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Sir William Osler – (first impressions) – Oxford – June 1916 –

This morning (Sunday) I went to the Radcliffe Infirmary on Dr. Osler's invitation. It is only a short walk from my rooms and at 10:30 I was waiting in front of a rather modern looking O.P.D. However, I soon found that behind this new building was a hundred-and-fifty-years-old moss covered hospital with a picturesque small chapel beside it and a fine enclosed garden in front of it surrounded by lawns such as one only finds in England. Two or three students were waiting outside the door; they seemed a bit young but looked like good workers. Prof. O. came down the street, a little late, apologetic and very friendly, taking me by the arm at once and proceeding down long underground corridors to the wards. Although I had dined at his house the night before, he appeared in quite a new light. He is short, rather pale, with an evening moustache and eye glasses. He steps briskly and his small hands are very active. A cut away coat with a stand up collar and bow tie gives him a very gentile air. A pair of yellow gloves hang partly out of his right trousers pocket and he carrys his stethoscope hanging in the arm hole of his vest and in one of the upper pockets, the bell dangling down at his waist while in the wards, but carefully tucked in beneath his trousers and belt when he left the hospital. The stethoscope looked as if it might have belonged to Laennec, with an ivory bell as yellow as an old tooth.

He steps quickly into the ward and, with a curt nod to his assistant (who has joined us by this time) goes to the bed of the first patient. It is

a case of chronic nephritis & cardiac complications, and after a brief visit in which he carefully, but apparently casually, inspects the patient, inquires about the laboratory work and has the assistant take the blood pressure, finally getting down on his knees he also puts his stethoscope to the area; he passes on. He is very active and quick, but talks little, as this is evidently an old case which he has seen before.

He passes along from bed to bed making a few inquiries of each. At last a new case is reached, a boy of twenty. By this time three or four students have come in and with the nurse, or sister as they are called here, we make a party of seven. Osler just asks a few questions of the boy in regard to his past troubles and receives a history of two attacks of rheumatism. The boy lies quietly in bed and Osler stands at the head for a minute, then has the bed turned so as a better light falls on the patient, and turning to the nearest student and poking him in the ribs speaks of the possibilities of cardiac complications following rheumatism. He says, he has not seen a patient die of rheumatism for years and turning quickly to the sister asks her how many cases they have had in the hospital which died of rheumatism. She knows of none, and turning to the students Osler remarks on the value of seeking information from sisters, as they always know much and their opinion is worth having. He then looks carefully at the ears and eyes, turning the head & a peculiar shove of the patients chin, like a barber ready to shave the other side of your face. He finds

a phlyctenular conjunctivitis in one eye and he immediately calls for a dictionary which the nurse runs to get. She brings him back a very old 'Dorland', which causes Osler to remark on its age and usefulness; and then, as he reads the definition of phlyctenular, he comments on the benefits of knowing the etymology of words.

His taking of the pulse is interesting for he carefully inspects the fingers, hand, and arm at the same time, running his hand up and down the arm from wrist to elbow much as a 'cellist uses his left hand over the strings. On this case there is a very definite Corrigan pulse and Sir William talks of the possibility of a tentative diagnosis from the pulsating carotids or from just shaking hands with a man who was a victim of aortic insufficiency. The chest is then laid bare and he goes through the ordinary routine of inspection, palpation, percussion and auscultation, talking quietly most of the time to his students. The case is fairly well compensated and Sir William talks of prognosis and the pathology of this rheumatic condition. The whole examination takes 15 to 20 minutes, for he takes a good deal of time in inspection ~~alone~~ and the possibilities of diagnosis by that alone.

On one corner of a female ward is a woman of 50 ± a very red nose, exanthic rash and a ruddy face. Sir William stops in his rounds at once, and going over to the bed has it moved to the best possible light. He shows extraordinary interest, making a careful inspection of the tongue, mottled just and finally palpating a very large spleen. He then quietly tells of his researches in this disease to which he first

called the attention of physicians, as an entity (Osler's disease). The case is a very typical one & a r.b.c. of over 12 million. He explains in a most delightful manner just what goes on in capillaries and bone marrow. The case has another aspect, also, for a small lumps (hardly more than pea-sized) has been found in the left breast and a new growth has appeared in the choroid of one eye. although the growth in the breast is very small and has not changed for over two years, he thinks that the eye condition is surely metastatic. Hearing a noise of a shutting door at the other end of the ward, Osler at once straightens up and calls and waves with his stethoscope to a colonel in uniform, who proves to be M/r. Bevan, a surgeon, and they go over the case together; Bevan being a little doubtful as to the breast growth being carcinomatous and Osler very sure of it.

Thus we pass from case to case, Osler stepping quickly ahead & a kind word for each patient and a hasty but searching look at patient or chart or both as the case may present itself to him. We reach the end of the ward and pass out through the door held by the sister who hands Osler a post card, on which he writes to the publishers for a new dictionary and requests the sister to burn the old one. Taking me by the arm we pass out to the street, he talking of how red in the face the English are anyway, and how easily it is to overlook cases of polycythaemia, also speaking of the work of Cabot, and how many cases are reported as soon as one clearly defines an entity.

With an invitation to tea, he leaves me at the entrance and I see him briskly walking up the street, the tails of his coat flying and his yellow gloves flopping out of his pocket with each step.

He leaves behind an impression of alertness, sincerity and friendliness which I have never seen surpassed in any man; a careful observer, a deep delving fact-hunter, an ideal compiler of knowledge already acquired, a teacher of great forcefulness and interest, and a man of the most lovable type as a host.