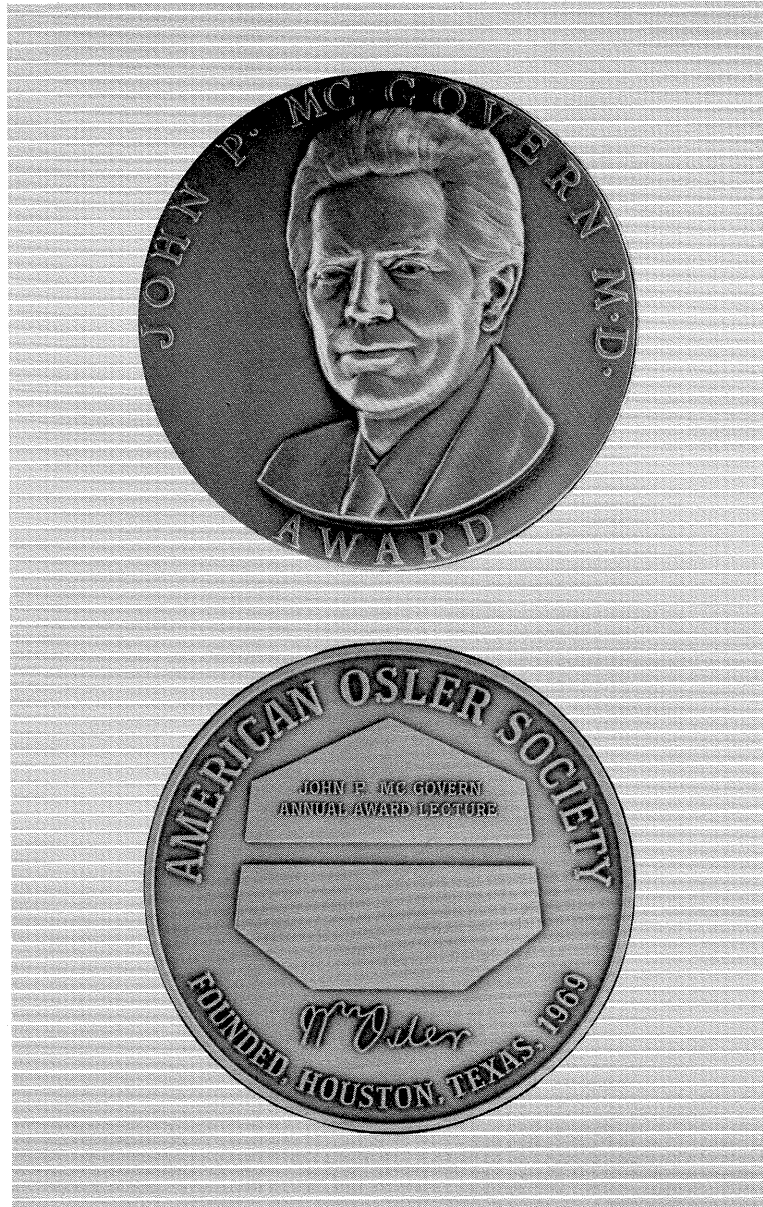


Walton, Lord John

American Osler Society, Inc. < John P. McGovern Award Lectureship

The 'Open Arms' Reviving: Can We Rekindle The Osler Flame?



The Fourth

JOHN P. MCGOVERN AWARD LECTURE



The
'Open Arms'
Reviving:
*Can We Rekindle
The Osler Flame?*

By

LORD WALTON

Warden of Green College, Oxford
Chairman, Friends of 13 Norham Gardens



Delivered 26 April 1989
at the Nineteenth Annual Meeting of the
AMERICAN OSLER SOCIETY
Birmingham, Alabama

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PREFACE

It is a congenial conjunction of fates that brings Oslerians a McGovern Lecturer who shares many of the qualities of the man for whom our Society is named. Such was distinctly the case when Sir John Walton was invited to Birmingham, Alabama on 26 April 1989 to ask if the Osler flame could be rekindled.

Although I was privileged to share only two days with Sir John, I did not hesitate to accept the honor of writing this short preface to his lecture. He is the sort of man, who, if he chooses, reveals much of himself in a short time. I enjoyed him at the table as a raconteur whose conversation sparkled with erudition and wit, as it played out in a sort of point-counterpoint with his charming wife, Lady Betty. In a somewhat more formal setting I found him to be a riveting public speaker. I was privileged to watch him in the role of clinical consultant, and was reminded what a work of art and science can be forged from a clinical history and neurological examination in the hands of a master. In that same episode I saw in him a supremely humane physician as he explained to the patient that even though medicine could do nothing for her basic disease, it could do much for her and her illness.

Lord Walton's vita came to me as a document of twenty-one pages, sans an ounce of fat. In my allotted space I must, perforce,

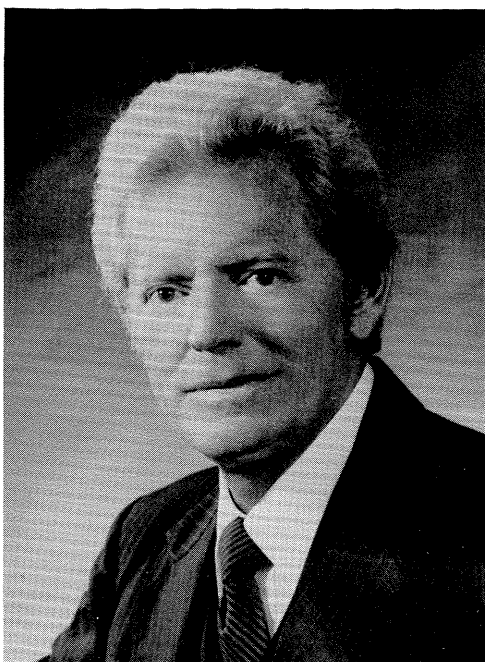
omit many achievements that would stand out in an average biography. Indeed, it might have been easier to list the honors his accomplishments should have, but did not bring him. He centered his formal higher education at the University of Durham (M.B., B.S. 1945; M.D. 1952). His principal academic, administrative and clinical focus was at Newcastle upon Tyne where he rose to Professor of Neurology (1968-83) and became Dean of Medicine (1971-81). From 1983 to 1989 he has been Warden, Green College, Oxford.

He has served as editor or board member of seven neurological journals, was Chairman of the Education Committee and later President of the General Medical Council, President of the British Medical Association (1980-82), President of the Association of British Neurologists, and President of the Royal Society of Medicine from 1984-86. He was made Knight Bachelor in 1979. Shortly following his Osler Society address, Her Majesty the Queen conferred a life peerage on John Walton in her Birthday Honours List in June 1989. He has now taken his seat in the House of Lords and has been gazetted as Baron Walton of Detchant (in the County of Northumberland).

Underpinning this remarkable public and peer recognition has been a prodigious literary cascade. He has authored or edited twelve books, more than thirty chapters in books, and some 185 papers, and still they come.

Oslerians worldwide rejoiced over the efforts of those who led and contributed to the preservation of 13 Norham Gardens. By the time this essay appears, Lord and Lady Walton will occupy Osler's Oxford residence. Oslerians can rejoice further that with the Waltons in place, 13 Norham Gardens will once again become 'The Open Arms'.

ROBERT P. HUDSON, M.D.
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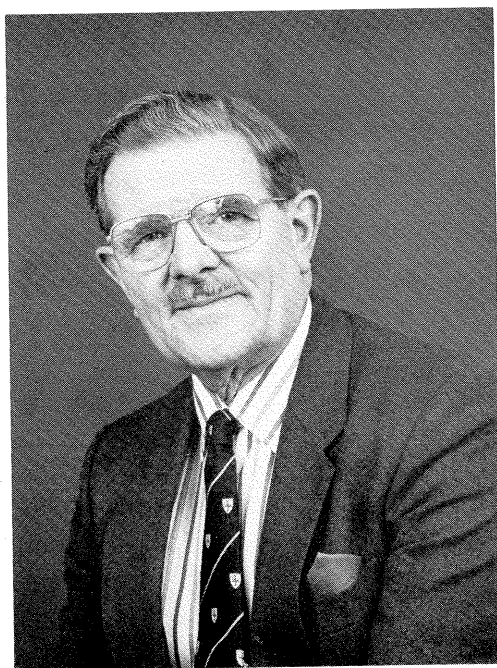


JOHN P. MCGOVERN, M.D.

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JOHN P. McGOVERN AWARD LECTURESHIP

THROUGH the generosity of the John P. McGovern Foundation to the American Osler Society, a John P. McGovern Award Lectureship was established in 1986. This lectureship makes possible an annual presentation of a paper dedicated to the general areas of Sir William Osler's interests in the interface between the humanities and the sciences—in particular, medicine, literature, philosophy, and history. The lectureship is awarded to a leader of wide reputation who is selected by a special committee of the Society and is especially significant in that it also stands as a commemoration of Doctor McGovern's own long-standing interest in and contributions to Osleriana.



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The 'Open Arms' Reviving:

Can We Rekindle The Osler Flame?



HOWEVER TRITE IT MAY SEEM, I must begin by saying that it is a singular privilege to have been invited by the Society of which I am now deeply honoured to be an honorary member to give this annual lecture named after that most distinguished physician, founder member and past-President of this Society, Dr. Jack McGovern.

My own interest in medical history was first fuelled in my student days in the medical school of King's College, Newcastle, of the University of Durham, when early in the course I was introduced by an enthusiastic teacher to Osler's writings. Despite the constraints of wartime and of the student purse, I explored and searched whenever I could the bookshops of Tyneside; and when my colleagues sent me as a delegate to London meetings of the British Medical Students' Association, I scrutinised equally avidly those of Gower Street and the Charing Cross Road (especially the second-hand sections of H. K. Lewis and of Foyles) to collect whatever I could of Osler's writings. Having devoured Cushing's *Life of Osler*, which I believe to be one of

the greatest; if not the greatest, medical biography ever written, I moved on to Fulton's *Life of Cushing* and many other biographies and autobiographies, both serious and popular, from pens as varied as those of Howard Haggard, Benjamin Ward Richardson, Johannes Freund, Oliver St. John Gogarty, Arturo Castiglioni and many more. I was, however, most affected by Osler's *Aequanimitas and Other Essays*, including particularly that on "The student life" which, despite the rather quaint, even archaic language, had a lasting impression upon me, engendering a reverence for Osler and his works which has lasted throughout my professional life. To find myself now, as Warden of Green College, responsible for the maintenance and upkeep of 'The Open Arms' at 13 Norham Gardens, where my wife Betty and I will soon take up residence, is a privilege and responsibility which I treasure greatly. As you are aware, we established some three years ago, with the support and active participation of this Society and of the Osler Club of London, the Friends of 13 Norham Gardens to help me and my colleagues in Green College to fulfil that task.

And before medical and scientific writing on topics like muscular dystrophy and neurological medicine became an abiding interest of mine and occupied most of my writing hours, I first put pen to paper for a medical student journal in 1944 and 1945 in two articles, the first on "Osler: a Great Physician" and the second on "Thomas Sydenham: the English Hippocrates." And later I was privileged in 1969 to deliver the Annual Osler Lecture to the Canadian Medical Association in Halifax, Nova Scotia. And when I handed over the Presidency of the British Medical Association (BMA) at its 150th anniversary meeting in 1982 to His Royal Highness the Prince of Wales, Stephen Lock, the editor of the British Medical Journal, independently invited myself and the other BMA chief officers to write articles on "The medical book I would most like to have written;" our articles were published in the Journal on 5 July 1982. I chose unhesitatingly Cushing's *Life of Osler* which, as I said at the time, gave a superb pen picture of the master, perhaps a trifle dated in its prose but nevertheless a truly great biography. How interesting is it to note that without any collusion Mr. Tony Grabham (now

Sir Anthony), then chairman of the BMA Council, chose *Aequanimitas* for its lasting kindly message, as did Mr. David Bolt, Chairman of the Central Committee for Hospital Medical Services, who remarked that his ambition was perhaps less to have written this book than to be the kind of man who could have written it.

13 NORHAM GARDENS: 'THE OPEN ARMS'

In his will, Sir William left his house to his wife, expressing the desire that on her death (or earlier if she so wished) the house be given to Christ Church College, of which he was a professorial fellow, "as the residence of the Regius Professor of Medicine." Sir William died in 1919. Lady Osler, who died in 1928, followed in her will Sir William's wishes and left the house to the Dean and Chapter of Christ Church to be "assigned by them as an official residence of the Regius Professor of Medicine in the University of Oxford for the time being, or to be otherwise applied by the said Dean and Chapter towards the endowment of the chair . . . in such manner as they might think fit." The contents of the house were left by Lady Osler to her brother, Mr. E. H. R. Revere, who in turn conveyed much of the furniture to Christ Church, and Mrs. Susan Chapin (Lady Osler's sister) attended to the arrangements. Some items of furniture were also offered to other members of the Revere family. But some of it which was still serviceable remained in 13 Norham Gardens. Sir Farquhar Buzzard on being appointed Regius Professor of Medicine in 1929 did not wish to occupy the house and it was let by Christ Church successively to two tenants, first Miss H. L. Hurlston and later a Miss Fairburn. And for a time during the Second World War the house was used to house part of the Mathematical Institute and as a hostel for the Society of Home Students which later became St. Anne's College. In 1953 Christ Church conveyed the property to the University to be held on trust, the trust being expressed in the same terms as in Lady Osler's will, and the University then became the Osler Trustees. Sir George and Lady Pickering took over the tenancy when Sir George came to Oxford to become Regius Professor of Medicine in 1956 and remained there until 1968, when he was succeeded by Sir Richard

Doll who, with Lady Doll, lived there until 1979. The new Regius Professor of Medicine, Henry Harris, then decided that he did not wish to take over the lease when appointed in 1979 and for some time the house remained vacant; some furniture was then stored and some was transferred to the country home of the Regius Professor in the almshouses at Ewelme. Some was distributed to other parts of the world including, for example, one of Osler's desks which went to the Osler Library at McGill University in Montreal. Another desk had previously been given to Dr. Palmer Howard in Iowa and other items of furniture had been handed down through the Revere family to Miss Revere of Boston who still lives on Beacon Hill.

In 1982 the University decided that as the house had been vacant for some time, it should "otherwise apply it towards the endowment of the Regius Professorship;" it therefore leased the house to Green College for 21 years from 1 August 1982, on condition that a quarter of the gross income received by the college from lettings of apartments and office accommodation therein would be paid to the Osler Trust, to bear part of the cost of the Regius Professor's stipend. Provision was made in the agreement that an apartment suitable for occupancy by a future Regius Professor of Medicine would be made available. At the same time it was agreed that the University Newcomers Club could occupy part of the premises on a sub-lease.

It is fascinating now to note the scale of the accommodation available in 13 Norham Gardens in 1929 just after Lady Osler's death. Apart from the large garden, garage, greenhouse and conservatory, there was a huge basement area with a kitchen, scullery, servants' hall, larder, wine cellar and other storage space, while on the ground floor, in addition to a very large hall, there were four reception rooms and a WC. The first floor (second in American terminology) had a boudoir, seven bedrooms, a dressing room, two bathrooms, two WCs and a housemaid's pantry, while on the second floor (or third, if you wish) were four bedrooms, a linen room, boxroom, sewing room, two bathrooms and again two WCs. When Green College took over the lease, funds were raised from Osler admirers both in the UK and overseas to carry out a programme of conversion through

which four small apartments were created in the north end of the building, to be occupied by married students of the college. Three ground floor rooms and an area of the basement were allocated to the Newcomers Club, leaving the large entrance hall, the Osler library and the large adjacent office (formerly Lady Osler's drawing room) to be available for letting, as well as the spacious self-contained Regius Professor's apartment. From 1982 to 1989 that apartment was occupied by a Senior Visiting Research Fellow of Green College, Dr. Philippe Shubik, and he also rented the library and office in order to pursue his work in the field of toxicology and carcinogenesis.

Furniture and Memorabilia

As I have mentioned, one of Osler's desks from 13 Norham Gardens is now in the Osler Library at McGill and another is with Dr. Palmer Howard of Iowa. Some tables from the library remain in 13 Norham Gardens, as do the panelled walls and bookshelves, but some of the original chairs are now in the Regius Professor's apartment at Ewelme. However, the original terrace furniture is still available on the terrace at 13 Norham Gardens and was generously revarnished by Dr. and Mrs. Shubik.

The Acland Triptych

In about 1871, Sir Henry Acland, then Regius Professor of Medicine, commissioned Julian Drummond to make copies of portraits of Linacre, Sydenham and Harvey from the Royal College of Physicians and these were mounted in a triple frame and hung over the fireplace in Sir Henry Acland's library at 39 Broad Street, where the new Bodleian Library in Oxford now stands. When Osler paid his first visit to Oxford in 1894 to attend a meeting of the British Association for the Advancement of Science, he lunched with Sir Henry and was much attracted by the triptych. Mrs. Osler asked Sir Henry if she could have it copied to give to William for a birthday present; the copy went first to the Oslers' home in Baltimore, later being taken to Norham Gardens and installed in the library when Sir William became Regius Professor in 1907. When Sir Farquhar Buzzard in 1929 decided that he did not intend to live there, Dr. Francis, then the Osler Librarian, with the permission of Lady Osler's executors, removed the portraits of Linacre, Harvey and Syden-

ham from their frames in the panelled library at 'The Open Arms' and took them to McGill where they now hang in a corner of the Osler Room in the McIntyre Building. The three frames remained empty until December 1986 when Dr. Alastair Robb-Smith, an Honorary Member of this Society and President of the Friends of 13 Norham Gardens, generously presented to the Osler Trustees (the University and Green College acting on their behalf) photographic facsimiles prepared by Mr. David Dickinson of the original portraits; these have been mounted into frames in the overmantel by Mr. Frank Samuels, so that the library fireplace in 13 Norham Gardens appears as it did in the illustration in Cushing's *Life of Osler*. Again through the energy and interest of Dr. Robb-Smith, the portrait of Sir Thomas Browne, author of *Religio Medici*, one of Osler's favourite works, which used to hang in the library of 13 Norham Gardens but which is now in Pembroke College, has been copied and suitably framed and now hangs in the library.

Other Memorabilia

While Osler's own collection of medical books and incunabula went, of course, to McGill University to establish the Osler Library, Green College is fortunate in having retained many of Osler's own publications including, for example, a first edition of his *System of Medicine* of 1910, two copies of the *Bibliotheca Osleriana*, and other notable works. We have also received from Mr. E. V. Quinn, former librarian of Balliol, many additional books and papers which he had purchased and which had previously been the property of Miss Mabel FitzGerald, a physiologist and friend of the Oslers who, being a woman, was not able to graduate in her youth from Oxford University but who was finally awarded an honorary MA at the age of 100. These are now housed in the Fellows' Room of Green College but are the property of the Friends and will be restored to the library of 13 Norham Gardens as the process of refurbishment continues. Some small items of china belonging to Sir William and Lady Osler are still in the library; a set of etchings by Revere Osler was generously donated by Dr. George Harrell, a head of Osler by Doris Appel by Dr. J. P. McGovern; a plaque commemorating the contributions of Lady Osler was given by Jefferson Medical

College, Philadelphia, and another commemorating Osler's membership of the American Neurological Association by that association. Books have also been donated by Dr. Alec Cooke, Dr. Palmer Howard and Dr. Charles Roland, among others, while Dr. Glenn Knotts of Houston has given the Abram Belskie Medal of Osler created in 1972 to commemorate the foundation of the American Osler Society in Houston, Texas, in 1969. We were also amused to receive from Dr. W. M. Ramsden a silver cigarette case given by Sir William to his uncle, Dr. Walter Ramsden, with a card inscribed in Osler's handwriting saying: "Smoke and think of your good friend, William Osler!" And in May 1984 we received from Professor Michael Brain, son of the late Lord Brain, the D. Sc. gown worn by Sir William Osler when he received that honorary degree from Oxford University in 1904 when the BMA held its annual meeting there. That gown was later given by Lady Osler to Dr. Walter Morley Fletcher, first Secretary of the Medical Research Council, who in turn passed it on to his son, Charles Fletcher; he suggested to Lord Brain that the gown should be converted into a DM gown and given to the Royal College of Physicians of London, to be worn by College lecturers who hold an Oxford DM. However, the College already possessed such a gown and Sir Russell Brain, as he then was, said that he would prefer to give it, after conversion at his expense, to his son Michael, then a medical student, if and when he became an Oxford DM. In 1984 Michael Brain (now Professor of Medicine at McMaster University) decided to donate the gown to Green College for display in 13 Norham Gardens so that it would be available for wear by any future Regius Professor of Medicine or by any Warden of Green College holding a DM of Oxford. The gown is now suitably displayed in the hall. And I am sure that many members of the audience will have read with interest Michael Brain's account of his father's contacts with Osler in Oxford in 1919 published in the BMJ on 9 January 1988.

Repairs, Restoration and Visitors

I and the fellows and members of Green College are very conscious of the burden of responsibility that we have accepted in taking over the lease of *'The Open Arms.'* While the appeal

of the early 1980s launched by my predecessor, Sir Richard Doll, raised substantial funds to assist in converting the house, it became clear soon after Green College took over the lease that as this was on a full repair and maintenance basis the college faced a major financial burden in simply maintaining its exterior fabric. In 1984 we learned that at least £50,000 would be required to carry out such a programme over a five to six year period. Hence in 1984 an appeal was launched to Osler admirers the world over, including members of the 19 Osler societies then in existence. We are very grateful to all of those, many present today, who have given substantial donations or have agreed to contribute by deed of covenant to assist us in fulfilling the task. I would like to pay a very warm tribute to the Osler Societies the world over which have supported us, including this Society, the Osler Club of London and the Japanese Osler Society vigorously led by Dr. Hinohara. Much invaluable support has also come from individuals in the UK but most notable have been the very generous contributions made by Dr. Jack McGovern in whose honour I am speaking today and who is now the Honorary Life President of the Friends. I must also say a very special thank you to Dr. Jeremiah Barondess and to his many colleagues in this Society for the successful approaches they made to colleagues and institutions in the United States, and to Dr. William Spaulding for his noble efforts in raising money for the Friends in Canada. A full list of contributions, both individual and institutional, was given in the 13 Norham Gardens Newsletter No. 4 and is also displayed in the hallway at 13 Norham Gardens. These donations will make it possible for us now to complete this year the final programme of repairs involving much replacement of decaying stonework on the roof and gable ends of the building, on the entrance steps, on the terrace and above the bay windows, as well as repairs to the lead and slatework on the roof, pointing and restoration of brickwork and replacement of decaying wood.

Even during this programme of repair and refurbishment, it has been our great pleasure to welcome notable visitors from many countries who have come to see the Osler shrine. Among them have been physicians from the Netherlands, from Japan, from the Danish Osler Society, from the Osler Club of London,

an international group who came on the *Osler Revisited* conference organised by Nicholas Dewey, a group of US physicians serving in Germany led by Bill Smith, a conference of UK post-graduate deans, Dr. and Mrs. R. McConnell of Liverpool, and many members of this Society including Jerry Barondess, Jim Warren, Nicholas Davies, Robert Kimbrough, Jim Reuler and David Mumford, and David Clarke (a Montreal student who was President of the McGill University Osler Society).

The Future

And what of the future? It is the intention of the Friends of 13 Norham Gardens during the next few years not only to see that Osler's former home is restored to a little approaching its former glory, but also to try to rekindle the Osler flame of international friendship between doctors, medical students and their families, and to make 'The Open Arms' a place which will be regarded by Osler's many disciples as being a fitting tribute to his memory and as helping to maintain the counsels and ideals which made him so famous. The University Newcomers Club, with its active programme for the wives and families of visitors to Oxford from other parts of the UK and from all over the world, is in one sense fulfilling this ideal. However, I am now happy to confirm that as the present Regius Professor does not wish to occupy the apartment at 13 Norham Gardens, the officers of Green College have invited my wife and myself to take over the lease of the apartment on relinquishing the Wardenship of Green College this year; this we have gladly agreed to do. I have now raised the funds necessary to cover the costs of rental of the downstairs offices; and I intend to restore as best I can the library and office as a proper memorial to Osler, and to pursue a number of research projects in neurology and in the history of medicine from this exciting base.

REKINDLING THE OSLER FLAME

But rekindling the Osler flame does not only mean refurbishing his former Oxford home. At a time in medicine when resource constraints have beset medical care, medical education and medical research throughout the world, all of us working in these fields should surely do what we can, despite these difficulties, to

recall and to instill in those whom we teach and to whom we offer our example in clinical practice the principles so clearly enunciated by Sir William in his writings. How interesting it is to speculate upon what might have happened had Osler taken the alternative path upon which he had set his heart when he first came to London in September 1872 at the age of 23. As a student, he was much impressed by R. Palmer Howard, Professor of Medicine at McGill in 1870-72, and it was Howard's ambition that William should train in ophthalmology with the ultimate objective of joining the teaching staff of McGill and of Montreal General Hospital. When Canon Osler and William's brothers managed to raise the money needed to support him in his proposed programme of two years in the UK, he first found himself working in the Physiology Laboratory of University College, London, with John Burdon Sanderson. Nevertheless he was determined to emulate, if he could, William Bowman, England's best-known and most talented ophthalmologist. It was Bowman's advice that Osler should begin by working in physiology. While he was doing so the disturbing news came to him from Palmer Howard that a more senior candidate for the post of ophthalmologist in Montreal, Frank Buller, had emerged. It also turned out that Buller was an applicant for the house surgeon appointment at Moorfields upon which young William had set his heart. In the event, as Buller was appointed, Osler decided not to train in ophthalmology but, following in Howard's footsteps, to cultivate the whole field of medicine as it had never been cultivated before.

It is, of course, easy to pick out from Osler's writings many aphorisms as valid today as they were in his time. Neurologists like myself might perhaps question his comment that "Probability is the rule of life, especially under the skin. Never make a positive diagnosis." But in these days of AIDS and of the growing problem of alcoholism in our society, one can only reflect upon his apposite dictum: "Who serves the gods dies young—Venus, Bacchus and Vulcan send in no bills in the seventh decade." He repeated similar advice in a letter on "Rules for a sensible young fellow," written to A. L. Smith on 20 March 1907, recently resurrected by Giles Bullard in the 1986 Balliol Record

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and brought to my attention by Nicholas Dewey. His comment to the effect that "Common sense nerve fibres are seldom medullated before forty—they are never even seen with the microscope before twenty" should perhaps be assessed along with the saying of Oliver Wendell Holmes the elder, whom he much admired, who wrote that "Science is a first-rate piece of furniture for a man's upper storey if he has common sense on the ground floor." I always enjoyed, too, his wry comment on one of the medical fashions of his age when he said that "the mental kidney more often than the abdominal is the one that floats." And how could one forget that "although one swallow does not make a summer, one tophus makes gout and one crescent malaria."

What a wonderful teacher Osler must have been. When one reads again his essay on "Teacher and student," in which he stressed the importance of acquiring a significant core of knowledge, based on the appreciation of principles rather than on the cramming of fact, he emphasised system and method, pointing out a lesson which all too many medical students found it difficult to learn, namely the importance of an orderly arrangement of one's work and the organisation of one's time. While the practice of medicine is indubitably an art, it must be firmly based upon science and scientific reasoning. How surprised I was, having played a major part in writing the General Medical Council's (GMC) Recommendations on Basic Medical Education in 1980, to turn back to Osler and to find that some of what I had fondly imagined might be personal gems were not at all new. Thus in relation to "Thoroughness" he confirmed that it was necessary to acquire a full and deep acquaintance of chemistry, anatomy and physiology and of the great principles based upon them. Students must also become familiar with methods by which knowledge is advanced (i.e. research) and must acquire such a knowledge of diseases and of life emergencies and of the means for their alleviation that they may become safe and trustworthy guides for their fellow men. Only through such an approach did he believe that the sloughs of charlatanism could be avoided. But he also roundly condemned cocksureness of opinion leading to a lively conceit in one's personal powers and stressed the vital importance of humility. I have long shared his

admiration for Cowper, who said: "Knowledge and wisdom, far from being one, have oft times no connection. Knowledge dwells in heads replete with thoughts of other men, wisdom in minds attentive to their own. Knowledge is proud that he has learned so much, wisdom is humble that he knows no more." At the end of the day, as you all know, Osler saw as fundamental that master word in medicine which he suggested looms large in meaning. He regarded it, and I quote, as "the open sesame to every portal, the great equaliser in the world, the true philosopher's stone;" he thought that it would make the stupid man bright, the bright man brilliant and the brilliant student steady. "With it all things are possible and without it all study is vanity and vexation. To the youth it brings hope, to the middle-aged confidence, to the aged repose. It has been directly responsible for all advances in medicine during the past 25 centuries. Laying hold upon it, Hippocrates made observation and science the warp and woof of our art. Galen so read its meaning that 15 centuries stopped thinking and slept until awakened by Vesalius, the very incarnation of the master word. Harvey gave impulse with its inspiration to a larger circulation than he recognised, Hunter sounded all its heights and depths and stands out in our history as one of the great examples of its virtue. With it, Virchow smote the rock and the waters of progress gushed out, while in the hands of Pasteur it proved a very talisman to open to us a new heaven in medicine and a new earth in surgery." As you are all well aware, the master word was "work."

OSLER THE PHILOSOPHER

Not only, of course, was Osler a great physician and teacher, but it was clear from all that he wrote that he loved his profession and served it to the end of his days. The guild of doctors was one he regarded as being of noble ancestry, demonstrating solidarity without insularity, and a progressive character allowing the advance of knowledge and developments in medical science and in patient care, coupled with the all-pervasive benevolence and human understanding so fundamental to its practice. Among the sins which he saw in some colleagues were those of excessive nationalism, unalloyed provincialism and parochialism.

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When I re-read his comments on "Chauvinism in Medicine" I was reminded of the invitation which came to me in 1987 from the editor of the Oxford Medical School Gazette inviting me to comment upon the seven deadly sins as applied to medicine. This invitation prompted me to consider how these sins, namely lust, intemperance, ire, avarice, sloth, pride and envy, could be interpreted in a medical setting, and of course I concluded that all might at times be relevant, even if their respective importance in relation to medical practice may differ from the way that each is regarded by society as a whole.

Wearing one of my other hats as, until recently, President of the GMC, I confess that if one believed the salacious and sensational commentaries of the tabloid press upon the proceedings of its Conduct Committee, some doctors, driven by *lust*, appear to indulge in incredible, even unmentionable, sexual activities with patients of the opposite sex. But in fact the proportion of cases involving sexual misdemeanour is small in comparison with the whole (three out of the 53 cases handled by the committee last year)—a tiny problem when compared with the 24 doctors accused of serious neglect or disregard of their professional responsibilities to patients (also relatively few when derived from about 100,000 practising doctors in the UK).

Intemperance is, of course, a syndrome not unfamiliar (on occasion) in doctors and we cannot be proud of the fact that until about 1980 the incidence of cirrhosis of the liver was more than three times as great in doctors as in the general population. More recent figures suggest that its incidence in members of the profession is falling, but nevertheless addiction to alcohol or drugs is still by far the commonest cause of reference to the GMC's health procedures. Since 1980 over 150 doctors have been placed under supervision (a few have had their registration suspended) for this cause and about 10 doctors a month are now being referred to the National Counselling and Welfare Service for sick doctors.

Of less direct concern to the GMC but nevertheless worrying and troublesome is *ire*. The more I have seen of medicine in 42 years of clinical practice, the more I have recognised the crucial need for good communication between doctors and patients and

the necessity of compassionate and humane management of sick people even when the doctor is weary and even when provoked or irritated by inconsiderate or irrational behaviour (patients, like doctors, sometimes lose their tempers and behave badly). But times out of number I received letters at the GMC from patients suggesting that doctors had been abominably rude, clumsy, arrogant, thoughtless or just simply unsympathetic, unfeeling or unkind. They said: "I don't want the doctor 'struck off'; please write and ask him (or her) to be nice to people in future"—but that, of course the Council couldn't do without invoking the full panoply of quasi-legal procedures. *Avarice*, too, falls outside the GMC's statutory powers even though some letters complain about what, *prima facie*, looks like gross overcharging in private practice. Can we hope that the profession itself, with appropriate procedures at a local level, could satisfy public concern about some such matters?

Sloth, if I interpret the word literally, is I think pretty rare among doctors in clinical practice who are all too often, whether in junior resident posts or even when more senior, overworked and weary. And in family practice, too, the third night call during an epidemic or the stress of coping with an importuning patient in a crowded office can impose almost intolerable strains on a doctor's reserves of patience and understanding. But sick people are often frightened people and the diagnosis of acute meningococcal meningitis or of a perforated appendix in the middle of the night, followed by prompt action, can excuse several unnecessary calls which only an expert could judge with hindsight to have been unnecessary. No, sloth is not usually a problem with doctors—but perhaps the most difficult lesson of all for the young doctor to learn (as I said earlier) is how, in the face of competing demands and responsibilities, to be able to organise his or her time.

And so we are left with *pride* and *envy*. Relevant to medicine? Of course they are. If (with apologies to Rudyard Kipling) pride leads you to rely upon your own skill in diagnosis and management and to be so self-confident as to refuse the legitimate wish of a patient to seek a further (probably confirmatory) opinion, it comes before a fall. If intellectual and professional arrogance

cloaks your opinions with an aura (to yourself) of infallibility, if that arrogance leads in turn to an inability or unwillingness to talk to a patient on equal terms with a full and frank discussion of pros and cons, if you are unable or unwilling to admit, on occasion, your uncertainties or even your mistakes, and if pride or envy leads you unjustifiably to criticise or disparage the views or advice given by a professional colleague, these are indeed deadly medical sins. For the days of "doctor's orders" are long past; the doctor/patient relationship is a partnership in which the doctor offers advice but it is up to the patient to decide whether or not to accept it.

DOCTOR/PATIENT COMMUNICATION

May I now return to the question, so dear to Osler's heart, of communication between doctors and patients? Some of the greatest misunderstandings which arise between doctors and patients and their families occur when this is unsatisfactory. In the medical consultation, the keystone of clinical practice, the interview is the beginning. Interviewing skills can be examined, assessed and taught. It is salutary for a doctor to see a videotape recording of an interview conducted by himself. Even more important is the exposition or discussion in which the doctor must give clear and concise advice but must not strike an authoritarian role. Constraints of time in busy clinics or in overcrowded wards must be admitted. Equally important is the fact that patients often forget, misunderstand or misinterpret doctors' opinions and advice. Doctors themselves may be at fault by writing extremely complex prescriptions. For this reason, the profession should examine the possibility of producing more written advice to patients about the management of their illnesses. A working party which I chaired at the Nuffield Provincial Hospitals Trust produced a booklet for doctors and medical students ("Talking with Patients") which proved popular. Doctors should always remember that patients may be so distracted by anxiety that they cannot regularly remember what they are told. Sometimes, too, the patient's social and domestic circumstances may inflate or distort the significance of a trivial medical problem. Equally, too, there are patients who either find it impossible, or are unwill-

ing, to comply with doctors' recommendations with regard to treatment.

COMMUNICATION BETWEEN DOCTORS AND OTHER DOCTORS AND WITH OTHER HEALTH CARE PROFESSIONALS

Just as doctor-patient communication is fundamental to good medical practice, communication between doctors in different specialties on the one hand and between doctors and other health care professionals on the other is equally important and often overlooked. The same working party of the Nuffield Provincial Hospitals Trust produced two further booklets highlighting some problems which had emerged as a result of our enquiries into intraprofessional communication. One social worker said to a doctor "I cannot hear what you say while what you are rings so loudly in my ears." But a hospital administrator also said wryly that it was his duty to serve the interests of 200 consultants, 195 of whom owed allegiance only to God and the other 5 did not even accept that limitation. I feel sure, too, that Osler would have felt just as concerned as did Dr. Alec Cooke in the talk he gave to the Oxford meeting of the Osler Club of London a few years ago in which he castigated the profession for its increasing use of acronyms, some of which he found increasingly unintelligible on studying hospital care records. Beginners, he felt sure, would have no difficulty in interpreting the meaning of WR for Wassermann reaction, PM for post-mortem, or D and C for dilatation and curettage. Even more advanced students would usually be quite happy in interpreting GFR, MCHC or DNA but might be compelled to hesitate a little in reading NCT for "not come through" or LSCS for "lower segment Caesarian section." But even honours students, he suggested, might be taken aback by EUAPS for "examination under anaesthetic of post-nasal space," DNSVI for "does not seem very ill," and especially when confronted by the final gem which he had found in a patient's notes as LASNULLRSR, standing for "local anaesthesia, seventh nerve, upper lid, lower lid and retrobulbar space on the right." Surely, despite the temporal constraints which afflict us all in our clinical practice, we can do better?

COMMUNICATION WITH THE MEDIA

Many doctors have also learned to their cost that communication with the media needs considerable skill and judgement. Charles Fletcher dealt admirably with this issue in his Rock Carling Lecture in 1972 and quoted with approbation Osler's warning in 1907 that the Delilah of the press may perhaps be courted with satisfaction but sooner or later was sure to play the harlot; it would thus "leave a man shorn of his strength, *viz.* the confidence of his professional brethren." How true that remains today when we all in medicine have been compelled to acknowledge increasing public interest in matters medical. This area, upon which I do not have time to dwell, requires exceptional expertise.

EPILOGUE

May I finally comment upon some of the fashionable but false antitheses which were so effectively demolished by Sir Douglas Black in his Rock Carling Lecture for 1984? Of his many verbal, philosophical and scientific gems I have time to select very few. When Faraday was asked by one sceptical of the value of science, "What use is electromagnetism?", his response was brief but compelling: "What use is a baby?" he said. All of us in clinical medicine know that there is no antithesis between the scientific and so-called holistic methods or between the scientific and the compassionate and caring, as all doctors, whatever their training and specialty, surely strive to practise whole-patient medicine. I am convinced that the good doctor is just as concerned with disease prevention as with cure. Nevertheless, Black did an invaluable service in stressing that those who feel that management and business skills may be used to buy results in the ever-changing and ever-challenging field of medical research must recognise that 'lavish finance can be impotent in the face of unripe time.' Parkinson in his 'laws of medical research' said much the same thing when indicating that research which does not define precisely a question to be asked, methods of answering it and a route to be followed may be as fruitless in medicine as is that which goes astray because of deficiencies in clinical knowledge, skills or experience.

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As Osler so clearly indicated many years ago, clinical and laboratory science, combined with communication skills, must continue to be partners in our avowed aim of serving to the best of our ability our patients, future patients, knowledge itself and society. These may be truisms but it is upon their full recognition and application in our everyday contact with patients that a proper rekindling of the Osler flame depends.