SIR WILLIAM OSLER – "The Father of Modern Medicine"

The piece is written on stationery bearing the typed heading "13. Norham Gardens, Oxford," Osler's home address from 1907 until his death. This stationery is his personal letterhead from that time. The letter reads: "Dear Fingland, You dear kind man! What a delightful New Year gift! The Fell + Radcliffe letters are specially valuable. R. [Radcliffe] seems t[o] have written very little. We have few letters of his here. I wish you would come and spend a weekend + browse about the Bodleian with me I have a few things too that would interest you. With best wishes for the New Year, Sincerely yours, Wm. Osler."


$ 4,500

VERY RARE OSLER LETTER MENTIONING HIS SON REVERE AND HIS ACCLAIMED TEXTBOOK: The letter is written on Osler's letterhead bearing his Baltimore address of 1 W. Franklin St., and reads, in Osler's hand: "Dear Dr. Bastian,/ I/ was very glad indeed/ to get your book on/ aphasia + I will/ try to have a good/ review appear in/ the American Journal/ of the Medical Sciences./ It came in most usefully/ in a revision of the/ subject for the 3rd/ edition of my text-book./ I hope to see you all in/ July. Mrs. Osler +/ our small boy—now/ 2 ½—were to have/ spent the summer/ with me in England, but/ she has decided/ not to go. I shall take/ a short trip so as/ to join her for the latter/ part of my vacation.// With kind regards to all at home/ + many thanks/ for sending the/ aphasia book./ By the way it must/ be very gratifying to you/ to have your/ opinions—so long held—so widely accepted.// Sincerely yours,/ Wm. Osler." Bastian (1837-1915) was a British physiologist and neurosurgeon and an early advocate of the theory of abiogenesis—the science of how life can arise naturally from non-life. The work Osler refers to in this letter is *Treatise on Aphasia and Other Speech Defects* (London: H. K. Lewis, 1898), which another reviewer described as containing "the most rational and consistent explanation of these very difficult phenomena that has yet been propounded" (BMR, Vol. 44, p. 120).


$ 1,500

Osler dates the letter "Thursday." The letter reads, in Osler's hand: "Many thanks. I would like Osborn to come as my guest. Let me know how much the ticket is. Yours, W. Osler." Julius Arthur Brown, of New Hampshire, Rhodes Scholar 1904, (1880-1970). At first the identity of the correspondent "J. A. Brown" was a mystery but references to him were found in Oxford and scientific literature around 1904-1916 (few using his full name!). He was the son of Rev. Dr. Francis Brown (1849-1916), born in Hanover, NH, became President of the Faculty of Union Theological Seminary, New York.** [See the Burke Library Archives, Columbia University for a collection of his personal


$60

"The bicuspid aortic valve is a common congenital cardiac anomaly, having an incidence in the general population of 0.9 to 2.0% and a frequency of 54% of all patients aged >15 years with valvular aortic stenosis.1) It was first described as a pathological curiosity in 1844 by Paget; Peacock recognized its liability to calcific stenosis in 1866; and in 1886, Osler first associated it with infective endocarditis." – Nuran Yener, PhD, G. Levent Oktar, et.al., "Bicuspid Aortic Valve," *Annals of Thoracic Cardiovascular Surgery*, Vol. 8, No. 5 (2002).

"Fernandez et al. describe distinct developmental patterns for mice and hamsters with right-noncoronary
and right-left coronary cusp fusion, respectively. Incredibly, William Osler anticipated, within the limitations of his era, these findings and their significance more than a century ago: 'If it turns out to be correct ... that the affected valves are usually those behind ... the coronary arteries ... this would point to some error associated especially with the development of these cusps. It would appear from the observations of Tongue, that two of the segments are formed before the division of the primitive truncus arteriosus is complete, while the third arises later after the pulmonary artery and the aorta have divided. It is not at all improbable that we may have here a clue to an explanation of this anomaly, but this is conjectural until we have fuller details of the process of the development of the sigmoid valves in mammals.' As it becomes increasingly apparent that right-noncoronary and right-left coronary cusp fusion are distinct diseases, research reports on the BAV should make this distinction as Osler suggested: "This point [right-left coronary cusp fusion is the most common BAV morphology], previously overlooked, may prove of interest in the etiology, and should be carefully noted in future observations." – Alexander R. Opotowsky and Michael J. Landzberg, "Bicuspid Aortic Valve Morphology," *Journal of the American College of Cardiology*, Volume 56, Issue 20, November 2010.

☼ Golden & Roland 280.


$ 75

Osler briefly discusses the epidemiology and pathology of meningitis or ‘cerebro-spinal fever’ as it pertained to a mild outbreak in the Baltimore area at the time of publication.

"With the close of the school session, the usual post-graduate courses began, and though these were largely taken over by the junior members of the hospital staff, who thereby eoked out their meagre university salaries, Osier always participated. Thus on June 18th he gave them a clinical lecture, using cerebrospinal fever as his text; for the epidemic had in mild form reached Baltimore, and there were seven cases in his wards.” – Harvey Cushing, *The Life of Sir William Osler*, p. 471.

☼ Golden & Roland 699.

$75

"The twentieth century saw the depersonalization of case reports and the standardization of their structure, with the rise of the now-familiar 'introduction/case report/discussion' format and the gradual disappearance of the author from the narrative. Osler's 1902 report of two cases of intermittent claudication is characteristic of this modern transition point in the case report. He begins with a recollection of a horse autopsy he had viewed with some members of the Montreal Veterinary College more than 20 years before. The horse had been afflicted with a 'peculiar form of intermittent lameness,' and the autopsy showed 'verminous aneurysms...of the iliac arteries.' He cites the case of another horse that had to stop and rest 'after being driven for fifteen or twenty minutes;' autopsy showed clots obstructing the arteries in both hind legs. He then gives a thorough review of the literature, including a case reported by Charcot in 1856 of a soldier with classic intermittent claudication, who was found at autopsy to have a bullet encysted near the iliac artery, which had caused an aneurysm with obliteration of the lower part of the artery. Collateral blood flow had allowed a modest level of activity, but more vigorous activity caused ischemic pain that was relieved only with rest. Osler then describes his own case of a young man with a syphilitic abdominal aortic aneurysm who developed leg claudication symptoms after the aneurysm was successfully treated with 'wiring and electrolysis'...In this terrifically interesting and entertaining interspecies case report, Osler writes in the first person, and brings in his odd (though very apt) experience in veterinary medicine. – Clifford D. Packer; Gabrielle N. Berger, *Writing Case Reports: A Practical Guide from Conception through Publication*. ☼ Golden & Roland 750.


$60

"In the early 1900s, Osler was a co-author in a review of 150 cases of cancer of the stomach published in the Philadelphia Medical Journal. The authors published a monograph on the same topic, based on the clinical and pathological records of the Johns Hopkins Hospital. He also published two articles on gastric cancer in young people. In 1898, Osler's views on cancer of the stomach were that it may rarely develop in a simple ulcer, and that gradual
failure of health and death may occur without any suspicion of underlying malignant disease (8). Diagnosis depended on progressive anemia, weight loss, emaciation, intractable dyspepsia, coffee ground vomitus, absence of free hydrochloric acid and confirmed by a palpable tumour mass. He described gastric lavage in facilitating the palpation of the tumour, and distending the stomach with gas from Seidlitz powder as another diagnostic manoeuvre. Twenty-five years later, in 1916, he mentioned the finding of occult blood in the stool, and ‘x-rays are sometimes an aid in diagnosis’ (26 years after the discovery of x-rays by Roentgen, and approximately 10 years after Cannon’s introduction to the use of barium). Osler also advocated the 'safety' of exploratory laparotomy in making the diagnosis. His 'Lectures on the Diagnosis of Abdominal Tumors' were published as a monograph in 1896, with at least two-thirds dealing with large tumours of the stomach. In this publication, he drew attention to the simultaneous occurrence of carcinoma of the ovary and the stomach (an early description of Krukenberg tumour). In 1902, he wrote a paper on the occurrence of ascites in solid abdominal tumours (8). There was one perplexing case described in the monograph of a tumour mass of 10 months' duration in the right iliac fossa which, at laparotomy, was shown to be 'an extensive new growth involving the cecum and extending a short distance into the ileum' (8). This may have been an early description of Crohn’s disease.” – Hugh Chaun, Canadian Journal of Gastroenterology.
much helped by libraries and who knew their value, and I hoped that it was, perhaps, in recognition of the fact that a practical and busy physician may be at the same time a book lover, even a book worm.' Osler then mentioned to his audience how the smaller libraries can profit from the larger ones, especially with needed advice and the blessings of exchange...Osler then led up to his subject, American medical bibliography: 'We desire to foster among our members and in the profession at large a proper love of books.'” – Thomas E. Keys, "Sir William Osler and the Medical Library".

Golden & Roland 951.


Daniel Bennett St. John Roosa (1838-1908), American physician, born in Bethel, New York, graduated from University Medical College, New York, became one of the founders of Manhattan Eye, Ear and Throat Hospital. He wrote on diseases of the ear, the importance of wearing glasses, etc.

"William Osler, physician-in-chief of the Johns Hopkins Hospital, was the master of ceremonies at a 1904 banquet honoring eye and ear specialist Daniel Roosa, the founder of the New York Postgraduate Medical School, which had opened two decades earlier. Will Mayo, who had studied there, was one of five individuals who spoke at the celebration. Osler introduced Mayo as the "teacher of teachers," high praise for the forty-two-year-old surgeon, who did not teach as a medical school or have an academic appointment. Will’s prominent place on the program reflected the role that he and his brother played in creating a unique educational environment at St. Mary's Hospital in Rochester." – Fye, p. 42.

Along with Osler’s speech, this includes addresses given Clarence J. Blake, William J. Mayo, and by Roosa himself, as well as the introductions provided by Osler, who served as toastmaster, and a list of guests.


$50

"The greatest purely medical success story of the 1890s was the introduction of thyroid extract to treat the disease known as cretinism or myxedema. In 1893 Osler was among the first American physicians to use the treatment. He made a special study of the disease, corresponding with physicians across the continent to try to determine its prevalence. In the 1895 revision of his text he hailed the results of thyroid feeding as 'unparalleled by anything in the whole range of curative measures. Within six weeks a poor, feeble-minded, toad-like caricature of humanity may be restored to mental and bodily health.' In 1897 he delivered a major paper, 'Sporadic Cretinism in America,' to a Washington Congress of Physicians and Surgeons in which he used stunning before-and-after lantern slides to show marvelous transformations' and 'undreamt-of transfigurations,' and in addition to citing all the medical literature on the subject also referred to descriptions by Milton, Shakespeare, and an instance of 'the brave kiss of the daughter of Hippocrates.'" – Michael Bliss, *William Osler: A Life in Medicine*, pp. 243-244.

☼ Golden & Roland 650.


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Golden & Roland 650.


"The condition of arteriovenous aneurism has interested Osler for a number of years, he having had under observation at intervals a man whose case he described in the *Annals of Surgery*, 1893. A the time the patient was 25 years old. When fifteen he had fallen and a lead pencil in his waistcoat pocket penetrated the axilla, causing an arteriovenous aneurism. He had remained very well, had been active and strong, had rowed in boat races. Osler heard of this patient not many months ago. He had served through the South African war, so that his general health must have remained good. The aneurism has persisted now for more than twenty-three years.

Arteriovenous aneurism is so rare a lesion that even surgeons of large experience are often a little perplexed as to the best course to follow. Osler is very much impressed with this in the extraordinary differences of opinion given to the young man with the lesion high up in the axillary artery." – Practical Medicine Series of Year Books, Volume 1, October, 1902.

Golden & Roland 629.


"Osler reports a case of syphiloma of the cord and cauda equina. Death from diffuse central myelitis. Clinical summary: Chronic alcoholism; history of syphilis. For nine months pains in the legs, particularly in the left, which wasted rapidly and presented vasomotor changes. Pains in the arms, especially the right; no wasting, and, on admission, arms of equal strength. About two months before death loss of control of bladder and rectum. Within the last month of life loss of power in the right arm, with pains; partial loss of power in
the left arm, with marked inco-ordination; complete paralysis of the left leg; gradual loss of power in the right. Development of bed-sores. Arthritis in knees or ankles. Toward the close of life high fever, with delirium. Anatomical summary: Gumma in antero-lateral columns of cervical cord, opposite the right fourth anterior nerve-root. Gummata involving the third, fourth, and fifth anterior sacral nerve-roots, and the second and third posterior sacral roots on the left side. Ascending degeneration of the left posterior median column. Central myelitis. Partial atrophy of the sciatic nerves." – Annual of the Universal Medical Sciences, volume 2.

☼ Golden & Roland 335.


"Statistics compared of Montreal General Hospital, Pennsylvania Hospital, and New Orleans Charité."

"He continued to cling to his habit of bleeding certain pneumonia patients in the hope of relieving the strain of the heart. A false hope, he began to suspect, as case after case expired. By the end of 1888 he was admitting that the heroic measure had worked only once in more than a dozen cases, and he was wondering if the problem of heart strain in pneumonia was more than mechanical. But he still thought it a situation that justified resorting to this old heroic practice. A blind spot. Osler clearly understood the phenomenon of the *Ignis fatuus*, or therapeutic will-o’-the-wisp, but could not bring himself to apply it to this own views on bleeding." – Michael Bliss, *William Osler: A Life in Medicine*, p. 156.

☼ Golden & Roland 567.


"Hidden away in the somewhat obscure *Medical Library and Historical Journal* is an essay read by Sir William Osler in January 1900 before the Johns Hopkins Hospital historical Club on 'The Phthisiologia of Richard Morton, M.D.'...Osler proceeded to give an account of Morton’s life, his connection with medicine, and in quite some detail a review of Morton’s most important work,
the *Phthisiologia*, 1689. This book is chiefly of value today as one of the first treatises on pulmonary consumption, and Morton’s work antedates by 200 years Cohnheim’s and Virchow’s dictum on the prevalence of tuberculosis of the lungs. This essay by Osler, while it is of greater value to medicine than to literature and is another instance of his unerring eye for historical priorities, has been chosen as the beginning of the present study for two reasons: it is Osler at his literary or dramatic best, opening a paper with a colorful picture (as in his fine essay on Servetus); and the essay was the discussion of a book, a work of literature, although to be sure, medical literature. Naturally, as a physician, his first concern was with medical literature; but it was certainly not his exclusive concern." – White, William, "Sir William Osler’s Literary Investigations."

☼ Golden & Roland 961.


First editions. These papers represent Osler’s contribution to the second volume of Hopkins’ Hospital Reports.

"Osler, in his very thorough article on this subject speaks of cases resembling in general appearance and in certain ways, tubercular peritonitis, where the nodules found scattered over the peritoneal surface are not tuberculous, but are either fibrous, syphilitic, lymphomatous, or even carcinomatous in character. ...Osler has written so
clearly and so well upon the whole subject of peritoneal tuberculosis that there is little need of further work in that direction at present." – S. J. Mixter, "Laparotomy in Tubercular Peritonitis," The New England Journal of Medicine, Volume CXXVIII, January-June 1893.

☼ Golden & Roland 599 & 600.


"Frederick Henry & Osler (1886) reported on atrophy of the stomach with the clinical features of progressive PA. The patient was a 42-year-old man with symptoms of anaemia. Physical examination showed the skin to have the peculiar yellowish pallor, which by now Osler stated was almost pathognomonic of PA, along with pale mucous membranes that appeared bloodless. The red blood cell count was 790 000 per mm3 with oval macrocytes, some of which were four times normal size. The patient died 6 months later with a red cell count of 315 000. Osler reported that the blood platelets were also reduced. Autopsy showed pallor of the skin and all organs, and bone marrow hyperplasia. The stomach had a grossly thin mucous membrane in the fundus and small nodular projections. A drawing from the Henry and Osler paper shows gastric atrophy involving all layers of the stomach membrane. A prominent feature in the drawing is the round cells (lymphocytes), which infiltrated all the layers of the stomach.

The authors agreed with the previous suggestions by Flint and Fenwick, and concluded that ‘certain of the cases of progressive pernicious anemia depend upon profound alterations in the gastric tubules’." – Marvin J. Stone, "William Osler’s Legacy and his Contribution to Haematology," British Journal of Haematology, 26 September 2003.

☼ Golden & Roland 275.

A fascinating case study in which Osler posits a relationship between aphasia or "word-blindness" with disease in the parietal ant temporal lobes.


☼ Golden & Roland 607.


"Dr. Richard Lea MacDonnell (1856-1891) was a son of Dr. Robert Lea MacDonnell (1818-1878), a well-known Dublin-born surgeon, author (founder of the Canadian Medical Journal), professor, and director of the Department of Clinical Medicine at McGill University. Richard MacDonnell grew up in Montreal, and was educated at Bishop’s College School in Lennoxville, QC before studying medicine at McGill University. MacDonnell graduated from McGill in 1876, then studied for a year in Europe and obtained an M.R.C.S. Upon his return, he was appointed one of the Demonstrators of Anatomy and subsequently assumed the position of senior demonstrator in charge of the Department of Practical Anatomy. MacDonnell was also appointed assistant physician and then physician at the Montreal General Hospital, as well as professor of clinical medicine at McGill until his death. In addition to his work as a clinician and professor, MacDonnell was a regular contributor to the Montreal Medical Journal with many articles to his name. On July 31st, 1878, at the young age of 35, MacDonnell died of pulmonary disease, survived by his wife, mother, and sister. His friend and McGill colleague, Sir William Osler, wrote an obituary in the New York Medical Journal that stated: 'Although only thirty-five years old, he had reached a position which gave scope to abilities of first-class order and afforded opportunities of impressing upon a large class of students those qualities of mind so essential in the teacher, so priceless to the taught – honesty, system, and painstaking care'" – Osler Library Archive Collections.

☼ Not in Golden & Roland.

$ 60

Osler describes the successful diagnosis and treatment of a bartender after he developed large gangrenous sores on various body parts. Osler also explores the relationship between malaria and Raynaud's disease.

☼ Golden & Roland 721.


$ 75

"Sir William Osler, in 1896, was the first to report the successful maintenance of life in a patient with Addison's disease by the use of glycerin extract of fresh hog adrenal which he collected and processed himself." – Kendall Emerson, Jr., "Treatment of Addison's disease", *AMA Arch Intern Med.*, 1956.

☼ Golden & Roland 664


$ 65
"In 1902, he wrote a paper on the occurrence of ascites in solid abdominal tumours. There was one perplexing case described in the monograph of a tumour mass of 10 months' duration in the right iliac fossa which, at laparotomy, was shown to be 'an extensive new growth involving the cecum and extending a short distance into the ileum'. This may have been an early description of Crohn's disease." – Hugh Chaun, "Sir William Osler and Gastroenterology", Canadian Journal of Gastroenterology, 2010.

"This was a very favorite subject. The case that prompted this paper had been seen by many prominent men. No one recognized the solid tumor until Sir William examined it at once after tapping." – Golden & Roland.

☼ Golden & Roland 757.


Originally issued Sept. 20, 1888 and published in the Transactions of the Association of American Physiology. Osler begins by describing a singular case of pulsating pleurisy, before going on to draw conclusions regarding the disease itself, referencing a number of other cases with which he was familiar.


First issue. "In 1989 Sir William Osler detailed the case of a 31-year old man suffering from 'an acute myxedematous condition, with tachycardia, glycosuria, melena, mania and death.' In particular, Osler was impressed by the rapid weight gain and the 'bloating' appearance of his patient's face. Unfortunately, however, the constellation of symptoms and signs that we now attribute to glucocorticoid excess had not been described and the patient succumbed while being treated for hypothyroidism." – Michael Fowler & Lewis S. Blevins, "A Rational Approach of the Patient suspected of having Cushing's Syndrome," Cushing's Syndrome, 2002.
"It has been suggested (Altschule, M.D., New England J. of Med., 1980, cccii, 1153-1155) that this case is an early description of Cushing's syndrome, in which, regrettably, no post-mortem examination was performed." – Golden & Roland.

☼ Golden & Roland 714.

*Remarks on the Varieties of Chronic Chorea, and a Report Upon Two Families of the Hereditary Form, with One Autopsy.*

"The rapid spread and wide distribution of knowledge concerning [Huntington's Disease] was in no small measure due to the interest that William Osler ... took in it. Osler had a lifelong interest in chorea ... [he] dealt specifically with Huntington's chorea in several case reports and papers (1890, 1893, 1894). – Gillian Bates, Sarah Tabrizi, Lesley Jones, *Huntington's Disease*, Oxford University Press, (2002), pp. 9-10, 12, 13.


☼ Golden & Roland 627.


"Despite being the most common cause of inflammatory pericarditis in the developing world, a non-invasive method of establishing the diagnosis remains elusive, contributing to the high morbidity and mortality associated with the condition. As far back as 1893, Sir William Osler reported the presence of 'sero-fibrinous exudation with thick fibrin in ridges' resembling 'long villous extensions' at autopsy." – Mpiko Ntsekhe,
"Quantification of echodensities in tuberculous pericardial effusion using fractal geometry," *Cardiovascular Ultrasound.*

☼ Golden & Roland 632.


"Tuberculosis was commonplace in Osler's time. It moved without discrimination among all classes of society and it was invariably fatal. Even though it was not his main medical concern, Sir William Osler was interested in the disease from the beginning of his medical studies at McGill until his death in Oxford in 1919. At the beginning of the 1870s, Villemin's discovery of the specificity and innoculability of tuberculosis was a burning issue in the medical and scientific world. Osler's mentor in Montreal Dr. Robert Palmer Howard, was greatly interested in the disease, in particular, pulmonary lesions. Practicing at the Montreal General Hospital, Palmer Howard insisted upon examining every case of tuberculosis in the dissecting room. Always present at his side, Osler was introduced to the works of Laennec, Graves, Stokes and other leading experts of the time. In 1882, one month after the publication of report of Koch's discovery in the Canadian Medical and Surgical Journal, Osler was one of the first in North America to duplicate Koch's experiment in front of his students to demonstrate the presence of the bacilli in the lung of a victim of the disease.

During the first years of his career in Montreal and Philadelphia, Osler focused on the pathological aspects of the disease. (As a result of his work in the autopsy room, he accidentally developed tuberculous warts on his hands.) While in Baltimore he grew concerned with the social aspects of the disease in
particular extolling the importance public health in preventing the disease. Familiar with the works of Trudeau, the leader of the Sanatorium Movement, Osler promoted the open-air treatment and home treatment methods for tuberculosis. He founded the Laennec Society for the study of tuberculosis at Johns Hopkins. He was instrumental in the founding of the National Association for the Study and Prevention of Tuberculosis and he became the Society’s honorary vice-president.

After his arrival in Oxford, Osler continued his advocacy supporting the foundation of the Oxfordshire Association of Tuberculosis and he was elected the association’s first president. Lending his title as Regius Professor of Medicine, Osler never failed to express his views on the subject public health. He became one of the leaders of the anti-tuberculosis movement in North America and the United Kingdom. Throughout his career Osler published more than fifty articles on the subject." – McGill University

☼ Golden & Roland 1275.


Cushing writes: "The lecture, given on December 3rd in the auditorium of Witherspoon Hall, was entitled 'The Home in its Relation to the Tuberculosis Problem,' and he began in this fashion: "In its most important aspects the problem of tuberculosis is a home problem. In an immense proportion of all cases the scene of the drama is the home; on its stage the acts are played, weather to the happy issue of a recovery, or to the dark ending of a tragedy, so commonplace as to have dulled our appreciation of its magnitude. In more than 400 homes of this country there are lamentations and woe tonight; husbands for their wives, wives for their husbands, parents for their children, children for their parents... as I speak, the beating of the wings of the angels of death hastening to the 400 appointed [deaths] for tomorrow. That this appalling sacrifice of life is in large part unnecessary, that it can be diminished... The present crusade against tuberculosis, which is destined to achieve results we little dream of, has three specific objects: first, educational ... preventive ... curative ..." He then commends the work of Trudeau in the
Adirondacks, H.M. Biggs (NYC), and L.F. Flick, the Director of the Phipps Institute. – Cushing, Osler, vol. I, pp. 621-22.

☼ Golden & Roland 1279.


"Few American physicians think of Sir William Osler as a pediatrician. While he might have been the first to deny this, nevertheless his contributions to the new specialty of his time were significant. As a medical leader his influence in the organizational aspects of pediatrics, as we now know it, were likewise great. In perusing Osler's bibliography with its roughly 1,200 titles, it occurred to us to search for pediatric content. Almost 100 articles dealing with this field of medicine are noted. When we discovered that he had been the fourth president of the American Pediatric Society, we knew that we must look at the "Father of American Medicine" through pediatric glasses. It has been a rewarding experience. The magnificent flowing descriptive ability and clinical acuity of an old master is a trait which seems now to be fading from medicine with the advent of technical advances." – Benjamin H. Robbins, MD; Amos Christie, MD, "Sir William Osler The Pediatrician", *American Journal of Diseases of Children*, 1963; v. 106(2): pp. 124-129.

In the following year, 1893, Dr. F. X. Dercum, read a paper to the College of Physicians in Philadelphia, addressing spasmodic torticollis and wry neck. As reported: "These cases are important as indicating a possible relation of cause and effect existing between torticollis and eye symptoms in children. That, however, some of these cases are due neither to eye troubles nor to trauma received in childbirth or faulty position of the head in utero, but are really due to defective development is made probable by the observation of Osler [this paper] who noted the association of congenital wry neck with marked facial asymmetry." – JAMA, Society News, Jan. 13, 1893, p. 66.

☼ Golden & Roland 614 note.

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"In early years Osler was mainly interested in the pathology and diagnosis of tuberculosis. While Koch's discovery of the bacillus raised hope that a specific treatment would soon emerge, the much-trumpeted tuberculin had been an embarrassment. Like many others, Osler was impressed by the late-1880s research of Edward L. Trudeau, a consumptive New York doctor who had moved to the Adirondacks for the pure air that was thought to be helpful. Working with tubercular rabbits, Trudeau seemed to have proved that animals kept in damp, dark quarters fared much more poorly than those allowed to roam around in fresh air." This served to promote Trudeau and the sanitarium movement in America. "Osler sent patients who could afford it, including Hopkins staff and his own relatives, to Trudeau's establishment. The apparent success of a natural therapeutic approach over tuberculin and many other failed drugs fitted nicely with his own evolving views. As early as 1891 he realized there was a social dimension to the TB therapy problem in that many of the urban poor were as confined in their cramped and poorly ventilated housing as some of Trudeau's rabbits. In the first edition of his text, Osler called on cities to build sanitariums, within easy access by railway, for poor consumptives." – Michael Bliss, *William Osler: A Life in Medicine*, p. 281-2.

☼ Golden & Roland 608.

*On Dilation of the Colon in Young Children*


$ 75

"A remarkably interesting specimen was shown at the Philadelphia Pathological Society in 1886 by Dr. W. E. Hughes. The patient, a boy aged three, was troubled in early infancy with obstinate constipation, which became
more marked as he grew older, and the abdomen gradually enlarged...
Enemata seemed to do little good, and strong purgatives alone seemed to be
effectual. When first seen by Dr. Hughes, the belly was enormously enlarged,
everywhere tympanitic, and showed through the thin walls greatly distended
coils with waves of peristalsis. The child died in an attack of acute colitis..." – Osler (pp. 1-2).

"By the 1890s, in the United States
the term "dilatation of the colon" was
used more often than "Hirschsprung's
disease." At the same time, Sir William
Osler treated two children with colon
dilation who undoubtedly had
Hirschsprung's disease. One was a ten-
year-old boy with long-standing
constipation and a huge distended
abdomen. For many months Osler
treated him with rectal irrigations at
Johns Hopkins University Hospital.
Finally, on April 10, 1892, William
Halsted operated on the boy. Through a
midline incision, he opened the massively
distended sigmoid colon, and while Osler
did a rectal examination Halsted put his
hand down the colon to touch Osler's
finger. The "handshake: of these two
great surgeons ruled out an intrinsic
anatomic obstruction. Halsted then
performed a sigmoid colostomy. The boy
recovered from the operation and was eventually discharged home. / A second
child, also constipated from birth, who suffered from episodes of acute
obstruction, was treated by enemas with a long catheter. Osler advised the
following treatment: "Regulation of the diet and in very young children,
relieving the distention by irrigation several times a day so as to prevent the
accumulation of liquids." Thus, Osler and Halsted at Johns Hopkins Medical
School clearly described the disease and suggested rational medical and
surgical treatments that are still in use. Osler thought there was a defect in the
innervation and contraction of the colon; he also said, "One finger in the throat
and one in the rectum makes a good diagnostician."" – Sigmund H. Ein &
Arlene Ein, "A Historical Review of Hirschsprung's Disease," within: John G.
207-8).

☼ Golden & Roland 630.

$125

"Dr. Rolleston first referred to Osler's chronic splenic anaemia in adults, already mentioned by Dr. Yeo. In this interesting disease there might be recurrent attacks of haematemesis with intervening periods of comparative fair or even good health. That haematemesis Osler described as being due to the obstruction to the passage of blood from the cardiac end of the stomach by the vasa brevia into the splenic vein. As bearing on the explanation he referred to the case of a man under his care at St. George's Hospital with well-marked splenic anaemia of 12 years' duration, who for the last three years had had periodic attacks of haematemesis at intervals of five months. The spleen in that case was removed, and a good recovery was hoped for, inasmuch as the statistics in splenic anaemia after splenectomy were very good. But he died in 48 hours from an extensive gastro-intestinal haemorrhage. It was thought that that haemorrhage was mechanical, and that is depended on obstruction of vasa brevia veins." – *Transactions of the Medical Society of London*, Volume 26, (1903), p. 69.

☼ Golden & Roland 712.

$100

"William Osler was not the first to describe the disorder that we now recognize as polycythemia ver. ...Osler's important contribution, in keeping with his characteristic clinical genius, was to promote the concept that the rare patients exhibiting erythrocytosis, chronic cyanosis, an splenomegaly whom he encountered in his practice and those that had been described in isolated case reports by Vaquez, Cabot, McKeen, and Saundby and Russell at the turn of the century did represent 'a definite clinical entity and one which is new to medical science.' ...While Osler's emphasis on chronic cyanosis may seem strange to us since we associate this description with an increase in deoxygenated hemoglobin. Osler understood that his patients were not hypoxemic. Rather, he considered the chronic cyanosis to be a consequence of an expanded red cell mass, an increased blood viscosity, a reduction blood flow and dilation, and loss of tone in the peripheral veins, a contention which was substantiated forty years later (Altschule et al., 1940)." – Marshall A. Lichtman, Jerry L. Spivak, *Hematology: Landmark Papers of the Twentieth Century.*

☼ Golden & Roland 768.

$150

"Osler’s main medical interest during early months at Hopkins was in parasites. He continued to study the fascinating life cycle of the malaria parasites. Then, in the summer of 1889, an old man died in the hospital, apparently of pneumonia following sunstroke, ‘and to my surprise and chagrin the post-mortem examination of the blood and spleen showed the case to have been one of malaria fever. Had a thorough blood examination been made and full doses of quinine administered, the man’s life might have been saved.’

Thorough blood examinations were then made routine at Hopkins, to the considerable disgruntlement of the interns who had to do them." – Michael Bliss, *William Osler: A Life in Medicine*, p. 180.

☼ Golden & Roland 583. See:


$200

"Osler’s consideration of aneurysms of the abdominal aorta was somewhat less extensive than for other segments. Lectures on the Diagnosis of Abdominal Tumors, 23 which was published in 1898, included two cases of abdominal aortic aneurysms, neither with an autopsy. Osler commented on the rarity

"These lectures are based on post-mortem findings, with histological studies of the specimens, and thus will always have a permanent value for the clinico-pathologist." ☼ Golden & Roland 643.

THE COLD-BATH TREATMENT OF TYPHOID FEVER.¹
BY WILLIAM OSLER, M. D.,
Professor of Medicine in the Johns Hopkins University.


"In Medical News surveys of Philadelphia clinicians' treatments of pneumonia and typhoid fever, Dr. Osler was generally in line with his colleagues in stressing diet, rest, and caution in most cases and strong interventions when necessary. But no one else still recommended the use of leeches to treat headache in the early stages of typhoid fever." – Bliss, p. 156-7.

"Seventy-five per cent of typhoid fever cases would recover under any form of treatment, Osler estimated. Good nursing, diet, and the abandonment of drugging would save the lives of another 15 per cent, he thought, calculating from the Hopkins experience. And then there was hydrotherapy, the cold-bath treatment about which he felt so much ambivalence. by 1894 the reduction in mortality achieved at Hopkins had convinced him that hydrotherapy had saved an extra 3 or 4 per cent of typhoid patients; the next year he estimated 6 to 7 per cent of typhoid patients; the next year he estimated 6 to 8 per cent and dropped from his textbook his cri de coeur against the barbarism of the cold bath. Such a convert had Dr. Osler become to his residents' enthusiasm for the treatment that he once demonstrated the technique at a clinical lecture." – Michael Bliss, William Osler, A Life in Medicine, p. 245.

☼ Golden & Roland 613.

$140

"[Osler] offered 'Notes on the Morbid Anatomy of Pneumonia,' 'Notes on the Morbid Anatomy of Typhoid Fever,' a consideration of the duodenal ulcer, a study of aneurysm of the cerebral arteries, and more reports, spun off in spare moments, of unusual cases." – Michael Bliss, *William Osler, A Life in Medicine*.

☼ Golden & Roland 250.


$145

This article reproduces a lecture Osler gave during one of his many undergraduate clinics (Cushing, *The Life of Sir William Osler*, Vol. I., p. 434). He describes 3 different cases and their respective symptoms, including aphasia, arterial thrombosis, and neuritis.

☼ Golden & Roland 662.

$75

An examination of some of the neurological effects of Typhoid Fever. Osler discusses problems with typhoid-related peripheral paralysis, as well as a variety of different treatments.

☼ Golden & Roland 654.


$60

An examination of some of the neurological effects of Typhoid Fever. Osler discusses problems with typhoid-related peripheral paralysis, as well as a variety of different treatments.

☼ Golden & Roland 654.

$200

☼ Golden & Roland 656.


$95

Osler describes the circumstances surrounding an isolated outbreak of typhoid at a large house in Darlington, Maryland. 10 cases and 4 deaths were recorded. In the offprint Osler relates the detective work required to identify the probable source of the outbreak.

☼ Golden & Roland 616.


$125
Osler makes the point that chills, which he felt were generally ignored “except as a symptom of the onset of the disease,” by most physicians, should be considered more carefully. In this article he describes numerous cases of chills in typhoid fever, as well as his attempts to ascertain their causes and significance.

“Nothing influenced Osler’s views of therapeutics as much as his analysis of the treatment of typhoid fever at Hopkins. If no known medication killed the disease, what could be done? Abandoning the administration of drugs that made patients worse was the first step forward. Careful attention to diet and first-class nursing attention were much more than just counsels of despair or holding actions.” - Michael Bliss, *William Osler, A Life in Medicine*.

☼ Golden & Roland 659.

"Seventy-five per cent of typhoid fever cases would recover under any form of treatment, Osler estimated. Good nursing, diet, and the abandonment of drugging would save the lives of another 15 per cent, he thought, calculating from the Hopkins experience. And then there was hydrotherapy, the cold-bath treatment about which he felt so much ambivalence. by 1894 the reduction in mortality achieved at Hopkins had convinced him that hydrotherapy had saved an extra 3 or 4 per cent of typhoid patients; the next year he estimated 6 to 7 per cent of typhoid patients; the next year he estimated 6 to 8 per cent and dropped from his textbook his cri de coeur against the barbarism of the cold bath. Such a convert had Dr. Osler become to his residents’ enthusiasm for the
treatment that he once demonstrated the technique at a clinical lecture." – Michael Bliss, *William Osler, A Life in Medicine.*

☼ Golden & Roland 657.


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☼ Golden & Roland 657.


Durham was a British physician and scientist. He is best remembered for helping to discover an agglutination reaction—then called the Gruber-Durham reaction—for diagnosis of typhoid fever.
47. [DIGBY, Kenelm (1603-1665)]


Limited edition of 275 copies, exquisitely printed by the Plantin Press.


INSCRIBED BY THE NOBEL PRIZE WINNER PHILIP SHOWALTER HENCH TO HIS SON PHILIP KAHLER HENCH, "To Kahler from his dad Sept. 19, 1958 Phil S. Hench." ¶ Third edition. "The simple and charming style of the writer, as well as his apt quotations from the masters, makes this book a delight to read." – St. Louis Public Library, Monthly Bulletin, p.128 [from: Am. J. of Theol.]. ¶ "I have long held the dangerous belief that William Osler's essays, judiciously used, could render teachers of medical ethics redundant. Virtually all the medical student needs for ethical behaviour is contained within them. ¶ One of Osler's most famous essays, AEQUANIMITAS, was first delivered to newly minted doctors in 1889 as a valedictory address at the Pennsylvania School of Medicine. Osler urges his young audience to "consider but two of the score of elements which may make or mar your lives." The first is imperturbability, which refers to "calmness amid storm, clearness of judgment in moments of grave peril." This poker faced composure, he claims, is essential to instill confidence in impressionable or frightened patients. Imperturbability is in part acquired through experience and a thorough knowledge of medicine. With
these in hand, "no eventuality can disturb the mental equilibrium of the physician." – Daniel Sokol. ¶ Golden & Roland 1356 [note]. Medical Education


"Osler wrote a number of biographical and historical papers, and the present one is an interesting and well-known example. This biographical sketch of Dr. John Y. Bassety, an almost unknown physician from Huntsville, Alabama, who died as a comparatively young man in 1851, was based on a small packet of letters and two articles which Dr. Bassett had written. Osler makes of this slight evidence a graceful address on 'a man of whom you have never heard, a humble student from a little town in Alabama.'" Heirs of Hippocrates, no. 2123. Contents: an Alabama Student; Thomas Dover, Physician and Buccaneer; John Keats, the Apothecary Poet; Oliver Wendell Holmes; John Locke as a Physician; Elisha Bartlett, a Rhode Island Philosopher; A Backwood Physiologist; The Influence of Louis on American Medicine; William Pepper; Alfred Still; Sir Thomas Browne; Fracastorius; Harvey and His Discovery.


This issue contains an article commemorating the centennial of Sir William Osler's birth.


Osler describes new techniques for identifying patients, including infants, with syphilis. In addition Osler recommends actions from government, public education and establishing venereal clinics to work in tandem in reducing the spread disease. Golden and Roland 1335. Infectious Diseases


Other contributors include Sir Charles Sherrington, W. W. Francis, and Charles Singer, among others.


INSCRIBED BY HARVEY CUSHING


$ 3,750

First edition, second impression. THIS IS A RARE COPY OF THE HIGHLY RESPECTED AND AWARDED BIOGRAPHY OF SIR WILLIAM OSLER WITH THE ORIGINAL INSCRIPTION AND SIGNATURE OF HARVEY CUSHING. Harvey Cushing is often referred to as the father of neurosurgery. "Through his work on the pituitary gland, Cushing was also one of the founders of endocrinology. A well-read man who wrote a phenomenal amount throughout his long career (winning a Pulitzer Prize in 1926 for his hagiography of Sir William Osler), Cushing was also a noted bibliophile, a decent amateur medical historian, and a war hero" (Clarkfield, 2006, NEJM, Vol. 354, p. 534). His greatest contribution to medicine, however, may be his introduction of the Riva-Rocci sphygmomanometer to the United States, and his introduction of blood pressure as a vital sign. His interest in William Osler was personal. In World War I he treated Osler's son, Edward, who did not survive the war.
PROVENANCE: Donald C. Hoffman, M.D., was with the Rockefeller Institute for Medical Research, and Assistant in Medicine, Boston City Hospital. He wrote (or co-wrote) various research papers including, "The Electric Charge of Mosaic Virus Particles" (1930), "The Influence of Testicle Extract on the Intradermal Spread of Injected Fluids and Particles" (1930), "Properties of the Causative Agent of a Chicken Tumor," (1932). Mark B. Adams (1947-2007) "A graduate of Reed College and the University of Oregon Medical School, Dr. Adams interned at the Medical College of Wisconsin in General Surgery and earned a Master's degree in Microbiology from that institution during his surgical residency. He quickly rose through the ranks of the Department of Surgery after joining the division of Transplantation in 1978, reaching full professor in 1989 and subsequently Acting Chair, Vice Chair and Chair. He held a variety of committee positions within UNOS and the ASTS, including chair of the ASTS Ethics committee" (Johnson, 2007, "In Memoriam Mark B. Adams M.D. M.S. F.A.C.S.", American Journal of Transplantation, Vol. 7, p. 2246).


$ 695
FIRST EDITION (book form). Originally issued as a Presidential Address read before the Bibliographical Society, London, January 19, 1914 and printed two years later in the Abstract: Transactions of the Bibliographical Society. Left unfinished, it was edited, with a preface, by Professor A. W. Pollard and bibliographical descriptions by Mr. V. Scholderer, describing the earliest 214 printed medical books. Garrison and Morton 6769; Golden & Roland 1024.


60. **[OSLER] ABBOTT, Maude E.** *Classified and Annotated Bibliography of Sir William Osler's Publications (Based on the Chronological Bibliography by Minnie Wright Blogg)*. Edited by ... Montreal: Medical Museum, McGill University, 1939. ¶ 8vo. xiii, [ii], 163 pp. Frontis., plate, 16 figs. Blue cloth. Fine. M4446 $65

SECOND EDITION, revised and indexed [first separate edition]. First appeared in the Sir William Osler Memorial Volume of the International Association of Medical Museums (no. IX 1926).


Facsimile reprint of the 1929 Oxford edition, this issue being LIMITED TO 150 COPIES.


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