


**The 2024 Visiting Speaker Series in the History of Medicine Program
Schulich School of Medicine and Dentistry, Western University**

The History of Medicine Office presents:

2024 VISITING SPEAKER SERIES

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Silvester's Choice:
Medical Ethics, Disability, and
Innovation in the Middle Ages

Dr. Walton O. Schalick, MD, PhD
University of Wisconsin
School of Medicine and Public Health

Thursday, November 14, 2024
5:30 - 6:30 p.m.
Rm. 1002, Dental Sciences Building

Reception to begin at
5:00 p.m.

Light refreshments will be served.

[schulich.uwo.ca/historymedicine/visitingspeaker.html](https://www.researchgate.net/profile/Walton-Schalick) Schulich Western
MEDICINE & DENTISTRY

About Dr. Schalick:

Walton O. Schalick, III, MD, PhD is the Medical Director of the Central Wisconsin Center and University of Wisconsin–Madison and Clinical Assistant Professor at UW School of Medicine and Public Health. He is a physician specializing in Physical Medicine & Rehabilitation, with a focus on pediatric rehabilitation.

Dr. Schalick is an award-winning researcher, teacher, and author; he has published widely in the fields of history of medicine, disability history, and medicine during the Middle Ages and in the 19th and 20th centuries. He is also a clinical researcher working on topics from pediatric and adult to clinical ethics.

See here for a complete list of his publications:

<https://www.researchgate.net/profile/Walton-Schalick>

Dr. Schalick was kind enough to sit down for an interview with us.

Five Questions with Dr. Walt Schalick:

1. Can you tell us about the work you will present in your lecture for the 2024 Visiting Speaker Series in the History of Medicine, Schulich School of Medicine and Dentistry?

For the primary lecture, I'll share some of my recent work on how the earliest medical universities situated themselves in the marketplace. In particular, I share a clinical 'case' from the twelfth century about twin children who become sick. From there we look at the 'rules' (ethics and otherwise) surrounding the new academic medicine – a basis of medical deontology. Really, this is a look at how our forebears 'set up medicine' with society at the birth of the university, to remind us that many challenges we as academic practitioners face have very old roots.

2. How did you first become interested in this topic?

I've been studying one early Parisian professor, Jean de Saint-Amand, for years, trying to understand why he wrote so much about drugs and pharmacology. That first inspiration came from a mentor's recommendation. As I've investigated Jean and his colleagues, their impact on and influence by wider society just gets richer and richer. Looking at these medieval predecessors reminds me in my own daily clinical, academic, and research practice just how deep our medical traditions are, and how interconnected we are with the societies around us.

3. Was there anything that surprised you about this project once you got deeper into your research? Or rather, have you ever made a discovery in your work that made you say "wow!"?

For my clinical research, the "wow" is usually slow-simmering – after years of research we finally have the data to 'prove' a point (e.g., the best, current way to evaluate children with TBIs). For my historical research, the "wows" are usually smaller but include discovering previously unknown female healthcare providers in fourteenth-century Paris, creating a mathematical model for how doctors and drug-sellers squared off in medieval France, or uncovering the nineteenth-century origins of care for children with disabilities. The best "wows" come when a student or trainee suddenly sees a situation from a new perspective with a little historical insight!

4. In your dual role as Medical Director and Assistant Professor at the University of Wisconsin, Madison can you tell us what a typical day is like for you? Or do you ever have a "typical" day?

As for many of us, a typical day starts early with family, and with work communications. Since COVID, there is often a lot of early decision-making about infection control for the

Center. Then rounds and administrative meetings, peppered with teaching and a variety of management decisions. On the luckiest days, I provide healing for patients and get some time to investigate an historical or clinical research topic.

5. How did you originally become interested in the History of Medicine? And, why is the history of medicine important today?

My undergraduate and pre-graduate work was very broad (double majoring in Physics and in (medieval) English Literature). Medical school became narrower. A MS-2 professor allowed me to write a paper for a final grade, using graduate, medieval languages I had learned before medical school. I realized there was a great deal more work to be done in Old English medical history. That led ostensibly to a masters' year at Johns Hopkins in the History of Medicine, but rapidly turned into an MD/PhD, focusing on 13th-century French medicine.

History is about stories. Every day, in communicating with patients, families, team members, faculty/staff, policymakers, and more, I'm constantly reminded how crucial 'stories' are to what we do. How we connect and frame a patient's case, a research proposal, or a justification for new policy stems from our ability to absorb, understand, and present narratives. Historians are especially adept at those roles. History of medicine gives us both the 'what' and the 'how' to do a better job as clinicians, teachers, researchers, and citizens today.