

4. The John Snow Society. Home Page. <http://www.johnsnowsociety.org/>
5. UCLA Department of Epidemiology. John Snow site <https://www.ph.ucla.edu/epi/snow.html>
6. York Civic Trust. John Snow Memorial, North Street Gardens 2017. <http://yorkcivictrust.co.uk/home/john-snow-memorial/>
7. Lewis S. York's memorial to 'the greatest doctor of all time'. The Press, 2017. <https://www.yorkpress.co.uk/news/15180464-yorks-memorial-to-the-greatest-doctor-of-all-time/>
8. Eylar J. Commentary: confronting unexpected results: Edmund Parkes reviews John Snow. *International Journal of Epidemiology* 2013; 42: 1559–1562.
9. Bergman BP. Commentary: Edmund Alexander Parkes, John Snow and the miasma controversy. *International Journal of Epidemiology* 2013; 42: 1562–1565.
10. Paneth N. Commentary: two views of cholera. *International Journal of Epidemiology* 2013; 42: 1565–1566.
11. Hempel S. Obituary John Snow. *Lancet* 2013; 381: 1269–1270.
12. London Remembers website. Memorial: Dr John Snow – site of pump. <https://www.londonremembers.com/memorials/dr-john-snow-site-of-pump>
13. Dr John Snow—Broadwick Street, London, UK – Blue Plaques on Waymarking.com. https://www.waymarking.com/waymarks/WMNWNY_Dr_John_Snow_Broadwick_Street_London_UK
14. Caton D. John Snow's practice of obstetric anesthesia. *Anesthesiology* 2000; 92: 247–252.
15. UCLA Dept. of Epidemiology. Blue Plaque for Dr. John Snow <http://www.ph.ucla.edu/epi/snow/blueplaque.html>
16. Stanwell-Smith R and Zuck D. The John Snow plaque: where exactly was 54 Frith Street? *Proceedings of the History of Anaesthesia Society* 2013; 46: 23–33. https://eur03.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.histansoc.org.uk%2Fuploads%2F9%2F5%2F5%2F2%2F9552670%2Fanaesthesia_vol_46.pdf&data=04%7C01%7Cneil.snowise%40kcl.ac.uk%7C67e56dc3fcb4c9f962308d8d77ace66%7C8370cf1416f34c16b83c724071654356%7C0%7C0%7C637496269757248406%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6I1haWwiLCJXVCi6Mn0%3D%7C1000&sdata=DDCmxbnJ9TaI3wAq36cNOuhV%2B7LEBtVePQ%2BBki3%2BQ8%3D&reserved=0

Author biographies

Neil G Snowise is a visiting senior lecturer in Pharmaceutical Medicine at King's College, London and an independent pharmaceutical physician. He has extensive experience in respiratory clinical development and medical affairs. He previously worked in the NHS for 21 years, becoming senior partner in a GP Practice in Bath and Lecturer in General Practice at Bath University.

The principles and practice of death: The Oslerian conflicted conception of dying

Kacper Niburski¹ 

Abstract

Sir William Osler espoused a particularly idealized medical life that included the patient in the physician's worldview. Disease is not considered a monolith, only a reflection of one's broader health. Death, too, is configured as a part of one's being, not as a thing apart from life. The wholesomeness that characterized Osler's practice is well known—however, his long discussions and thoughts on death have not been sufficiently analyzed. His clinical views have been hinted at and numerous medical historians have noted that Osler's worldview on death was avant-garde for its time, one in which he described finality not as a time of suffering and anguish, but as “singularly free from mental distress.” This essay contends with this simple view. This straightforward understanding becomes complicated when delving into such primary resources as Osler's Study on Dying cards, his writings on other medical conditions, and personal reflections following

Journal of Medical Biography

2023, Vol. 31(1) 50–61

© The Author(s) 2021



Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/09677720211018974

journals.sagepub.com/home/jmb



¹Faculty of Medicine, McGill University, Montreal, Canada

Corresponding author:

Kacper Niburski, Faculty of Medicine, McGill University, 3655 Sir William Osler Promenade, Montreal, Quebec, Canada.

Email: kacperniburski@gmail.com

the personal losses of his sons Edward Revere Osler and Paul Revere Osler. This essay contends that the loss and the death he imagines is not one of peace, but rather, of horror and terror. Furthermore, the primary sources show Osler not as the paragon of flawless clinical acumen and reasoning, but a man of personal beliefs that were in conflict with views he espoused more publicly. The essay therefore reconceptualizes the common understanding of a stoic Osler, determines how death prefigures into Oslerian thought, and challenges the idea of an Oslerian simple death.

Keywords

Osler, death, palliative

Introduction

The Principles and Practice of Medicine by Sir William Osler (1892) is a testament to a mode of living. In between descriptions of individual diseases and the pillars of bedside skills that revolutionized medical practice, Sir William Osler espoused a particularly idealized medical life that necessarily includes the patient in the physician's worldview.¹ Disease is not considered a monolith, only a reflection of one's broader health. Death, too, is configured as a part of one's being, not as a thing apart from life. Against the backdrop of a burgeoning biomedicine and an exposition on the state of late 19th century medicine, the book details the end of life as not simply a pathological and physiologic process of dying, but a lifestyle of each illness and its course.

The wholesomeness that characterized Osler's practice is well known—however, his long discussions and thoughts on death have not been sufficiently analyzed. His clinical views have been hinted at and numerous medical historians have noted that Osler's worldview on death was avant garde for its time,² one in which he described finality not as a time of suffering and anguish, but as “singularly free from mental distress.”³

This essay contends with this simple view. This straightforward understanding becomes complicated when delving into such primary resources as Osler's *Study on Dying* cards, his writings on other medical conditions, and personal reflections following the personal losses of his sons Edward Revere Osler and Paul Revere. Osler, known for his pin-point accuracy and calm demeanor, seems helter-skelter in bereavement when consumed by pain and anguish, and displays an unprecedented vulnerability. This essay contends that the loss and the death he imagines is not one of peace, but rather, of horror and terror. Furthermore, the primary sources show Osler not as the paragon of flawless clinical acumen and reasoning, but a man of personal beliefs that were in conflict with views he espoused more publicly. The essay therefore reconceptualizes the common understanding of a stoic Osler, determines how death prefigures into Oslerian thought, and challenges the idea of an Oslerian simple death.

Victorian conception of death

The 19th century saw major changes in western conceptions of death. Romanticized views were popular in the 18th century and death was considered “familiar and tamed,”⁴ something that was “the true goal of existence.”⁵ This transition coincided with the growth of heavy industry and consequent shifts in understanding. Stanley Reiser's *Medicine and the Reign of Technology* maintains that by learning about the patient's body through technology, the patient became abstracted, operationalized, and technically centered.⁶ Physiology translated into “the language of machines” and the doctor became an “operator.”⁷ While this shift away from a romantic abstraction of death to a specific, observable locus of disease vastly increased the capabilities of therapeutics and diagnostics, medicine, and altered the language it used, it separated the body from the person. Medicine became an act of elucidating specific symptoms by viewing the aberration of clinical signs and values compared with the norms and averages.

This culture of mechanization meant that death was something to be averted, particularly by medical means. It became a fearful event, a taboo dealt with through euphemism and indirectness.⁸ The physician's role therefore reflected this larger culture. Where the physician was once described religiously—“as a minister of health” and “steward of the body”—he became secularized, cold, and calculating.⁹ The same can be said of the discourse surrounding the dying patient, who, as H. S. Berliner noted, was “for the use of statistical assumptions” and scrutinized by paradigmatic thinking which saw humans unrelated to their surroundings, as objects to be manipulated by instruments, even in death.¹⁰ There was to be a “good death,”¹¹ one that would be fought against, and if not, assuaged from its horror. Thus, the language of biomedicine and death became neutralizing in its vocabulary, explanatory in its use, and distancing in its conception of humanity.

Osler's antithesis of fear

Osler was born into a minister's family. His father, Featherstone Lake Osler, served as an Anglican missionary, and Osler himself studied divinity at Trinity College for a year. Much

of this religiosity surfaces in Osler's writings, for example, describing medical work as "the missionary spirit with a breadth of charity."¹² He further saw scientific medicine as a single component of a larger equation of life and death, one where religion prefigures but does not necessarily dominate:

He cannot but feel that the emotional side to which faith leans makes for all that is bright and joyous in life. Fed on the dry husks of facts, the human heart has a hidden want which science cannot supply; as a steady diet it is too strong and meaty, and hinders rather than promotes harmonious mental metabolism.¹³

It is this "hidden want" and understanding that "science cannot supply" that sees Osler define disease and death differently from the common conceptions of his century. By means of both science and arts, as a humanist of deep reading and constant curiosity, Osler considers medicine's ultimate goal to deter an "iciness" he saw in oncoming residents both at John Hopkins and Oxford in the late 19th century.¹⁴ In his openness to medicine's expansive domains in art and the humanities, Osler expressed a belief that medicine was, as Erasmus stated, a "divine science."¹⁵ It requires a total compassion, an intricate belief in care and hope.

Therefore, Osler's conception of death became equally holistic. Aging was a "slow descent into dull oblivion,"¹⁶ and rather than dichotomize, he integrated death as a peaceful transition, both in clinical means and endings. "We speak of death as the King of Terrors," he says in *Canadian Medical and Surgical Journal*, "yet how rarely does the act of dying appear to be painful, how rarely do we witness agony in the last hours."¹⁷ Furthermore, even in his earliest clinical encounters at the Montreal General Hospital, he displays this holistic paradigm:

About 12 o'clock I heard him muttering some prayers, but could not catch distinctly what they were God the Father, Son and Spirit. Shortly after this he turned round and held out his hand, which I took, & he said quite plainly, Oh thanks. These were the last words the poor fellow spoke... From 12.30 he was unconscious, and at 1.25 a.m. passed away, without a groan or struggle.¹⁸

Osler is a familiar figure here: a man of equipoise and careful consideration. He sees the patient totally, and watches life in its totality as well. His religiosity is evident, as is his view on death as a part of life, one that goes "without a groan or struggle." Death is calmly intimate, symbolic, where there is sincere concern for the centrality of human value at the end as necessitating dignity, worth, and empathy. It is not a fearful thing to be combated, but rather, slipped into naturally as an often quickly

experienced, lasting sleep. As Osler simply summarized, "call no man happy until he dies."¹⁹

Osler's clinical contradictions

Close readings of Osler's work provide some counterpoints to this somnolent, artful death. In lectures on *Angina Pectoris and Allied States*, he states that "a man in full health, in the prime of life, may be seized... and die within a few hours," later adding that "for no man suffers the anguish of a severe paroxysm of angina without a consciousness of the nearness of the Angel of Death."²⁰ He further adds that the agony is terrible, where one is "unable to stir until the agony has passed off."

Other conditions such as pneumonia, to which Osler himself succumbed, is described by Osler near his death as, "encouraging... no actual pain."³ However, this is similarly complicated by his greater clinical work. While originally called "a friend of the aged," Osler notes that pneumonia includes "cold gradations of decay" that are "distressing to himself and his friends."²¹ Even in his own death, he faced some conflict where, between painful bouts of coughing, he wished to "shunt the whole pharmacopoeia, except opium... what a comfort it has been."²²

These conflicts are plainly highlighted in his Study of Dying cards. Done at John Hopkins Hospital in 1900–1904, the cards make observations of 486 dying patients.^{23,24} While there is no consensus on why the cards themselves were begun, there is opinion that they were started because Osler disagreed with the poet Maurice Maeterlink. Maeterlink, like many at the time, discussed death as a thing of great anguish and physical pain.²⁵ Meanwhile, Osler worked in the ideals of humanism as a means to ameliorate fear and loathing of the dead and dying.

The cards themselves note the act of dying, with "coma or unconsciousness before death," and whether "there is any fear in body, mental, or spiritual."²⁴ Osler gave reports on the findings, as well as the tallies, to staff at the hospital, and there was a separate official spreadsheet accounted in the Hospital itself. Mueller notes that the majority were signed by nurses (258, 60%), with none signed by Osler himself.

Still, there are non-subtle discrepancies. 340 (70%) deaths were recorded by Osler as sudden. Yet discomforts (such as physical, mental, or spiritual) were lower when recorded by Osler (104) versus when analyzing the cards primarily (157). Additionally, Osler did not note any discomfort in a second domain, compared to Mueller who noted 29 s domain pains recorded when analyzing the cards themselves.²³

Furthermore, analyzing the fonds (Figures 1 to 5) themselves show a death that is hardly "without groan or struggle."¹⁸ People "call out loudly,"¹⁶ they "suffer from shortness of breath,"²⁶ they have "extreme tenderness of

A STUDY OF THE ACT OF DYING.

JOHNS HOPKINS HOSPITAL.

No. 142 Name: _____ Hosp. No _____ Date August 8, 1900

Age 49 Nationality United States Religion. P. C. H.

Length of illness. 6 - 7 weeks

The act of dying:

If sudden. no

Did respiration stop before pulse — how long? Pulse stopped 20 minutes before respirations.

Coma or unconsciousness before death — how long? Twenty five minutes

If any fear or apprehension, of what nature. none

Bodily, i. e. pain. Yes.

Mental no

Spiritual — remorse, etc. no
Called out loudly to be taken home - about 1/4 hours before death.

This card is not to be filled out unless done within twenty-four hours of the death of the individual.

N. B. The object of this investigation is to ascertain, the relative proportion of cases in which (1) the death is sudden; (2) accompanied by coma or unconsciousness; (3) by pain, dread or apprehension. Prof. Osler requests the intelligent co-operation of the members of the medical and nursing staff. Please note fully any other special circumstances connected with the act of dying.

A. Weisman.

Figure 1. Study of Dying Card 142: “Called loudly.”¹⁶

entire body,”²⁷ they die in agonal breathing with “gasps of respiration,”²⁸ they suffer from “dyspnea,”²⁸ “severe bodily pain,”²⁹ and a fear of death permeates, where in terror, patients ask “Am I dying?”²⁸

Osler never published the results, and many consider the lack of time as the reason.^{30,31} This essay, however, suggests another motive: Osler’s own findings stand in

contradiction to the death he clinically advocated for, one that is calm, painless, and a form of relief and forgetting.

Osler’s conception of death unraveled

This struggle becomes especially evident when looking at Osler’s own personal losses. For the most part, this

A STUDY OF THE ACT OF DYING.

JOHNS HOPKINS HOSPITAL.

Ward 2-5
 No. _____ Name _____ Hosp. No. _____ Date Jan 16th 1900

Age 39 Nationality Irish Religion. P. C. H.

Length of illness. 4 years?

The act of dying: very quiet

If sudden.

Did respiration stop before pulse — how long? Respiration stopped about 2 min before heart?

Coma or unconsciousness before death — how long? Unconscious for 1/2 hour before death?

If any fear or apprehension, of what nature. None

Bodily, i. e. pain. Suffered from shortness of breath.

Mental.

Spiritual — remorse, etc. apparently none

This card is not to be filled out unless done within twenty-four hours of the death of the individual.

N. B. The object of this investigation is to ascertain, the relative proportion of cases in which (1) the death is sudden; (2) accompanied by coma or unconsciousness; (3) by pain, dread or apprehension. Prof. Osler requests the intelligent co-operation of the members of the medical and nursing staff. Please note fully any other special circumstances connected with the act of dying.

Figure 2. Study of Dying Card 5: "Called loudly."²⁶

period is not discussed in the Oslerian legacy of history of medicine. There is little focus on when Sir William Osler was not focused—where he drifted to and from himself to find forgotten, submerged, and somewhat frightful aspects of the self. Although Osler was one to "urge the advantages of an early devotion to a peripatetic philosophy of life,"³² his personal experiences of death re-examines his clinical coolness. Rather than

"acquire the art of detachment,"³³ used whimsically to mean a clinician who seeks evidence over all, detachment is brutally forced upon him with the loss of those he loved.

His first son, Paul Revere, was born when Osler was 43 years old in 1893, a year after marrying Grace Osler. She had already had two stillbirths, and was, as Osler said, "taking the rough with the smooth,"³⁴ a week later, Paul died of meningeal hemorrhage, a

If any fear or apprehension, of what nature. *None.*

Bodily, i. e. pain. — *Extreme tenderness of entire body.*

Mental. *None.*

Spiritual — remorse, etc. *None*

Figure 3. Portion of Study of Dying Card 21: “Extreme tenderness of entire body.”²⁷

Age. *24* Nationality *Amer.* Religion. P. C. H.

Length of illness. *Twelve days after delivery. Nine hours of symptoms — on the day of death.*

The act of dying: *Patient had intense dyspnoea, was markedly cyanosed, thrashed herself about the bed and cried for air. Then she suddenly threw herself partly on one side and lost consciousness at once. At this time the heart stopped.*

Did respiration stop before pulse — how long? *no. she had been pulseless at the wrist for some time (10-15 minutes). The heart stopped fully two minutes before the last gasp of respiration.*

Coma or unconsciousness before death — how long? *None.*

If any fear or apprehension, of what nature. *Some fear of death apparently but not great. She asked “Am I dying?”*

Bodily, i. e. pain, distress and dyspnoea

Mental. *slight if any*

Spiritual — remorse, etc. *none*

This card is not to be filled out unless done within twenty-four hours of the death of the individual.

N. B. The object of this investigation is to ascertain, the relative proportion of cases in which (1) the death is sudden; (2) accompanied by coma or unconsciousness; (3) by pain, dread or apprehension. Prof. Osler requests the intelligent co-operation of the members of the medical and nursing staff. Please note fully any other special circumstances connected with the act of dying.

J. McCaa. (over)

Figure 4. Study of Dying Card 26: “Gasps of respiration,” “Dyspnea,” “Am I Dying.”²⁹

painful, horrible death for an infant. As Osler described to Lafleur a year later, “Though the birth was an exceedingly easy one, he was a little asphyxiated, and I suppose there was slight meningeal hemorrhage, and subsequent clotting in the veins or sinuses.”³⁵

Osler wrote a letter to his wife, titled “Paul Revere Osler” as a means to deal with the grief (Figures 6, 7(a) and (b)).³⁶ In it, Osler shows death distracted, away from the horrors of the clinical reality of his son’s early end. Addressed from “Heaven,” Osler states, “I got here

Bodily, i. e. pain.	Severe 12 hrs. before death
Mental.	None
Spiritual — remorse, etc.	None

Figure 5. Portion of Study of Dying Card 48: "Severe."²⁹

Heaven July 1st

My dear Mother

If we are good & get on nicely with our singing and if our earthly parents continue to show an interest in us before remembering us in their prayers, we are allowed to write ~~about~~ ^{before} every three or four tithes (i.e. months). I got here safely with very little inconvenience. I scarcely knew anything until I awoke in a lovely green spot, with fountains & trees & soft couches & such nice young girls to tend us. You

Figure 6. Posthumous letter from "Paul Revere Osler" to his mother, Grace Osler, page 1.

safely with very little inconvenience."³⁷ Much of the letter then deals with divisions of heaven, based on age and experience. The letter, though, shows "[Heaven as] the exact counterpart of earth so far as its dwellers are concerned."³⁸ It is a "lovely green spot, with fountains and trees and soft couches and such nice young girls to tend to us." Moreover, Paul later meets Emma Osler, the sister of William Osler, who similarly died horribly young while Osler himself was a child. She is not featured in death, but rather, she "had been sent to make [Paul] feel happy and comfortable."³⁸

(a) would have been accused to see the hundred which came the same day. But I must tell you first how we are all arranged; it took me several days to find out about it. Heaven is the exact counterpart of earth so far as its dwellers are concerned — all from the U.S. go to one place — all from Maryland & we district & even all from the cities & towns & get corresponding places. This enables the Guardian Angel to keep the lists more carefully & it facilitates communication between relatives. They are most particular in this respect and have a beautiful simple arrangement by which ^{we are} they can find out at once whether they have relatives connected in heaven. I never was more surprised in my time — we say that here not life & not eternity for Paul has not stayed from us — when ~~Paul~~ he day after my arrival. Altho' ~~from~~ brought me two quill pens.

(b) in one packet was written Julius Caesar & the other Emma Osler. I knew at once about the former as I had often heard you & father talk of him and had so longed to own his little cup; but the latter I did not know at all, but she said she had been father's little sister & she had been sent to make me feel happy & comfortable.

Figure 7. (a) and (b) Posthumous letter from "Paul Revere Osler" to his mother, Grace Osler, pages 2–3.

Such a discontinuity between the reality of death as an occasional "king of terrors" and Osler's purported public view of the quiet death is further shown with the loss of his second son.³⁹ Edward Revere Osler, known as Revere, was born in 1896. Worried about a similar outcome as Paul, and likely still traumatized, Osler did not allow himself to kiss



Figure 8. (a) Grace Revere Osler, Edward Revere Osler, and William Osler in Norham Gardens, Oxford, 1905,⁴¹ (b) William Osler and Edward Revere Osler at Llanddulas, Wales, 1911,⁴¹ and (c) William Osler and Edward Revere Osler at Norham Gardens, Oxford, 1916.⁴¹

the infant until day five.⁴⁰ No incidence occurred, and the childhood was a happy blossoming. Pictures (Figure 8(a) to (c)) show a joyful family, one of love and contentment.⁴¹

On 30 August 1917, however, this idyll ended when Revere was killed in battle in the Great War. Osler was intimately crushed, writing to H. S. Birkett on 1 September that, “Our dear laddie has been taken!”⁴² This vulnerability was in contrast with the accepted emotionality of the period. It shows Osler, who rarely used exclamations, as bruised deeply by the loss of his second son. “Taken” is used, suggestive of a sudden, brutal kidnapping of a life that could have been lived. Rather than discreet, then, death is exclaimed.

Moreover, it was unlike Osler to lament to others. Numerous accounts detail a curious, personable, but otherwise expressively constrained person.⁴³ He did not elaborate on his feelings in the place of facts. Evidence was a stalwart, which was the ultimate reason for writing *The Principles and Practice of Medicine*—to show how to provide care that was contemporary yet relatable to physicians, considerate of patients yet aware of medical boundaries.

So unique and totally world changing was Revere’s death that Osler began to journal his dreams. Much of it is shimmering darkness, patches of ink written and crossed out, circled and reconsidered. One passage starts, “Dreamt of the boy.” Another ends, “They took his face. They took it once more.”⁴⁴

These letters were written with Osler’s simultaneous reading of Sigmund Freud’s *The Interpretation of Dreams* (1915). At its core, the book deals with the unconscious condensation, which as Osler underlined, “is the royal road to a knowledge ... of the mind.”⁴⁵ His personal copy is well read, with evidence of being held closely and comfortably (Figure 9). Paratextually, passages are underscored and re-written. With the text, Osler’s unconscious contradictions on death are laid bare.

Osler’s dream journal shows evidence of this thoughtful contemplation, with some of these personally strained beliefs on death patched throughout the brief pages. In its uncharacteristic roughness, the journal showcases an unconscious hunger to have his son again, a conscious

1. IX. 17

13, NORHAM GARDENS,
OXFORD.

Dear Birkett

Our dear
Laddie has been taken!
we felt all along that
it was the misfortune.
I felt certain that es-
cape was impossible,
I have had so much a
no Kewells to speak of!
We have to thank you
for your kind care
of him. War was not
his, it is. I dare say

Figure 9. William Osler to H. S. Birkett 1 September 1917: "Our dear laddie has been taken!"⁴²

[From 436]

27. xi. 17 Dreamt of the boy - for
 the fourth time - he was blind
 and I was helping him to throw
 a ball. The last time, a few weeks
 ago, I met him at the Birmingham
 station. It was Revere but not
 the same in face. He was
 returning to duty at Newcastle:
 this to tell him not to go
 as he had been killed ~~off~~ on
 [day] 30. He said it made
 no difference to many went
 back to their depots after they
 were killed. They just put on
 on new faces!

[434] 11. viii. 18

Singularly few dreams of a
 startling character this
 year. I have not been
 sleeping quite so well as
 usual, tho I still fall
 asleep at once after turning
 out the light. I have had several
 confirmations of the fact that
 I began to dream immediately
 by (see previous note). ~~The~~
~~man rolled from side to~~

Figure 10. Page from Osler's dream journal.

filtering of a man poised and educated, and a manifestation of them both in trying to realize the dream through the written actualization of it. By producing the notes, “the boy lives again.”^{35,46}

In the journal, Osler further describes the horror, the awful death of Revere that is imagined but never seen. Of course, one can argue that this re-imagining and direct contradiction to a death of “sleeping and forgetting” are due to the different nature of the deaths—disease versus war. However, such a rationalization fails to explain his clinical incongruencies, his omissions in the Study of Dying notes, his description of death personally, and his own journaling. Death is not peaceful. In seeming agreement with Maeterlink, it is a being breathing nightmare air, one that Osler encounters in his own personal losses.

Conclusions

In framing these individual tragedies and their effects on Osler’s conflicted formulation of death and dying, it could be argued that Osler’s idea of total health actually becomes more comprehensive. “The good physician treats the disease,” he states, “the great physician treats the patient who has the disease.”³⁵ Osler’s form of death is similarly individualized; instead of a single philosophy of serene, easy death free from anguish or mental duress which has been suggested in the literature and initially thought to be clinically touted by Osler himself, Osler’s actual conception of death is a complicated smorgasbord of pain and dread. The archive of Osler’s journals, books, and personal writings—his Study of Dying cards, his diary after Revere’s death, and his numerous letters during World War I, as well as full texts like *The Interpretation of Dreams*—show a conflicted Osler, one who is buffeted and changed by the circumstances of living.

Such texts buoy the work by necessitating it—they illuminate a fuller picture of Osler’s life, and ultimately, his own small deaths. Together, these works comprise disappointments, difficulties, seeing family members pass, and how all these add to a life unfulfilled: his two sons. Together, they dissuade from the mythos of Osler, showing him as an evolutionary of ideas, rather than an absolutist. Such a conflicted idea of death and dying suggests Osler as a true advocate of his own ideals that praise the ability for change and flexibility—to live in uncertainty, to move toward a fuller comprehension when one can, and to learn always what life is about, even if that means not being able to live it as peacefully in death.

Acknowledgment

The author thanks Dr Abraham Fuks for helping edit the essay and his careful consideration.

Declaration of conflicting interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Kacper Niburski  <https://orcid.org/0000-0003-1519-1842>

References

- Osler W. *The principles and practice of medicine*. New York: Appleton and Company, 1920.
- Hinohara S. Sir William Osler’s philosophy on death. *Annals of Internal Medicine*. 1993; 118: 638–642. PubMed PMID: 8452331.
- Cushing H. *The life of Sir William Osler*. Vol. 2. Oxford: Clarendon Press, 1925, p. 672.
- Ariès P. *Western attitudes towards death from the middle ages to the present*. Baltimore, MD: Johns Hopkins University Press, 1974, p. 58.
- Anderson E. *The letters of Mozart and his family*. 2nd ed. New York: St. Martin’s Press, 1966, p. 212.
- Reiser SJ. *Medicine and the reign of technology*. Cambridge: Cambridge University Press, 1978.
- Ibid, 11.
- Crespo Fernández E. Linguistic devices coping with death in Victorian obituaries. *Revista Alicantina De Estudios Ingleses* 2007; 20: 7.
- Rousseau GS. Literature and medicine: the state of the field. *Isis*. 1998 [pcited 2020 Jul 25]; 72: 406–424. Available from: <https://www.jstor.org/stable/230258?seq=1>
- Berliner HS. A larger perspective on the flexner report. *International Journal of Health Services*. 1975 [cited 2020 Jul 25]; 5: 573–592. Available from: <https://pubmed.ncbi.nlm.nih.gov/780286/>
- Stubenrauch J. Riso M. The narrative of the good death: the evangelical deathbed in Victorian England. *The American Historical Review* 2017; 122: 1307–1308, <https://doi.org/10.1093/ahr/122.4.1307>
- Osler W. The reserves of life. *St. Mary’s Hospital Gazette*. 1907; 13: 95–98.
- Fletcher PH. William Osler’s religion. *Archives of Internal Medicine*. 1961; 107: 475–479.
- Bliss M. *William Osler: a life in medicine*. New York: Oxford University Press, 1999, pp. 8–10.
- Elliott P. More subtle than the electric aura”: Georgian Medical Electricity, the spirit of animation and the development of Erasmus Darwin’s psychophysiology. *Medical History* 2008; 52: 195–220.
- Bliss M. *William Osler: a life in medicine*. Toronto, ON: University of Toronto Press, 1999, p. 71.
- Osler W. Ross’s journal forerunner of his Ingersoll lecture. *Canada Medical and Surgical Journal*. 1888; 16: 510–511. Available from: Early Canadian Online. <http://eco.canadiana.ca/>. Page 28.

18. Cushing H. *The life of Sir William Osler*. Vol. 1. Oxford: Clarendon Press, 1925, p. 136.
19. Osler W. *Day books and accounts*. Montreal: Osler Library, McGill University, 1920; entry of August 31, 1917. Bibliotheca Osleriana, # 7688 Osler is apparently remembering the Athenian Solon's conversation with King Croesus of Lydia. (Life of Solon. In Plutarch's Lives Dryden Translation, corrected and revised by A. H Clough. Boston: Little, Brown, and Company, 1895: I, 196; also cited by Herodotus.)
20. ANGINA
21. PNEUMONIA
22. Cushing H. *The life of Sir William Osler*. Vol. 2. Oxford: Clarendon Press, 1925, p. 671.
23. Mueller PS. William Osler's study of the act of dying: an analysis of the original data. *Journal of Medical Biography*. 2007; 15: 55–63. PMID: 17356744.
24. Osler W. Study of dying cards. Original copies digitized. 1904. Accessed [shorturl.at/lpwI8](https://bit.ly/3aJotFa).
25. Golden RL. Sir William Osler: humanistic thanatologist. *OMEGA – Journal of Death and Dying*. 1998; 36: 241–258.
26. Osler W. Study of dying cards. Original copies digitized. 1904. Accessed <https://bit.ly/3aJotFa>. Card 142.
27. Osler W. Study of dying cards. Original copies digitized. 1904. Accessed <https://bit.ly/3aJotFa>. Card 5.
28. Osler W. Study of dying cards. Original copies digitized. 1904. <https://bit.ly/3aJotFa>. Card 21.
29. Osler W. Study of dying cards. Original copies digitized. 1904. <https://bit.ly/3aJotFa>. Card 26.
30. Osler W. Study of dying cards. Original copies digitized. 1904. <https://bit.ly/3aJotFa>. Card 27.
31. Smith B. A sleep and a forgetting: William Osler's beliefs about aging and death. *Canadian Family Physician*. 2015; 61: 167. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4325866/>
32. Osler W. Valedictory address to the John Hopkins University. *JAMA*. 1905; 44: 705–710.
33. Osler W. *Aequanimitas with other addresses to medical students, nurses and practitioners of medicine*. Philadelphia: The Blackiston Company, 1943, p. 211.
34. Centor RM. To be a great physician, you must understand the whole story. *MedGenMed: Medscape General Medicine* 2007; 9: 59. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1924990/>
35. William Osler to Dr. John A. Mullin. Baltimore, February 16, 1893. William Osler Letter Index, Osler Library, McGill University, CUS417/89.7.
36. Posthumous Letter from 'Paul Revere Osler' to His Mother, Grace Osler. 2020. William Osler – Profiles in Science. 2020. John Hopkins University. <https://profiles.nlm.nih.gov/101743406X87>
37. Posthumous Letter from 'Paul Revere Osler' to His Mother, Grace Osler. 2020. William Osler – Profiles in Science. 2020. John Hopkins University. <https://profiles.nlm.nih.gov/101743406X87>. Page 1
38. Posthumous Letter from 'Paul Revere Osler' to His Mother, Grace Osler. 2020. William Osler – Profiles in Science. 2020. John Hopkins University. <https://profiles.nlm.nih.gov/101743406X87>. Page 2-3
39. Starling PH. The case of Edward reverse Osler. *Journal of the Royal Army Medical Corps* 2003; 149: 27–29.
40. Grace Revere Osler to Ellen Free Pickton Osler. Baltimore, January 3, 1896. William Osler Letter Index, Osler Library, McGill University, CUS417/58.77.
41. Osler Library of History of Medicine. Fonds. William Osler. Box 1.
42. Osler, W to H. S. Birkett. Sir William Osler Collection, P100, 81. Folio box 2. Sir William Osler Library, Montreal, Quebec, Canada, 1917.
43. Robb-Smith AHT. Osler's changing influence. *Journal of the Royal College of Physicians* 1993; 27: 456–464.
44. Osler, W. Dream Journal. Sir William Osler Collection. Folio box 1. Sir William Osler Library, Montreal, Quebec, Canada, 1917.
45. William Osler to Henri A. Lafleur. Baltimore, February 18, 1893. William Osler Letter Index, Osler Library, McGill University, CUS417/89.10.
46. Osler, W to H. S. Birkett. Sir William Osler Collection, P100, 14. Folio box 3. Sir William Osler Library, Montreal, Quebec, Canada, 1917.

Author biography

Kacper Niburski is a medical student at McGill University interested in medical history.
