



Reputation unrevised: celebrating the Osler sesquicentennial

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Thursday, July 12, 1849, was a pleasant summer day in the hamlet of Bond Head, Ont., 40 miles north of Toronto. For most of the locals — largely Irish Protestants — it was a festive occasion featuring a parade in memory of William of Orange, a celebration traditionally lubricated with fiery homebrew.

Mrs. Featherstone Osler's lack of interest in these proceedings is easily understood: she was busy having her seventh baby. If a boy, he was to be named Walter Farquhar Osler. And so he would have been had he arrived on Wednesday or Friday. But Thursday was Orangeman's Day in an Orange community, and paraders gave the Oslers strong hints that William was a very fine name indeed.

Thus we commemorate Sir William, not Sir Walter.

The variety of articles about Osler in this issue suggests the remarkable range of writings about the man: a terse, analytic life summary by Michael Bliss, author of the first full-scale biography of Osler in 75 years; a philosophical speculation about what Osler might have thought of turn-of-the-millennium medicine by D.J. Weatherall, Osler's most recent successor as Regius Professor of Medicine at Oxford; and a tantalizingly tangential item of Osleriana, an account of the World War II Liberty Ship the SS *William Osler*, by Charles S. Bryan from the University of South Carolina and Marilyn Fransiszyn of McGill University.

Launched on March 6, 1943, in Baltimore, the SS *William Osler* had an undistinguished and uneventful career as a supply ship and was recommissioned the following year as the hospital ship *Wisteria* to carry casualties on the Atlantic and in the Mediterranean. Eventually and ignominiously, but with her original name restored, she was scrapped in Oregon in 1969.

Osler the historical figure has survived better than Osler the ship. In outlining Osler's life and career, Bliss ponders the why of Osler's continuing popularity. Osler's humanism is often invoked, but Bliss observes that no one reading his *Principles and Practice of Medicine* today would find it very patient centred. This I would not question, although I doubt anyone reads Osler's textbook now, anyway. Of course, this does not mean that Osler did not practise humanistically, or that he cannot be a useful role model in 1999 and beyond. Accounts of Osler's approach to practice and to patients, written by colleagues, students and, occasionally, patients or their loved ones give some hint as to how he functioned in the sickroom. A particularly memorable example comes from Cushing's biography. While he

was preparing the book, Cushing received a letter from the mother of one of Osler's young patients. She wrote:

He visited our little Janet twice every day from the middle of October until her death a month later, and these visits she looked forward to with a pathetic eagerness and joy. There would be a little tap, low down on the door which would be pushed open and a crouching figure playing goblin would come in, and in a high-pitched voice would ask if the fairy godmother was at home and could he have a bit of tea. Instantly the sick-room was turned into a fairyland, and in fairy language he would talk about the flowers, the birds, and the dolls who sat at the foot of the bed In the course of this he would manage to find out all he wanted to know about the little patient The most exquisite moment came one cold, raw, November morning [in 1918] when the end was near, and he mysteriously brought out from his inside pocket a beautiful red rose carefully wrapped in paper, and told how he had watched this last rose of summer growing in his garden and how the rose had called out to him as he passed by, that she wished to go along with him to see his little lassie. That evening we all had a fairy tea party, at a tiny table, by the bed, Sir William talking to the rose, his "little lassie," and her mother in a most exquisite way; and presently he slipped out of the room just as mysteriously as he had entered it, all crouched down on his heels; and the little girl understood that neither fairies nor people could always have the colour of a red rose in their cheeks, or stay as long as they wanted in one place, but that they nevertheless would be very happy in another home and must not let the people they left behind, particularly their parents, feel badly about it; and the little girl understood and was not unhappy.¹

A man who can accomplish that deserves not only commemoration but also, insofar as it is possible, emulation. At such times, it seems to me, Osler epitomized humanism in medical practice. Of that, there cannot be too much.

Weatherall draws out many of the Oslerian attributes that establish his historical significance. In his whimsical fantasy he tries to tell his cryogenically reanimated predecessor what today's medicine looks like, both generally and at Oxford in particular. Although Weatherall doesn't spare us the problems of rampant technology, he ends positively, confident that Oslerian ideals of kindness, sympathy, common sense and personal attention will continue to be touchstones of good medical practice.

There is an ineffable quality to Osler and his influence. Some commentators downplay the latter and are apparently uncomfortable with the absence of an easily demonstrable reason for fame, such as a major scientific discovery or a Nobel prize. Philip Bondy makes the contrary view impeccably. Noting that Osler's contributions are dispar-



aged by some, he concludes that “his qualifications for immortality are beyond analysis ... [T]here must have been something in the spirit of the man which could not be translated clearly through the many tributes which have been written to him throughout the years.”²²

It is true that many of Osler’s precepts and admonitions are banal: work hard, think more of today’s tasks than of the future, recognize the courage of your patients, observe carefully and record promptly, and so on. Banality does not indicate irrelevance but, rather, the ubiquity of the need. To give a single example, an Oslerian attribute that it behooves medical researchers to emulate is his scrupulous care in giving credit, in writing, to his colleagues for assistance rendered. Of equal importance was his care in assigning priority to those who had preceded him intellectually. Sins of omission are all too common in the ethics of medical publishing.

Role models are badly needed in all areas of life. Osler has an aura essentially unmarked by any significant flaw: Bliss states that his biographical research revealed no clay feet, no closeted skeletons, no shameful secrets. Some critics have judged his essays uninspirational. Yet I know many people, often among the greybeards of our profession, who are not embarrassed to admit that they have found inspiration in Osler’s example and his writings.

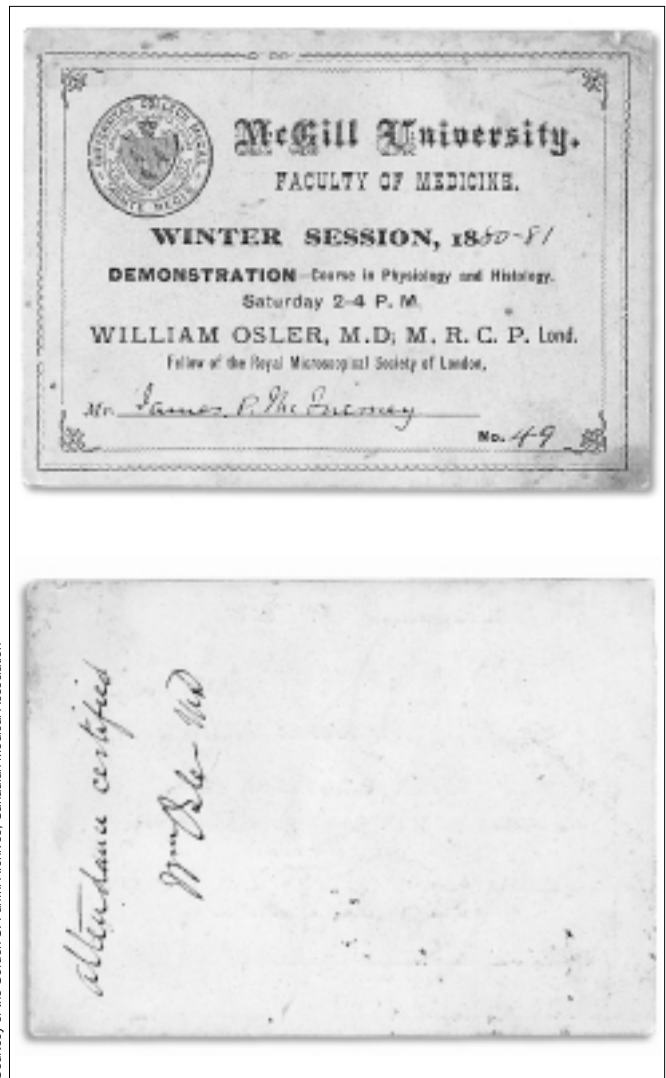
The fact is, the medical profession needs heroes as we accelerate towards a new millennium. Osler is not our only hero, and possibly he is not our best, but, for many, he works.

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References

1. Cushing H. *The life of Sir William Osler*. vol 2. London, New York, Toronto: Oxford University Press; 1926. p. 620.
2. Bondy PK. What’s so special about Osler? *Yale J Biol Med* 1980;53:213-7.

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Courtesy of the Gordon S. Fahimi Archives, Canadian Medical Association

Attendance card from a McGill University course in 1880–1881, signed on the back by William Osler.