## Sir William Osler Revisited

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The basis of Sir William Osler's fame is elusive to almost all and the appropriateness of such recognition is questioned by many. His many contributions as a practitioner, teacher, writer, and scientist in medicine do not adequately explain his prominence 60 years following his death. It was his participation in the covenant of medicine and the special components of that relationship that may account for his hold on his followers today.

Few men hold a position of reverence comparable to that afforded Sir William Osler by his contemporaries and echoed by several subsequent generations of physicians. The source of his magical hold on the world of medicine is still elusive even though the details of his life have been meticulously sketched in a biography-panegyric by Cushing and amplified many times by his intimates, students, and colleagues. The mythical aura has not gone unchallenged and many detractors believe that the aura is shadowed and the specialness exaggerated. What characteristics allowed him his charismatic hold on all who encountered him? Is the adulation deserved?

Exploration of a prized birthday present given Osler by his devoted wife, Grace Revere, has helped others in providing clues in understanding the man and his accomplishments [10]. The gift was a tryptych, the original of which was seen by Osler during an early visit to Oxford. A copy was made at the request of his wife and that copy now guards the entrance to the Osler library at McGill. The tryptych is composed of the portraits of Sydenham, Linacre, and Harvey, individuals who epitomized "praxis," "litterae," and "scientiae" for Osler.

Thomas Sydenham, who lived from 1624 to 1689, has the reputation of being the first real clinician of modern times, a man who emphasized the bedside approach to the problems of disease. To him we are indebted for excellent clinical descriptions, including those of rheumatic chorea, smallpox, and gout [1]. Osler too established a brilliant reputation as a clinician and also demonstrated genius at the bedside. His descriptions of polycythemia vera, hereditary angioedema, familial telangiectasia have required little updating even today. Both men excelled at praxis, the practice of medicine, but it served different purposes for each of them. It was an end in itself for Sydenham; it constituted only a means to an end for Osler.

Osler's accomplishments in clinical practice were minor when compared with his

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role as a teacher, a role to which Sydenham as a private practitioner was not privileged. Osler was a clinical teacher and consultant more than he was a practitioner; the practice of medicine constituted his laboratory where he excited and influenced the minds of others as he studied disease. His role as a teacher was based on his belief that the best place to learn medicine was at the bedside and he established a medical department at Hopkins where housestaff and medical students could virtually live on the wards. It was this which Osler believed was one of his major accomplishments. He was the man who admitted medical students to the ward.

This is not to imply that he was not caring and devoted to the many patients whom he saw in consultation; he rounded at local almshouses even as Regius Professor at Oxford. However, it is suggested in his biography that the call to the Regius Professorship was much welcomed by Osler and his wife. The reason for this reception to the invitation was that the new job and environment offered him surcease, escape from his demanding although never avoided role as consultant to innumerable doctors and physician to their families. "Doctrina" took precedence over "praxis" in the move to Oxford.

The second member of the tryptych is Linacre, 1460 to 1524, the father of English medicine and the founder of the Royal College of Physicians in London [7]. Linacre was the physician to the greats of his society, to royalty, to Cardinal Wolsey and Thomas More. He was a man primarily interested in antiquity, translating Hippocrates and Galen from Greek into Latin. He spent the latter portion of his life in publishing a Latin grammar. Mainly interested in the writings of antiquity, he looked for guidance to the writings of the ancients for attainment of an ideal humanistic state. He was a transmitter of what was old in medicine but never demonstrated any striking prescience and never attempted to set up any ideas of his own in medical practice.

There are several parallels to Linacre's life in Osler's. Osler's passion for medical history was instrumental in the establishment of the Hopkins History Club and laid the groundwork for the Bulletin of the History of Medicine. His Silliman Lectures delivered at Yale in 1913 (Fig. 1) were an overambitious attempt at reviewing the historical antecedents of modern medicine. Late in his life he was elected president of the British Classical Association. His magnum opus was his Principles and Practice of Medicine, a product of his demonic energy and systematic arrangement of work. He did not translate Greek into Latin but instead he applied his knowledge as a morbid anatomist to clinical medicine. From his extensive experience as a prosector at McGill, he used his detailed observations of autopsies to introduce new classifications into clinical medicine. The textbook was admittedly a descriptive one but it succeeded in making a scientific treatise literature and it was subsequently translated into several foreign languages. A study of successive editions represents a record of advances in medicine during a period of nearly 30 years. Osler revised it at three-year intervals and it became, in his words, an "infernal nuisance." It might have absorbed the time that could have been spent in other pursuits, such as building a scientific reputation.

Its impact on the practice of medicine is unquestionable. Its impact upon the science of medicine is less commonly known. Frederick Gates, a Baptist minister and adviser to John D. Rockefeller, read Osler's textbook in 1897 in order to make himself more familiar with the subject of medicine. He wisely concluded that medicine was in large part devoid of knowledge concerning mechanisms and treatment of disease. He became aware of the need for research, and, with his counsel, John D. Rockefeller's support was obtained. It was through the patronage



FIG. 1. Sir William Osler, on steps of New Haven Hospital, during visit to Yale for Silliman Lectures. 1913.

of Cardinal Wolsey that Henry VIII gave a charter for the establishment of the Royal College of Physicians in 1518; it was through the patronage of Frederick Gates on the basis of Sir William Osler's *Principles and Practice of Medicine* that modern royalty, in the person of John D. Rockefeller, gave money for the establishment of the renowned Rockefeller Institute. Osler's reputation will always be assured on the basis of his textbook but his greatness is still not defined or confined by this treatise. Others have written more scholarly texts and others have revised the original book without capturing the special role that Osler has come to occupy in medicine.

The third member of the tryptych is Harvey who embodied "scientiae" for Osler. Harvey performed properly conducted experiments on the heart and the circulation of blood over a period of nine years [5]. His experiments on circulation shattered the rigid traditional views of medicine. Where others had been willing merely to quote authorities, he inquired. Harvey did not accept the status quo in medicine but contributed new knowledge based on original experiments. It is this facet of the tryptych where Osler is found most wanting by his critics. He was not an experimental biologist. He was not adept at bacteriological techniques. Although he was the first to make the specific association of bacteria and infectious endocarditis, he failed to carry out any thorough inoculation experiments even though Pasteur's and Koch's works were known to him. His one piece of original investigation on the form, movement, and origin of blood platelets was performed early in his career, in 1873 at age 24. His other investigations were in the field of zoology and botany, continuing his fervor for classification of protozoans, animal parasites, and plants. His move

from McGill to Philadelphia in 1884 at age 35 marked an early end to his investigative career in the laboratory.

Osler's failure to participate in experimental work is used by some to consign him to a lightweight intellectual category, possessing an imperviousness to intellectual experience [3]. He is accused of growing in extent rather than in depth, covering a wider and wider surface and striking no roots. But a lifetime of updating the *Textbook of Medicine* does not describe a rootless individual. It was admitted by Osler that the conservative bent of this textbook was purposeful. He exclaimed that a textbook is not a yearbook! He was suspicious of what was new and untested and this probably explains his nihilistic approach to therapeutics. He, like Linacre, looked to a Greek ideal and doubted that much originality truly existed in the society around him

Some notes contained in a book from Harvey Cushing's collection confirm and support this impression. Osler quotes Emerson on originality and includes some of these comments in his remarks made at the opening of the Bodleian Shakespeare Tercentenary Exhibition in 1916 [9]. He writes "the originals are not original, that every book is a quotation, that genius borrows nobly and the inventor only knows how to borrow" (Fig. 2). Obviously Osler is not as rash as these scribblings might suggest. In this same talk he assigns authors and thinkers to three categories and points out that an inverse relationship exists between originality and the number of authors or thinkers that can be assigned to any specific category. The first category is the creator, with Shakespeare as the greatest of the world's creators in Osler's estimation. The second is the transmuter, the individual who transforms, who is able to produce change. Osler considered Francis Bacon the first of the modern transmuters. The third category, the largest, is made up of the transmitters. This was personified for Osler by Robert Burton, the seventeenth century author of The Anatomy of Melancholy, a book which Osler highly admired even though he recognized that it was almost totally composed of borrowed material [8].

Osler in his *Principles and Practice of Medicine* was obviously a transmitter of knowledge. He applied observations culled from the autopsy table and continued his Darwinian habit of observing, collecting, recording, and tabulating specimens. It was an original work but not a work of high originality. Osler created a medical textbook which transmitted clinical information to generations of doctors and transmuted medicine in doing so. He did not crown his observations with any central insight. Charles Darwin, functioning in a similar way, developed a radical theory of evolution following his long and continued observations of the habits of animals and plants. No one would claim for Osler that same kind of achievement.

The tryptych then does not provide adequate clues to explain Osler's claim or hold on his followers. He exemplified "litterae," "scientiae," "praxis," and added "doctrina." However, his uniqueness is still undefined. Review of his letters reveals that he himself made no claims to greatness. In fact he restricts himself to a single talent, a capacity for industry. He is so self-effacing as to arouse suspicion.

But the failure to explain his greatness may be due to a problem in the methods of modern science; each of the separate sciences is content to treat a part of the whole without considering its relation to the whole. Osler's biography again and again is mind-boggling in outlining his commitment and involvement in the totality of medicine. Growing from a microscopist of protozoans to a morbid anatomist of humans, he became a clinical teacher and produced a textbook so that others might learn in medicine. He created, gave birth to a department of medicine whose tradition

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"The originals are not original"

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Rabalais river

FIG. 2. Sir William Osler's jottings from Emerson regarding originality.

Emerson: Quotations on Originality. Cent. Ed.

VIII "Letters and Social Aims"

"Every book is a quotation" as every man is a quotation from all his ancestors.

"We expect a great man to be a good reader."

"All minds quote. Old and new make the warp and woof of every moment."

"How few thoughts."

"The originals are not original."
Emerson says "if we knew Rabelais reading we should see the sill of the Rabelais river."

continued to influence medicine favorably even today. He provided continuity between medicine in Canada, the United States, and Europe, and, through his own personal efforts in establishing medical societies and libraries, he created connections amongst individual physicians and groups of physicians. He studied the historical links of this society, the links that provide medicine with its traditions and much of its richness. In all of this he was aided and supported by his understanding and gracious wife [2], and both of them acted as surrogate parents to an exhausting number of young and old in medicine on both continents. His letters of encouragement and praise to colleagues and students, his heartfelt manifestations of joy on the birth or marriage of his friends, and statements of sympathy in obituaries for his departed friends all bear loud testimony to the extent of his involvement and the success of that involvement in medicine.

Osler professed a covenant with medicine as sanctioned by the Hippocratic oath [4]. This establishes between teacher and pupil one of the closest and most sacred relationships that can be imagined, and it does so for no other apparent reason than that the pupil is being instructed in the art of medicine [6,11]. There is a reciprocity which is basic to the covenant; the giver is enriched by his act of giving [6]. For most

physicians, the covenant establishes the brotherhood of the medical guild. For Osler, the covenant encompassed the total fabric of the profession which in return clothed him with the finery of greatness.

The unique character of the covenantal relationship is the source of Osler's specialness in medicine. From his visible and prestigious positions as professor at three leading universities, he was the ideal role model for the individual members of the profession engaging in their own personal covenants. He gave testimony, with his total commitment, to their efforts at "professing" medicine. They responded by returning to him, in crescendo fashion, their recognition of his more complete participation in the covenant of which they were "part-takers." "Praxis," "litterae," "scientiae," "doctrina" equipped him to enter into the covenant with medicine, but it was the covenant that bestowed the greatness which has eluded others.

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