to see that the institution and community around the library are flourishing, and that its treasures extend beyond the walls of its original site.

My essay for this contest began with a stroke of good fortune and some timely, generous help from Osler librarian Mary Hague-Yearl. With a former background in History and East Asian studies, I came to the Osler collection with an interest in finding classical Chinese medical texts that might spark a research question. I was also intrigued by anatomy atlases, and so Mary was able to help combine these interests and show me the collection's assortment of anatomy atlases and books from Japan. After leafing through a variety of fascinating and diverse drawings within Japanese anatomy books from the mid-1800s, I finally opened a scroll that had quietly sat behind the pile of possible materials.

The image that unfurled on the table nearly knocked me out of my chair—a decapitated woman lay with blood streaming from her neck. And in the next frame, the beginnings of a detailed, meticulous dissection of her body were revealed. Immediately, questions started to come to mind over what I was observing. Where was this taking place? Why did they decide to dissect this woman? And what was the context of all of the graphic illustrations? In the last frame, a smiling baby is seen attached to a placenta, which led to a torrent of new questions. Why did they dissect a pregnant woman?

After comparing the scroll to other Japanese (and European) illustrations in the Osler collection, I began to formulate a research question for my essay. The illustrations of the dissection are displayed in stark realism, yet they also contain

stylized motifs present in other Japanese illustrations. Comparing the scroll to other European medical atlases from the period, one can see similarities and argue that the scroll worked as a continuation of an existing tradition of documentation, but it was also a new form of knowledge production in Japan, one that applied Western values of scientific distance and realism. I wanted to understand how that process of creation took place.

Through the help and guidance of Mary Hague-Yearl, I was fortunate to connect with Dr. Mikaël Bauer, assistant professor of Japanese Religions at McGill. Through our lengthy conversation, I was able to develop a stronger sense of the relevant literature that would go on to ground my research. Dr. Bauer led me to explore a diverse array of secondary sources. To understand the religious and political changes happening in Edo Japan, I read Richard Bowring's *In Search of the Way*. I learned more about the history of sexuality and the body in Japan by reading Gregory Plugfelder's work *Cartographies of Desire*. And to gain a better understanding of abortion and conceptions of the fetus in Edo Japan, I looked to William Lafleur's wonderful book *Liquid Life*.

As I continued to read and learn about the exchange of anatomical discoveries in Europe and Japan around 1800, a strange and exciting phenomenon occurred. Sources and names started to link back to one another, and more interestingly, my reading in books and research online led me back to McGill's own Osler Library on multiple occasions. In one instance, I came across an essay by a past Osler travel award recipient, Margaret Carlyle, and found that her writing helped illuminate my own understanding.

I also gained valuable inspiration from the ideas and illustrations presented in Dr. Del Maestro's very own exhibition on Leonardo DaVinci displayed on the fourth floor of McLennan Library. On a return trip to the materials in the Osler Collection, I spent time considering the Japanese scroll in

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light of DaVinci's anatomical drawings. I returned to databases and searched for more specific DaVinci drawings on childbirth and saw that they presented a different understanding of the notion of the fetus than what I had seen in the scroll.

My participation in the essay contest helped me grow valuable skills as a researcher and medical student. The scroll forced me to consider a multitude of mediums and sources, and it led to me engage with ideas far beyond anatomy. In reading multiple descriptions of medicine and health in Japan in the 1800s, I was also reminded of how our current body of medical knowledge is built upon a long tradition of debate, political change, and cultural transition. I also learned a significant amount about abortion and sexuality in Japan and grew to

understand the roots of unique practices that resonate today. And ultimately, in gaining a deeper understanding of the scroll and how the Japanese doctors attached to it were able to work in novel ways, I realized how scientific inquiry can transcend existing power structures—they were able to find something that their Dutch teachers had never envisioned.

It was a privilege to participate in the Pam and Rolando Del Maestro Family William Osler Medical Student Essay Contest and to learn so much about an area of knowledge that had been so unknown to me previously. I would like to thank Dr. Mary Hague-Yearl, the Osler Library Team, the Committee, and especially, my advisor Dr. Mikael Bauer for their support and for making this rare opportunity possible.

Reflective Exercise

By Athena Ko | *Mentor: Dr. Jonathan Meakins*

ATHENA KO (MD, CM CLASS OF 2022) WON 2ND PLACE FOR HER ESSAY, "THE ENDURING IMPACT OF 20TH CENTURY MEDICAL ILLUSTRATION ON 21ST CENTURY MEDICAL LEARNING."



Participating in the celebrated Del Maestro Osler Essay Contest was my first time conducting research at the intersection of humanities and medicine. Through this experience, I had the privilege of exploring many resources and working with beautifully preserved archival materials. Coming from a background

of doing lab research with set protocols and using statistics programs to analyze quantitative data, I learned to consult experts from different fields and be resourceful in finding information in various avenues. The Osler Library of the History of Medicine was the starting point for my research; meeting with Head Osler Librarian Dr. Mary Hague-Yearl and viewing medical illustrations from various countries and time periods gave me a broad overview and understanding of the topic. This is where I was first introduced to medical illustrator Shirley Goodall. Dr. Hague-Yearl's knowledgeable guidance in viewing Goodall's debt works in person and understanding a bit more of the context of her work via the fonds in the McGill Archival Collections Catalogue comprised the beginning of my research into female medical illustrators in Montréal in the 1900s.

Another major resource that was integral to my research for this essay was the McGill University Health Centre (MUHC) Archives and Special Collections. Specifically, Dr. Jonathan Meakins, archivist François Dansereau, and curator Alexandra Kirsh facilitated access to the extensive collection of Mary Gzowski's medical illustrations at the MUHC, as well as those of her predecessor, Hortense P. Douglas Cantlie. Being able to hold and view the physical illustrations added a richness to my research and allowed me to make note of the specific materials and methods used. I could visualize individual brush strokes and get a sense of the layers used by the artist. The scanned versions of these pieces, all carefully categorized and organized, were then integral to the visual component of my essay.

Beyond connecting me with the medical illustrations, the aforementioned individuals also graciously connected me

with others that they knew had an interest or experience in the realm of medical illustration. For example, Dr. Hague-Yearl connected me with Dr. Mary Hunter, and from corresponding with her, I learned more about Goodall's life through the entry she wrote in the *Many Women, Many Voices* book that is available at the Osler Library. Importantly, I was able to speak with Dr. Lucy Lyons through facilitation by Dr. Hague-Yearl. Dr. Lyons, beyond writing an entry for the *Many Women, Many Voices* book as well, was a Michele Larose Osler Library Artist-in-Residence and has depths of experience and expertise in medical drawing. Being able to discuss Dr. Lyons' work and perspective with her inspired some of the core themes of my essay, such as slow looking. Furthermore, Alexandra Kirsh not only offered her own insight and feedback through her educational background and research on Mary Gzowski, but also connected me with Ildiko Horvath, a current graphic and medical illustrator at the Montréal General Hospital. Because of Ildiko's generosity in sharing her medical illustration process and knowledge of her field, I was able to solidify the link between the 20th and 21st century. This was central to my essay, "The enduring impact of 20th century medical illustration on 21st century medical learning".

This experience showed me the importance of casting a wide net and utilizing a network of connections in doing research, especially when there is a strong historic and humanities component to the work. Furthermore, I gained a strong appreciation of good record-keeping and for those who organize, maintain, and facilitate access to these resources now, such as Mr. Dansereau. I am very appreciative of every individual who was kind enough to share their time and expertise with me over the course of this research, from my illustrious mentor, Dr. Meakins, to all of the incredible women I had the opportunity to interview and work with, and whose artwork I had the privilege of writing about in my Osler Essay.

Reflective Exercise

By Leïla Rached-d'Astous | *Mentor: Professor Annmarie Adams*

LEÏLA RACHED-D'ASTOUS (MD, CM CLASS OF 2021) WON 3RD PLACE FOR HER ESSAY, "A MODERNIST'S SIN: AN ARCHITECTURAL INTERPRETATION OF THE BIBLIOTHECA OLSERIANA IN THE MCINTYRE MEDICAL SCIENCES BUILDING."



My supervisor Annmarie Adams first announced to me that she had begun to research the McIntyre Building in the fall of 2017, as I was myself just starting medical school in that very building. Professor Adams had taught me architectural history during my architecture undergraduate studies a few years earlier, and I was delighted to hear that she had also migrated from the architecture school to a faculty related to medicine. When she proposed a few months later that I join her in her enquiry of the building in the summer of 2018, I gladly engaged in her project. The prospect of working with a professor I admired, on a question uniting two fields I love – medicine and architecture – around a building I had come to intimately use, seemed a precious and fortuitous project to engage in.

The first part of my research project was to assist Professor Adams in situating the McIntyre within its context of other Canadian medical school buildings. I was able to find in the Osler Library numerous resources about the history of medical education in Canada, such as *Canadian Medical Schools: Two Centuries of Medical History, 1822 to 1992* by N. Tait McPhedran and *Medicine at Queen's: a Peculiarly Happy Relationship* by A. A. Travill. This part of the research led me to visit numerous archives and buildings from other Canadian medical schools, such as the University of Toronto, where I was able to view countless drawings, photographs, booklets and media material about their Medical Sciences Building of 1969. I also had the chance to consult century-old drawings at the John Bland Canadian Architecture Collection, as they hold Nobb's & Hyde's collection of drawing of the University of Alberta's Medical Building from 1921. I was brought for the first time to consult and manipulate materials of such an age for academic purposes. The files contained drawings on various media, such as blueprints, prints, and pencil drawings. Manipulating and examining the pencil drawing plans of the building on tracing paper left an especially striking impression on me. Coming from an architecture background, I have spent much time during my degree working on design projects and have drafted countless sketches and drawings on tracing paper. It was the first time, however, that I was able to scrutinize such drawings having been made close to a century ago. I was able to read traces of corrections, various scribbles and doodles drawn in the margins for various patterns and details of the building, which provided an invaluable window into the design process of the architects. Witnessing this kind of material definitely added an invaluable depth to my experience of these archives.

The second part of my project consisted in writing an essay about my own interpretation of the building. Although the modern architecture of the McIntyre Building itself deserves

thought and analysis, it rapidly struck me that the Osler Library, with its extraordinary history, was going to be the focus of my inquiry. A crucial element in the process leading to this decision was the memory of my very first visit to the Osler Library during my medical studies. On the first day of medical school, in August 2017, a classmate who was new to McGill asked me to show her around the McIntyre Building, as I had attended some classes in the building in the past. We made our way to the library and came face to face with the Osler Library, which I had myself never visited. The sharp impression triggered by the Wellcome Camera was immediate: I was awed by the changing quality of the daylight, the warm presence of wood, the dramatic ceiling height, the stark change in motion from circular to linear, and particularly by the stillness, tranquility of the space. My surprise, however, was complete when the librarian introduced us to the Bibliotheca Osleriana. We found ourselves completely bathed in an ornamented, historical interior, surrounded by artifacts from the past. We had, unexpectedly, fully been subtracted from the modern tower we were standing in moments before, and immersed into a completely opposed architectural experience. The duality of not only the architectural styles found in the building, but as well of the experiences allowed to the building user struck me as a defining feature of the McIntyre Building.

My research brought me to consult a large amount of archival material dating from the years surrounding the opening of the building. Notably, I was able to find and read numerous discourses pronounced at various events taking place to celebrate opening of the building, by different school officials such as the Principal of the University and the Dean of the Faculty of Medicine. I also had the chance to read journal articles, new guides and various documents about the new building, as well as to consult drawings and photographs. These manifold and multiple documents thus formed the primary resources through which I set out to interpret the building.

Reflecting around the meaning of the McIntyre Building and the Bibliotheca Osleriana has been rather arduous, but immensely gratifying. The Osler Library has not been extensively written about, and the McIntyre Building even less so. I thus found myself in the new position of contemplating an architectural phenomenon with very little guidance from secondary resources. This investigative process brought me to meet significant challenge, as I had never written about a building there was so little to read about in the first place. The result of the exercise was thus to formulate notions about an architecture that were mostly my own, and has influenced the way I now see wealth of possibilities for interpretation in buildings we have come to perceive as anonymous.

Summary of Activities, 2019-2020

By Ali Alias and Katerina Giannios

ALI (MD, CM CLASS OF 2022) AND KATERINA (MD, CM CLASS OF 2021) SERVED AS CO-PRESIDENTS OF THE MCGILL OSLER SOCIETY, 2019-2020.



Pictured (from left to right): Ali Alias, Dr. Jacalyn Duffin and Katerina Giannios. Picture credits: McGill Photography



Pictured: Dr. Jacalyn Duffin. Picture credits: McGill Photography



s Co-Presidents of the Medical Student's Osler Society, we had the great pleasure of collaborating and leading the activities of the Society during the 2019-2020 academic year - and what a year has it been! Here is a summary of the various activities and events that took place this year:

We were privileged to be able to co-host and celebrate Osler Day 2019 with the Department of Social Studies of Medicine, on November 6th. On this day, the three finalists of **The 2019 Pam and Rolando Del Maestro Family William Osler Medical Student Essay contest** were given the opportunity to present their research in front of students, faculty, and members of the Osler Library Board of Curators and Osler Society. Following the presentations, the three finalists were awarded their prizes: Brendan Ross in first place, Athena Ko in second, and Leila Rached-d'Astous in third - our congratulations to all three for their work!

During Osler Day, the Annual 42nd Osler Lectureship was also held, thanks to the efforts of the department of Social Studies of Medicine. Dr. Jacalyn Duffin, hematologist and historian, gave a stimulating talk about the 1964 McGill-led expedition to Easter Island: "McGill Medicine on Easter Island: The Forgotten Expedition", which was very well received by those in attendance.

As always, the celebrations of Osler Day came to a close with the 98th Annual Osler Banquet. Students in attendance had the opportunity to dine with classmates while listening to talks given by the guests of honour, notably a talk on the Osler silver given by Dr. Mary Hague-Yearl and Dr. Rolando Del Maestro, as well as a chance to participate in a raffle to win key books pertaining to the social studies of medicine. During the

banquet, Brendan Ross was also awarded the Osler Library Board of Curators' medal for his essay. And, to end the evening, all attendees were invited to participate in the passing of the Loving Cup - a beloved tradition of the banquet!



Pictured (from left to right): Benson Wan, Mrityunjaya Arjun Alapakkam Govindarajan, Dean Noutsios (top row), Justin-Pierre Lorange, Ali Alias, Katerina Giannios and Jenny Jing (bottom row).
Picture credits: McGill Photography

COVID-19 AND MEDICAL EDUCATION

On the other end, like many in-person activities, our Winter 2020 term's activities fell through due to the COVID-19 pandemic. With the active help of the Osler Librarian, Dr. Hague-Yearl, we were able to virtually transition the 2020 Pam and Rolando Del Maestro Family William Osler Medical Student Essay contest. Students will not have on-site access to the Osler Library's resources, which may be a challenge

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Sponsors and winners celebrating the 2019 Pam and Rolando Del Maestro Family William Osler Medical Student Essay Awards. Pictured, L-R: Brendan Ross, Leila Rached-d'Astous, Pam Del Maestro, Athena Ko, Rolando Del Maestro.

considering the valuable resource the Library has played in the past. Nevertheless, we look forward to seeing how students overcome this challenge through their research projects.

Furthermore, with in-person lectures put on hold due to the COVID-19 crisis, medical education has drastically changed over the past three months (March, April and May 2020). Faculty and lecturers acted quickly and made great efforts to adapt the medical curriculum to fit the current situation. As such, all lectures have resumed online, via Zoom.

Perhaps the most striking change for medical students was the abrupt cancellation of all clinical activities across Canada. At McGill, all Transition to Clerkship and Clerkship students were pulled from hospitals. To make the most of this time, the UGME office made the decision to run “Putting It All Together” – a course normally given at the end of fourth year – during the month of May, for all third-year clerks. Clerkship is expected to resume in June. To accommodate this shift in the clerkship schedules across Canada, CaRMS applications, which are the residency matching processes in Canada for post-graduate medical education, have themselves been pushed back. Interviews will be held virtually in March 2021.

Unfortunately, in-person convocation for the graduating class of 2020 has been cancelled and has also transitioned to an online platform. However, to celebrate the end of their undergraduate medical studies, the class of 2020’s class council have been fruitful in organizing an online version of their Graduation Ball! Moreover, they saw their Medical

Council of Canada Qualifying Examination be postponed. It is now being held from June to September 2020, with students being given the choice to write their exams in-person with physical distancing measures, or remotely online. We wish the Class of 2020 the best of luck on their examinations and in their new careers as physicians!

COVID-19 AND MEDICAL STUDENT INITIATIVES

With medical students now no longer attending physical lectures or clinical rotations, many have begun their respective initiatives in an effort to support their communities in these difficult times. Some exemplary efforts include, but are not exclusive to:

- Many groups and students have fundraised for vulnerable communities, including **Helping Hands McGill** that raised over \$8500 for women’s shelters in Montreal.
- **Merci Meals**, which has been delivering free meals to frontline healthcare workers all while supporting local restaurants.
- **Meet the Need MTL**, an initiative aiming to supply monetary and non-perishable food donations to food banks and shelters to meet the rising needs within communities.
- **MedComm**, a student-run medical interpretation service, started collaborating with **Park-Ex Roundtable** to launch a phone line by medical students to translate for unilingual members of the Parc-Extension community (languages include Greek, Urdu, Hindi, Punjabi, Bengali, and Tamil). Recent activities include an on-call translation service for the mobile COVID-19 testing clinic in the borough.
- Many students have developed tutoring programs offered to children of frontline workers amidst the closures of schools.
- Many students have enrolled in a UGME-accredited ELEC 200 course to aid in the public health efforts to mitigate the spread of COVID-19, and others have taken to the Government’s call of action for aid in Quebec’s long-term care facilities (CHSLDs).

The variety and extent of student involvement, administrative, and professional faculty support and dedication to the continuity of our medical training and extracurricular involvements, and the sense of community this response has generated highlights that good things are yet to come - *Ça va bien aller!*



Benjamin Eliasoph, MD, CM, 1921. Photo courtesy of Dr. Ira Eliasoph.

Notes on **Dr. Benjamin Eliasoph (1899-1970)**

A MCGILL GRADUATE WHO DEVELOPED A PRACTICAL OXYGEN TENT FOLLOWING THE 1918 PANDEMIC

“To cure seldom; to ameliorate often; to comfort always.”
OLD MEDICAL ADAGE OF UNKNOWN ORIGIN



Around the time of the New Year break, a package arrived on the desk of the Osler Librarian. It was from Dr. Ira Eliasoph and contained several pages of material relating to Dr. Benjamin Eliasoph, McGill AB 1918, MDCM 1921. Their arrival was prescient: at the time, we did not know that a pandemic was heading our way, yet the materials that Dr. Ira Eliasoph sent related to his father's role in fighting the influenza pandemic a century ago. As a McGill medical student, Eliasoph was given a temporary license to practice medicine and was charged with

setting up a temporary hospital. In 1921 the young Dr. Eliasoph – by then at Mount Sinai Hospital in New York – applied his observations and experience to design the first practical oxygen tent using rubberized material provided by the Goodyear Rubber Company, Aeronautical Division. One hundred years on, one might see parallels between Eliasoph's original tent and the oxygen hoods and helmets being investigated for use in COVID-19 in order to preserve ventilators for the most acute patients.



Natural Resources Intelligence Branch,
Department of the Interior.

"We are going to have water inside our house this year and a bath-room and everything."

DOMINION OF CANADA
DEPARTMENT OF HEALTH

HOW TO BUILD THE CANADIAN HOUSE

BY
HELEN MACMURCHY, M.D., (TOR.)
Chief of the Division of Child Welfare



THE LITTLE BLUE BOOKS
HOME SERIES

OTTAWA
F. A. ACLAND
PRINTER TO THE KING'S MOST EXCELLENT MAJESTY
1923

Did you know that the Osler Library has over 450 digitized items in its Internet Archive Collection? Materials include medieval manuscripts, incunabula, the first edition of Newton's Principia, Paris medical theses, modern health pamphlets, even a parlour game. "How to Build a Canadian House" might not be the most obvious work to have been published by the Department of Health, but this pamphlet makes a point that is easy to take for granted for those with means: good housing is vital to positive health outcomes. The pandemic has made this point painfully clear. For this and other works, visit <https://archive.org/details/mcgilluniversityosler>.

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