Osler’s changing influence
Based on The Osler Oration given at the Royal College of Physicians in 1990

ABSTRACT—Over 20 years in North America William Osler transformed the pattern of medical education for both undergraduates and specialists. He wrote a textbook that not only was a stimulus to medical students and young doctors, but also inspired the railway baron J D Rockefeller to devote his wealth to the advancement of medical research and education. He encouraged the creation of medical associations and societies because he believed, rightly, that these enhanced not only the quality of medicine but also the relationship of the members of the profession, one with another. He provided a great library of medical history and medical biography which has been and will be an inspiration for years to come. In the 15 years Osler spent in England he created a school of medical science which has continued to burgeon and has formed a foundation for a great clinical and research medical school. He inspired the creation of the postgraduate centres associated with the general hospitals in every town throughout the country; he provided material for a biography which has inspired medical students and practitioners, who now realise that medicine is primarily about sick people, not disease; and he directed another great benefactor, Lord Nuffield, to devote his riches to many aspects of medicine.

Why is it that Osler is more commemorated than any other medical man? He was an able but outstanding clinician, and made some interesting observations of no great importance to the progress of medicine. He was a poor clinical lecturer, but he wrote a textbook of medicine which for over 50 years was the most popular and widely read in many languages. Osler’s formal addresses were impressive, for he had a remarkable richness of language at his command; King James’s Bible was his first reading book, and the first two books he bought were the works of Shakespeare and Sir Thomas Browne. His teaching at the bedside was quite outstanding; he would show his students what could be learnt by using all the senses, and enthuse them with the excitement and humanity of medicine. He inspired the young by understanding them, relieving them of their doubts and uncertainties. He could give confidence and reassurance to the sick and to their relatives and friends. These were the qualities that inspired so many with a desire to commemorate this humane physician.

Research and teaching
As a schoolboy in Canada, Osler came under the influence of one of those clergymen-naturalists who played such an important part in the development of natural science in the Victorian period. It was minute pond life that fascinated Osler; but he soon realised the medical potentialities of microscopy, at which he became quite skilled. Consequently Osler was accepted as a research student in Professor Burdon Sanderson’s department of experimental physiology in University College when he arrived in London in 1872 for postgraduate studies, and made one of the earliest studies of blood platelets and their relationship to coagulation, which was to stand him in good stead on his return to Canada.

Osler was also attending ward rounds, and was greatly impressed with bedside teaching, to him a completely new form of clinical instruction, as the majority of North American medical schools were following the Edinburgh tradition of amphitheatre demonstration and lectures. Delighted with ward teaching, Osler was far less favourably impressed with the Conjoint Board examination (MRCS, LRCP), which he took in July 1873. Indeed, this initiated his unremitting disapproval of the whole panoply of final examinations, and it was Osler who introduced the concept of continuous assessment which is now so widely accepted.

Osler returned to Montreal in June 1874, with the fame of his platelet discoveries and three ideas which would greatly influence his educational methods. First, he realised the importance of clinical microscopy, not only as an aid to diagnosis of disease—bacteriology at this time was still in its infancy—but also as an exciting form of laboratory investigation for students. Second, he realised that clinical teaching at the patient’s bedside was a far more stimulating and enlightening form of instruction, both for the teacher and the student, than could ever be achieved from a formal oration in the amphitheatre. Third, Osler recognised the advantage of the German system, in which the clinical professor had a unit or team of junior house officers and whole-time resident assistant physicians who might stay

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for some years gaining experience in clinical work and research.

In July 1874 Osler was appointed at McGill University as lecturer, later professor of physiology. Though he loathed giving formal lectures, he soon developed practical classes in medical microscopy, now called clinical pathology, which were a great success. Osler introduced this subject to North America, and soon his bedside teaching was also extremely successful. He started writing for the medical journals and his ‘inkpot career’ of reporting cases to the various medical societies was gaining him recognition and so he was invited to attend British and international conferences. In 1878 he and Clifford Allbutt were two of the nine successful candidates for Membership of the Royal College of Physicians of London, and at that time Osler was introduced to some of the leading London physicians who were to remain his firm friends.

In 1881, Osler was again in London, reading a paper on endocarditis at an international congress which impressed the young Philadelphian surgeon, Samuel Gross, who with his wife Grace (née Revere) was attending on behalf of his father; on his return to Philadelphia Gross suggested they should try to get Osler for their medical school.

In 1883, the Canadian Press announced with pride that young Professor Osler had been elected FRCP, and there were only two other Fellows in the whole Dominion. As junior Fellow he was elected to the Goulstonian Lectureship in 1885. He gave a masterly review of ‘malignant endocarditis’, based on his personal experiences, and characterising the type which 20 years later Horder and Libman designated ‘subacute bacterial endocarditis’.

Professor of medicine in Philadelphia

Prior to delivering the Goulstonian lecture, Samuel Gross’s hopes had been fulfilled, for in August 1884 Osler had been appointed to the chair of clinical medicine in the University of Pennsylvania, a turning-point in his career which opened the way to his achievements in clinical medicine. Up to this time, teaching in the medical schools of Philadelphia had been characterised by the formal oratory of the amphitheatre, but Osler changed that. He found a disused laboratory which he converted to clinical microscopy for the students learning medicine in the wards and outpatient departments. It was appropriate that the first Institute of Clinical Research in the United States was in Philadelphia, designed by Billings and opened by Welch in 1895.

It was in Philadelphia that Osler’s literary output was at its highest. He wrote over 400 papers and books during the five years he was there. The majority was clinical, but an increasing number dealt with medical education and a few with medical history and biography; the 25,000 volumes dating from the 18th century in the library of the College of Physicians provided a sound foundation for his future interests in that field. The Cartwright lectures given in 1886 completed his papers on platelets and leucocytes.

Osler’s studies on malaria were probably his most influential at this time. In 1884 Alfonse Laveran had described bodies seen in the red cells of malarial patients but the medical profession was not impressed. At first, Osler, an experienced microscopist, expressed his doubts, but later admitted his error in the British Medical Journal of March 1887, and this played a large part in convincing the medical profession of the importance of Laveran’s discovery.

At the Johns Hopkins Hospital, Baltimore

In September 1888 Osler received an invitation to become physician-in-chief of the new Johns Hopkins Hospital in Baltimore, as well as professor of clinical medicine. The framework of the preclinical school had already been laid down and the heads of the departments were whole-time with no clinical duties, which was unusual at that time. On 1 May 1889 Osler gave his valedictory address, ‘Aequanimitas’, to the Philadelphia students. He spoke to the medical faculty in more sombre terms; not only was he leaving close friends, but there had been sad losses, particularly the sudden death of Samuel Gross.

At Baltimore, Osler found that no provision had been made for a clinical microscopy laboratory. He had already shown this to be of considerable importance in a clinical school and before long a fine laboratory was built to Osler’s design.

Osler’s combined hospital and academic appointment enabled him to introduce a staffing pattern for his assistants which combined responsibility for patients, clinical training and research, something which had evolved in his mind from his experience of European clinics. The professors and associate professors shared the responsibility for the outpatients and ward work, but in addition had their private practice and private wards. The residents, assistant residents, and interns (house officers) lived in the hospital and were immediately responsible for all inpatients and outpatients, as well as for the clinical laboratories. Although these whole-time appointments were reviewed annually, they could be held indefinitely; but ordinarily, after a number of years the residents would wish to move to more senior posts.

This resident training programme was soon adopted by the heads of the other Hopkins units. It was at first unique in the United States, but gradually became more widespread. The undergraduate school had been delayed owing to financial difficulties, but on Monday 6 May 1889 the hospital was open for public inspection and on the following day was formally opened. Some patients attended clinics as outpatients, and the first inpatient was admitted on 15 May. Soon the hospital was running smoothly, though at a low tempo. So, a year later, Osler decided to go to Europe...
for a four-months’ ‘brain dusting’. This ended in July 1890 with a weekend in Hertfordshire visiting Professor Schäfer (1850–1935), the physiologist, who had been Osler’s supervisor when he first came to England. Ever afterwards, when Osler took a decision affecting his career—and he usually made up his mind quickly—he would later talk over with Schäfer how he should handle his new duties.

Osler’s textbook of medicine

When Osler returned to Baltimore in the autumn of 1890 he had a visit from Appletons, the publishers, asking if he would write a students’ textbook of medicine. Osler was well aware of the millstone that a successful book could be, but the offer of $1,500 on publication and a guaranteed sale of 10,000 copies in two years was irresistible. The last three months of 1890 were spent in desultory preparation, but from January 1891 he set himself a strict programme, and by 15 October 1891 the manuscript was virtually completed and had been read by a colleague. Proofs were being corrected. In January 1892 Osler prepared the index and verified all the references, the most laborious of all the preparatory work. The preface was signed on 1 January 1892, and the book was ready for distribution in February of that year when Osler received his first copy. Even allowing for Osler’s singleness of purpose and writing experience, it was a remarkable achievement to have this volume published within 16 months of its conception, and there is little doubt that the insistence of the widow Gross, that he should stick to his last, added fervour to his energy. He had at hand the clinical and pathological data from Montreal and Philadelphia, as well as reviews and annotations which he had written. But much more remarkable is the delightful historical and biographical information which must have been largely gathered from the Philadelphia College of Physicians library. Osler’s textbook is probably the best introduction to medical history that has ever been written, and some medical students or young doctors will inevitably read it and be intrigued by the historical allusions and wish to know more.

It was a happy, but perhaps arranged, chance that Mrs Gross was staying with friends in Baltimore at the end of February 1892, and Osler was able to call upon her and toss into her lap a thick red volume, saying; ‘there, take the darn thing, and what are you going to do with the man?’ They were married very quietly at St James’s Church, Philadelphia on Saturday 7 May 1892, and slipped away the same day for a honeymoon, first in Canada and then in England. Osler returned to America at the end of August, hearing that a house at the corner of West Franklin Street, Baltimore was for sale. He made a snap decision, just as he did later for 13 Norham Gardens in Oxford. His offer was accepted and for the next 14 years he and his wife were to live there very happily. Grace’s expertise as a hostess, together with her adoration and protection for Osler, enabled him to display his charm and talents without restraint. It was only on rare occasions that she had to dissuade him from over-boisterous boyish pranks.

Those days at the turn of the century were a halcyon time for the Oslers. There was the birth of their son Revere; the arrival of the first group of clinical students in the hospital; the Saturday evening meetings for a few students in his library, when they might start by talking about patients and go on to discuss books. Osler’s first visit to Oxford was in 1894 for the British Association Meeting, when he was thrilled to see the Linacre, Sydenham, and Harvey triptych. There were talks and addresses to give, clinical investigations to undertake and Osler’s achievements as a consultant spread far beyond the bounds of Baltimore. His educational philosophy also spread as his assistants took up appointments in other medical schools. Osler’s textbook was also immensely successful; 24,000 copies of the first edition were sold, and it is estimated that the total number of copies sold in all the editions probably amounted to over half a million. The book was translated into French, German, Italian, Spanish, and Chinese; there was one ‘pirate’ edition; and it has recently been discovered that two Russian editions were published. By chance one of J D Rockefeller’s advisers read the third edition of the textbook, and was both fascinated and horrified that so little was known of the cause, and therefore the cure, of so many diseases. He brought this to Rockefeller’s notice, who agreed that the Rockefeller Institute and grants should be directed towards research into the cause and cure of disease.

Teaching versus private practice

But clouds were gathering in Baltimore. Franklin Mall, the professor of anatomy, was the surreptitious leader of a group aiming at reforming the teaching and teachers of clinical medicine. He thought that clinical professors should not be distracted from their teaching by private practice, but should devote their time entirely to teaching and scientific research. His mouthpiece was Lewellys Barker, who had been Osler’s resident for a year, and was now professor of anatomy at Chicago. On 28 February 1902 Barker delivered a speech on ‘Medicine and the universities’ to western alumni of Johns Hopkins University during its 25th anniversary celebrations. He suggested that the purpose of a university hospital clinic was to train students to carry out research in the wards and laboratories, and that it should be staffed by physicians and surgeons trained to high academic standard in physiology and pathology who had made important contributions to knowledge. They would be well paid but must not engage in private practice. It was not surprising that Barker’s proposals, which he admitted were based on Mall’s suggestions, were received with little enthusi-
asm. Osler, who was fond of Barker, recognising his strong points and his weaknesses, said to Mall on leaving Baltimore: 'Now that I am going perhaps you will get your way'. And to some extent Mall did.

In 1902 Osler had other worries. His consulting practice had increased enormously. In the previous year he had travelled over 27,000 miles and although his income had exceeded $40,000.00 ($650,000.00 is the modern equivalent) he was feeling the strain greatly; he was having anginal symptoms, and the sudden death of his brother reminded him that the vascular tree of the men in his family was not too good. Apart from the difficulty in finding time for teaching, the size of his ward rounds was getting out of hand, nor did he have time for his writing or preparing his addresses. He had agreed, somewhat unwillingly, to give the 1904 Harvard Ingersoll Lecture, which required a discourse on immortality.

The pressures continued, but in 1903 Osler did manage a four-months' holiday in Europe before facing the winter. Then the Baltimore fire and other matters swamped all his good intentions and there was no time properly to prepare the Ingersoll lecture, on 'Science and immortality'. It had been cobbled together and was not well delivered, but did contain a study of 'The last sensations of the dying'.

Regius Professor of Medicine at Oxford

There were rumours of an invitation to Harvard as a visiting professor, but other events took priority. Mrs Osler was surprised when her husband announced that he was coming down to see her on 19 June 1904, as birthdays were not usually celebrated in their family. As they drove from the station she saw a twinkle in his eye when he handed her a letter, but indicated that she should not make any comment. The letter was from Sir John Burdon-Sanderson, written on 8 June 1904, asking if Osler would be willing to be recommended as his successor in the Regius Chair of Medicine at the University of Oxford. Mrs Osler wrote of that occasion: 'As I read the letter I felt a tremendous weight lifted off my shoulders. I had become very anxious about the danger of his keeping on at the pace he had been going for several years in Baltimore'.

The background to this invitation was that Sir John Burdon-Sanderson was in poor health and wanted to resign from the Regius Chair at the end of 1904. There was an able young pathologist at Oxford named James Ritchie, whose colleagues in the medical faculty were anxious that he should remain in Oxford, but the university had no funds for an additional chair; so it was suggested that Ritchie might become Regius professor. However, when the Oxford medical graduates in London heard of this they were appalled. They felt that the Regius professor should be someone who could truly represent the medical profession as a whole. It is believed that it was Sir William Broadbent, a distinguished Court physician, who suggested Osler whom he had known well for many years, and as Osler would be coming to Oxford later in the summer for the British Medical Association annual meeting there could be further discussions. Osler sent a wire to Sir John indicating his interest, and followed this on 21 June with a letter which was largely favourable but expressed certain reservations.

Osler arrived in Oxford on 21 July, and for the next week he was being inspected, while he in turn inspected the university; the results were mutually favourable. As the senior representative from the United States, Osler was one of the six DSc honorands and he made a number of speeches and read a paper. Osler wrote of his doubts to his wife who sent the famous cable 'Do not procrastinate, accept. Better to go in a steamer than in a pine box'.

After leaving Oxford, Osler spent a few days with Professor Schäfer discussing his decision. The Prime Minister's official letter of appointment arrived just before he sailed for America. As soon as he arrived in New York the news was out, and it became a trying and tiring time for the Oslers and their friends.

Osler's valedictory address to Johns Hopkins University in February gained notoriety as the 'Fixed period' address. This was not the first but was certainly the saddest occasion on which Osler used a light touch to relieve the sombreness. The Press, whether purposely or not, misinterpreted his intention, unaware that he was deliberately misquoting Trollope and that the quotation only formed a small portion of the whole address. The principal part contained the often quoted words: 'I desire no other epitaph than that I taught medical students in the wards, as I regard this as by far the most useful and important work I have been called upon to do'. The other two farewell addresses, entitled 'Student life' and 'Community peace and concord', caused scarcely a ripple.

Oxford can be at its loveliest in May, but it was a cold and blustery day when the Oslers arrived exhausted on Saturday evening 27 May 1905. They had rented No 7 Norham Gardens for a year, furnished and complete with staff. The butler was welcoming but the house felt cold, and Mrs Osler asked for fires to be lit in the bedrooms and reception rooms, to the astonishment of the neighbours, for no fires were ever lit after the spring cleaning. But Oxford was going to learn much from Mrs Osler about comfort and hospitality.

In Osler's day all Regius professors were ex officio curators of the Bodleian Library, and within a week he was summoned to a special meeting. An undergraduate had brought to the library a copy of Shakespeare's first folio, which had been in his family for more than 200 years and needed repair. It was quickly identified as a copy the library had received under the copyright agreement, but when a later edition had been received, it and some other books had been sold for £24.00. Naturally the curators were anxious to have it once again in Bodley. The owner agreed to sell it for
£3,000.00 if the money was available before 31 March 1906. A public appeal was launched, and Osler received generous donations from his rich North American friends, but on 27 March they were still £500.00 short. Osler approached Lord Strathcona, and two days before the closing date received a cable and a draft for £500.00. Bodley’s librarian wept when he heard the good news.

This was only the beginning of Osler’s influence on Bodley, for which he had the greatest affection. He would raise funds to modernise the library, opening new reading rooms, and reviving the Bodley oration. He initiated the idea of Bodleian exhibitions, such as the Shakespeare tercentenary of 1916, when Osler spoke on ‘Creators, transmuters and transmitters’. He started the Bodleian Quarterly Review, from which in 1925 the Friends of the Bodleian arose.

Early in June the Oslers visited the Alms Houses at Ewelme, some miles south of Oxford, of which the Regius professor had been Master since the 17th century. Both the Oslers took a great interest in ‘their old men’, as they called them, and their visits were much appreciated both by the almsmen and the village.

The medical school was quite small, and it was usual for undergraduates to go to the London teaching hospitals for their clinical experience. But since 1881 the medical and surgical staff of the Radcliffe Infirmary had provided a very popular introductory clinical course, and Osler joined in this course, giving a class on physical examination and clinical signs. In addition, on Tuesdays he had a postgraduate case demonstration, often reported in the journals. He also had an informal ward round at 10 o’clock on Sunday mornings, when undergraduates were welcome to join him seeing interesting cases, visiting the laboratories, and finally looking into the kitchen to see what was being prepared for dinner.

It is remarkable that Osler’s interest in medical history first became known in Great Britain in October 1905, when he spoke at Guy’s Hospital on Sir Thomas Browne, and a week later took part in Browne’s tercentenary celebrations at Norwich. In no time Osler’s other interests became apparent. He had been persuaded by Sir John MacAlister to help in the amalgamation of the numerous London medical societies, which evolved into the Royal Society of Medicine.

It was largely due to Osler that the Oxford University Press, of which he was a delegate, developed its medical publishing section. It was also through him that the OUP acquired the copyright of the Dictionary of National Biography, although at first it caused the secretary and the delegates much trouble. Osler maintained that the sole purpose of his £40.00 stipend as Regius was to keep ‘Dictionary Murray’ alive until he had completed his great task—the Oxford English Dictionary. Osler did not quite succeed, for Sir James Murray died in his 88th year, by which time nine-tenths of the OED had been published; during the 39 years of his work he had only lost one word, ‘bondmaid’.

The ‘Open Arms’

When Osler returned to Oxford early in 1906, after the first of his many visits to the States, he was getting restless about finding a permanent home with a library. So once again, as at Baltimore, he indulged in impulse house-buying. He sent a wire to Professor Conybeare offering a fairly generous price for 13 Norham Gardens. Conybeare was astonished, but agreed. So, in August 1906, an army of workmen moved in. The house was to be nearly doubled in size, with central heating installed to American standards.

The Oslers moved into 13 Norham Gardens in January 1907, but the house was not really finished until the summer term and it was not until September that Osler announced that the ‘hotel was open’. So the so-called ‘Open Arms’ was achieved, which was to be a centre of hospitality for young and old. The house was skilfully designed, with a consulting and examination room as an isolated suite, while at the far end of the drawing room a sliding door enabled Osler to slip away and leave Mrs Osler to entertain the guests, while he stayed quietly in his library, or more usually, went up to his workroom on the first floor to get on with his writing or reading.

Osler had been elected to a studentship (fellowship) of Christ Church in the autumn of 1904, and thoroughly enjoyed the social life of the common room, though he never remembered to bring only two visitors on guest nights. Osler regarded Robert Burton’s Anatomy of melancholy as the best book on medicine written by a layman, and was delighted that many of Burton’s books were in Christ Church; he arranged that these should be gathered together surrounding a portrait of Burton. ‘The library of Robert Burton’ was the first paper Osler delivered to the Bibliography Society on which, when he was president, he had a great influence. This paper was included in a special Burton volume of the Oxford Bibliographical Society, a society for which Osler was the inspiration though it was not founded until after his death.

It was also at Christ Church that Osler stimulated interest in John Locke, indirectly inducing the formation of the Mellon collection of Locke’s manuscripts, now in Bodley. Osler’s bibliophilic activities were endless: he was constantly buying important medical books, mostly for his own library, but he was very generous and was always happy to give a book to a friend who would appreciate it, or to a library that deserved it. He enjoyed sharing his books and his knowledge with his friends and students. He bequeathed his great library with its richly annotated catalogue to McGill university, where it will continue as a Vitae memoriae.

In the spring of 1914, William Osler asked Charles Singer, a 38-year-old pathologist who had recently written one or two papers on historical aspects of biology, if he would like to hold a Philip Walker studentship in pathology at a salary of £250.00 a year. The pathological duties were nominal, but Osler felt that Singer
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Osler's appointment as Regius professor failed to resolve the problem of the academic status of Oxford pathology. After certain difficulties, Osler was able to appoint as professor Georges Dreyer, a Danish experimental pathologist and immunologist. This appointment was contrary to usual practice at that time, when all the chairs of pathology in the British Isles were held by morbid anatomists. Georges Dreyer is one of those unfortunate scientists whose work was unjustly discredited. In Osler's day, Dreyer was recognised as one of the leading experimental pathologists, closely associated with the Medical Research Council. His emphasis on the importance of standardisation of biological reagents not only ensured the effectiveness of typhoid and other bacterial immunisation for troops in the first world war, but also initiated the Medical Research Council's biological standards laboratory. It was Dreyer's scientific standing that persuaded the Sir William Dunn trustees to provide a large benefaction for an Oxford school of pathology, which Dreyer designed so skilfully that it was able to meet the needs of Florey's 'penicillin factory', and after 70 years it still continues to provide admirable facilities to teaching and research.

Osler has been called a therapeutic nihilist, but it would be fairer to call him a therapeutic realist. Well aware of the contribution that Professor Abel's department of experimental pharmacology had made to Johns Hopkins, he was anxious to institute something similar in Oxford rather than the usual formal instruction in materia medica. His friend Professor Schäfer told him of a young and very able Orcadian, James Gunn, who had been working with him and was now in Sir Thomas Fraser's department of pharmacology. Sir Thomas endorsed these views, Osler liked Jimmy Gunn, and appointed him first as reader and then as professor of pharmacology. He developed a highly popular and original course in experimental pharmacology which formed the foundation for Oxford's notable Institute of Pharmacology.

In 1913 Francis Gotch, the professor of physiology, a sound but not very inspiring teacher or research worker, died quite suddenly. Osler invited Charles Sherrington to the Waynflete chair of physiology, an old friend whom Osler had known since the days when Sherrington was physician superintendent of the Brown Institute. Another applicant for the chair was J S Haldane, the reader in physiology and brilliant physiological chemist. He had been denied the chair in 1895 by his uncle Sir John Burdon-Sanderson, and now was so offended that he never entered the department of physiology again and continued his experimental work in his private laboratory in his home, now the site of Wolfson College.

Osler had created a remarkable school of experimental medicine on which the clinical school and the Institute of Biomolecular Medicine would be founded, but he and Sherrington were anxious to develop a distinct department of biochemistry as against chemical physiology. It was felt that Benjamin Moore, at that time the Johnson professor of biochemistry at Liverpool, would be a suitable appointment. Edward Whitley, a rich Oxford graduate with an interest in biochemistry and a friend of Moore, was prepared to finance the chair. A memorandum outlining this was approved by the Faculty Board at the end of Michaelmas term 1919. After Osler's death there were various complications and when Sir Archibald Garrod was appointed Regius in Trinity term 1920, he felt it would be better to have a separate building, and the Rockefeller Foundation provided the funds.

Hospital and medical services in Oxford

In addition to Osler's intellectual and educational influence as Regius professor, he also played a powerful part in the development of hospital and medical services. Osler was not only an active consulting physician of Oxford's Radcliffe Infirmary, but also chairman of the Medical Staff Council and thus familiar with their problems. John Briscoe, an 80-year-old retired surgeon, used to come to Osler's Tuesday demonstrations, and with his natural consideration for his seniors, Osler arranged that Briscoe should sit next to him so that he could see interesting features easily. Sometimes they would talk of the needs that the Infirmary had, particularly for a new outpatient department. When Briscoe died in 1908 it transpired that he had left his whole fortune of nearly £63,000.00 to the Infirmary, the largest single benefaction it had ever received.

The new outpatient building, opened in 1913 by the Chancellor, Lord Curzon, provided not only a large outpatient department but also, at Osler's insistence, a department of physiotherapy, in which he was very interested and on which the Radcliffe consultant, Dr Turrell, was a recognised authority. There was also a department of pathology, in Osler's view essential in a general hospital.

At about this time Osler's advice was sought on dealing with tuberculosis among the poor in Headington. Osler soon organised public funds and appointed a young Scottish physician, Dr Stobie, who would visit the patients in their homes on his motor cycle; but arrangements for hospital care were suspended during the war.

The problem of space on the Radcliffe site became
ever more difficult. Then the hospital treasurer, the Rev Cronshaw, a remarkable man with an enthusiasm for hospitals, learned that the 150-acre Headington Manor Estate was coming on the market for £16,000.00. He told Osler, who was delighted and persuaded the Board of Management to place a 10% deposit on the property, although they only had £2,000.00 in the bank. But Osler knew that the Oxfordshire branch of the British Red Cross Society had a considerable balance, and he persuaded them to purchase the site for the Infirmary. There were interminable governmental delays but finally, in 1927, the Osler Pavilion for tuberculosis was opened. Lady Osler had laid the foundation stone some years before, which states that it ‘commemorates the first extension of the hospital on the site, due to the inspiration of Sir William Osler’. The impact of the ‘White plague’ is now much less, and the John Radcliffe Hospital occupies the site of the Osler Pavilion. But there is still an Osler chest unit in which both Osler’s and Dr Stobie’s names are commemorated by wards.

The ‘whole-time’ controversy

It is necessary briefly to review Osler’s attitude to the ‘whole-time’ clinical professorial discussion. Osler’s legacy (McGehee, Harvey, et al, 1990) has provided an admirable account of the Baltimore story, and it is doubtful if the heads of departments were ‘whole-time’ except for a short period. President Remsen sent Osler a copy of Flexner’s report on Johns Hopkins, and Welch’s modifications in July 1911.

Osler’s forthright criticism reached the president early in September. He did not feel strongly about whole-time salaries provided the income was sufficient, and felt that it would not be difficult to ensure that the professors’ activities in private practice were limited and did not interfere with their hospital duties, but that it was important for them to discuss with the general practitioner any private patient they were called upon to see.

‘The danger would be the evolution throughout the country of a set of clinical prigs, the boundaries of whose horizon would be the laboratory, whose only human interest was research, forgetful of the wider claims of a clinical professor as a trainer of the young, a leader in the multiform activities of the profession, an interpreter of science to his generation, and a counsellor in public and in private of the people in whose interest after all the school exists’.

Naturally Osler’s comments delighted some and infuriated others, but the Rockefeller Foundation recommended that 1.2 million dollars should be made available for Johns Hopkins University. But nothing happened until 1914, when it was announced that the Foundation was prepared to provide funds to enable the clinical staff to become full-time if they wished. In the meantime, Lord Haldane’s Royal Commission on Education had been set up in 1910 and Osler gave evidence. Flexner’s report on medical education in Europe for the Carnegie Foundation had been published in 1912, and the report of Haldane’s Commission indicated that it had been much influenced by Flexner’s views.

In the British Medical Journal for 8 November 1913, a letter signed W O (William Osler) commented on the Rockefeller proposals for Johns Hopkins and warned of possible dangers if the London teaching hospitals adopted similar schemes. This was to some extent reiterated in a leading article in the same issue. A week later W H W (W H Welch), commenting on the earlier letter, suggested that the fears were groundless as far as the London teaching hospitals were concerned, because only one of the firms would be under the direction of the whole-time professor, the other three or four being the responsibility of honorary staff. But this did not altogether convince L E S (almost certainly Lauriston Elgie Shaw, 1859–1923), a Guy’s physician who had at one time been dean of the medical school.

On 4 December 1913 Osler addressed the Abernethian Society of St Bartholomew’s Hospital on ‘The medical clinic—a retrospect and a forecast’. This was, in the main, an account of the form of teaching and practice that he had introduced at Johns Hopkins, and ended with a forecast: ‘There are two problems as to whether this system can be introduced into British medicine’. The first, how easy it would be to integrate the actual principle of the clinic, he foresaw basic difficulties, but not overwhelming ones. Second, on the question as to whether it was wise to have the director whole-time with no private practice, he admitted how difficult it was to serve both God and man, and how a successful and popular physician could restrict his private practice.

When the professorial units were introduced into the London teaching hospitals after the war, this problem was overcome by allowing the assistant director to be in private practice. In the Nuffield scheme at Oxford, professors could decide whether to be whole-time or part-time. In either case they could see private patients but only within the hospital; if they were whole-time the fees would go to department research funds, but if they were part-time to themselves.

H A L Fisher, a close friend of Osler when he was Warden of New College, who later was president of the Board of Education, said: ‘One of Osler’s great ideas was to create a scheme under which country practitioners might be given regular opportunities of keeping in touch with clinical work in hospitals. Another was the further development of the clinical unit system of teaching in our hospitals and university schools. The third was the great development of postgraduate education’.
War service

When the first world war broke out, Osler was up in the north of England, but he hurriedly returned, for since 21 September 1908 he had been an honorary Colonel in the Territorial branch of the Royal Army Medical Corps. As part of its contingency plan drawn up by the Director-General, Sir Alfred Keogh, Osler had agreed that the university’s examination schools should become the Third Southern General Hospital. Within a week the schools had been converted into a 450-bed hospital, fully equipped with nursing and medical staff.

In spite of President Wilson’s strict neutrality in the war, Osler and many of his American colleagues felt that the United States would soon be involved and medical men should be prepared. Most of the medical schools were planning to send voluntary teams; the Harvard unit, which included Harvey Cushing, had arrived in France by April 1915, and was soon in the front line, where it cared for Osler’s son, Revere, after his fatal wounding on 30 August 1917.

The slaughter on the Somme had revealed that the majority who survived had suffered grave limb injuries, necessitating amputations. Most of these cripples were occupying hospital beds or appearing on the streets, creating a serious social and political problem as the speciality of orthopaedics was scarcely recognised in Great Britain, though it was well established in America. Robert Jones of Liverpool had studied this speciality and was appointed to deal with the problem. In spite of some official opposition, he insisted that there should be special orthopaedic hospitals with rehabilitation centres called ‘curative workshops’ and the American Orthopaedic Association compiled a list of young orthopaedic surgeons willing to serve in these hospitals.

Colonel Goldthwaite arrived at Liverpool with his 20 orthopaedic surgeons early in May 1917. He was welcomed by Sir Robert Jones, and the officers were distributed to the various centres. A young Hopkins surgeon, Captain Johnston, whose father was a Baltimore surgeon and had lived near Osler, was sent to Oxford, and he and his wife were frequent visitors to the ‘Open Arms’, which throughout the war years more than justified its name. After the war the majority of these American orthopaedic surgeons was appointed to important positions in their medical schools; Captain Johnston became the orthopaedic surgeon to the Hopkins, and was succeeded by his son.

In June 1917 a public meeting was organised by Osler in Oxford to appeal for funds to establish a curative workshop, so that there could be an orthopaedic centre in Oxford. On the platform were ex-king Manuel of Portugal, the British Red Cross Society curative workshop official; Sir Robert Jones; Colonel Goldthwaite; and the aristocracy of Oxfordshire, with the Lord Mayor and leading university dignitaries. Osler was the chairman of the fund-raising committee, and spoke on ‘The care of the maimed and disabled’, his talk being reported in both Britain and America. Among the contributors to the fund appears the signature ‘W R Morris’.

One of the officers at the Oxford Military Hospital was a Captain Girdlestone who had been in general practice near Oswestry, where he had met Robert Jones and developed an interest in orthopaedic surgery. Captain Girdlestone was put in charge of the Oxford Orthopaedic Centre which was being established at Headington, and which is now known as the Nuffield Orthopaedic Centre. It would not be unreasonable to say that had Osler not used his influence in America and England, the development of orthopaedic surgery in Britain might have been delayed.

There is another twist to the story of Osler and orthopaedics. When the Oslers rebuilt 13 Northam Gardens, they added a ‘motor house’, as they were going to buy a motor car of their own. Cars in those days were not always reliable, but Osler learned that a very skilled mechanic, Mr W Morris, lived near, and whenever the car was misbehaving and Osler had to go on a consultation, the cry went up: ‘Send for Willy!’ William Morris would ride up on his bicycle and make the necessary repairs.

Osler enjoyed seeing skilled craftsmen at work and would often talk to Morris while he was repairing the car. Morris, who was the worrying sort, would often talk to Osler about his aches and pains. One day when Morris was talking about his indigestion, Osler asked him to come into his consulting room, examined him, told him he had a duodenal ulcer and advised him how to change his mode of life to minimise the dangers of an ulcer. Morris was proud of his duodenal ulcer and maintained that it was only Osler who had ever recognised it, but in his old age when he was having some abdominal symptoms, a barium meal showed a duodenal scar and some stenosis; surgery was considered, but decided to be unnecessary.

Morris had quite a considerable medical library, and had the greatest faith in Osler’s textbook, saying that if he did not see it in a doctor’s consulting room that doctor would be no good.

In June 1917, when Morris contributed to the curative workshop appeal, he was not well off. The situation changed a few years later when he organised the Oxford motor ballot, which provided £9,000.00 for the Radcliffe Infirmary. Morris was elected a vice-president, and later president, of the Radcliffe Infirmary. His first major medical benefaction was the purchase of the Radcliffe Observatory and its grounds for the benefit of the Radcliffe Infirmary and the university. He insisted that the Observer’s residence should be known as ‘Osler House’. It later became the social and administrative centre of the new Oxford clinical school, and he insisted that a number of other Nuffield gifts should be associated with Osler’s name.

In his 80th year, when Lord Nuffield was the guest of honour at the Royal Society of Medicine, he said
that it had not been for Osler’s skill he could not have been dining with them that night; and that it was Osler who had told him that there were Cinderella subjects in medicine, and these were the ones that Nuffield had tried to assist.

Two other special hospitals were developed in the first world war in which Osler played a major part. In April 1916, the Military Heart Hospital was opened at Mount Vernon, near Hampstead; it was inspired by Osler, Allbutt and Mackenzie, who were active consultants, and supported by Osler’s friend Sir Walter Fletcher, the first Secretary of the Medical Research Council. There were four units, Thomas Lewis, Parkin-son, Meakins, and Fraser. The influence that this group had on the concepts of functional and organic heart disease at that time and subsequently has been well chronicled by Charles Wooley, and it was at that hospital that Osler aroused the admiration of Thomas Cotton. A McGill graduate, he had come to Europe for postgraduate studies, and in 1913 was working at University College Hospital under Thomas Lewis, learning something of cardiology, which resulted in his appointment at Mount Vernon. Although very different in personality, Lewis and Cotton appeared to complement one another; after the war some of Lewis’s patients were referred to Cotton, whose reassuring approach gave them both comfort and confidence. Anxious that Osler’s name should not be forgotten in the Royal College of Physicians, and to assist the Osler Club of London, Cotton approached Lord Brain, the only president who had been a student of Osler. It was agreed that the College dining room should be known as the Osler Room, that there should be an Osler Oration, and that the Osler Club of London should enjoy some privileges. Cotton also provided a copy of the Seymour Thomas portrait of Osler, while in Canada he founded a professorship in the history of medicine.

The other hospital development with which Osler was associated during the first world war was Sir Arthur Hurst’s War Neuroses Hospital at Seale Hayle Agricultural College, on Dartmoor. In 1916 Hurst had been serving in Salonica, but Osler felt that for health reasons Hurst should return to England and be attached to the Southern General Hospital at Oxford, in charge of war neuroses. Hurst’s achievements in this field were remarkable, and he managed to persuade the War Office to let him convert this agricultural college into a hospital solely concerned with this group of disorders, and the staff that he gathered round him ultimately became members of his New Lodge Clinic.

In May 1918 Osler was called upon to undertake the organisation of a postgraduate medical scheme for British and American demobilised medical officers. This was something in which he had been interested all his life, and in spite of ailing health he approached it with enthusiasm. Sir John MacAllister was advisory secretary, while Phillip Franklin, was the executive secretary and very active in organising the whole scheme. An American hospital in London was proposed as a teaching centre, but this never came to fruition, yet the postgraduate scheme continued to develop and was transformed into the Postgraduate Medical Association, with its own journal which continues to the present day.

Osler’s illness and death

In 1919 Osler delivered his notable address as president of the Classical Association: ‘The old humanities and the new sciences’. Its text was accompanied in the Bodleian Library by a display of books illustrating his concept of the Bibliotheca Prima, for his library had been growing rapidly throughout his time in Oxford. There was also a collection of ancient scientific instruments gathered from the College which provided the foundation for R T Gunther’s Museum of the History of Science, which Osler had strongly supported. But the seventieth birthday celebrations on 12 July were too much for him and in October Osler fell ill, gradually weakening until his death at the end of December 1919.

As to the future, quoting Osler’s sayings or discussing Osler’s attitudes to this and that is not the way in which Osler should be remembered. But to teach medical students the humanity which Osler encouraged, humanity to their patients and humanity to one another, will be the way in which the Oslerian influence may continue.

Looking at Osler’s achievements, one should accept his clinical observations, his writings and enthusiasm for medical history, his personality which played such a large part in his ability to persuade others of the rightness of his ideas, and consider his great contribution to the art of medicine in general.

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