

# OSLER'S ENGLISH SCHOOL\*

*by*

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TO ADDRESS the Osler Club on a topic to do with Osler suggests a temerity that I am acutely conscious of not possessing. It seemed inappropriate, however, to commemorate Sir William's birthday by discussing such a macabre subject as the effect of smoking, such an indigestible subject as the cause of peptic ulcer, or such an indelicate subject as the use of contraceptives—or indeed any of the medical subjects of which I have any detailed knowledge. I had, therefore, reluctantly to consider whether there might be some aspect of Osler's life, or of the institutions with which he was associated, with which I could possibly be better acquainted than the other members of the Club. Eventually, I realized that the Oxford Medical School, where I had the honour to become the sixth Regius Professor to succeed Sir William exactly fifty years after his death, might provide such a subject. Not that I can report anything about the past that is not already well known, but I do have the advantage of knowing more about its future—if only because this has still to be decided.

## OXFORD BEFORE OSLER

The first known practitioner of medicine in Oxford was St. Frideswide, who died about A.D. 735 and is said to have effected a good many cures. Her method of treating leprosy, by kissing her male patients, is not now widely practised. When the teaching of medicine began is uncertain, but Nicholas Tyngewyck was lecturing on the subject and D.Ms were being awarded in 1331. Two hundred years later Linacre founded two medical lectureships, and in 1546 Henry VIII established the Regius Chair. What the Professor taught in those days is a mystery; but it was probably very little, as the first incumbent, Professor Warner, was mainly interested in collecting ecclesiastical benefices, including a canonry at St. Paul's. Three years later, when Edward VI visited Oxford, he found the Statutes 'antiquated, semi-barbarous, and obscure' (quoted by Sinclair and Robb-Smith, 1950). The Visitor drew up new Statutes which laid down, *inter alia*, that medical students must study for six years, dispute twice, and see two anatomical dissections before obtaining their B.A. Before obtaining a B.M. and being admitted to practise, they had to perform two dissections and prove they had cured three patients—something we are fortunately not required to do now.

Important developments took place between 1611 and 1647 during the period of the sixth professor, Dr. Thomas Clayton. Benefactions were obtained to establish the first physic garden in England and an anatomy readership, and a special edition of Bartholin's anatomy was printed for the use of the students. The number and quality of the graduates began to rise and the reputation of the school reached a peak

\*The Osler Oration, delivered to the Osler Club of London at the Royal College of Physicians on 14 July 1972.

shortly afterwards under the influence of such men as Boyle, Harvey, Lower, Willis, and Wren. After the Restoration the study of science declined in Oxford and so did the teaching of medicine, despite several notable benefactions. One of these was a travelling fellowship established by Dr. Radcliffe which required the holder to spend twelve months abroad. This is still awarded annually and is now worth £3,500 plus family allowances. The original electors, prescribed in Dr. Radcliffe's will, included the Archbishop of Canterbury and the Lord Chancellor, and these dignitaries were required to approve the recommendations of the examiners until 1968. This requirement was evidently taken seriously, as I have a letter dated 13 February 1942 in which the Archbishop's Legal Secretary asks if a note could be made in the Minute Book to the effect that, owing to the War, there would be no need for the Trustees to meet. War or no war, the record had to be kept straight and the writer was put in the embarrassing position of having to complain that a university official had declined to pay his fee on the flimsy excuse that no meeting had been held. 'I have explained', he adds, 'that though no meetings actually have been held my work has been the same as I have had to circularise the Trustees and interview the Lord Chancellor to know whether he agreed with the view of the Archbishop on the matter.'

The Radcliffe Infirmary was opened in 1770 and ten years later the Litchfield Clinical Professorship was inaugurated. This was the first academic post in Great Britain to be concerned specifically with clinical instruction in hospital wards and for a short period clinical teaching flourished. The revival, however, was short-lived and between 1810 and 1880 the average number of B.M. degrees conferred each year was only two.

The modern revival dates from 1857, when Henry Acland was appointed Regius Professor. At that time, Oxford medical degrees were held in such low esteem that neither B.M. nor D.M. permitted the holder to practise medicine within seven miles of London. This was hardly surprising as there was no formal medical school and Oxford students, who had to study *Literae Humaniores* or *Mathematics*, could find time to attend only a few desultory lectures and demonstrations in Natural Science and still fewer in Clinical Medicine. Acland's primary concern was to improve the status of all science in Oxford and, in particular, to introduce elements of science into the list of subjects necessary for all persons taking the degree of Bachelor of Arts. In his view an elementary acquaintance with physics, chemistry, and biology ought to be regarded as part of every complete education. In this he was 100 years before his time and it is hardly surprising that he failed. He succeeded, however, in persuading the University to provide a central location for scientific study and the various bodies that were responsible for scientific collections to allow them to be brought together in a single building; for this the University must be ever grateful. So far as Medicine was concerned, his plans were less ambitious. It was, in his opinion, impracticable for Oxford to provide a complete medical school, partly on the grounds of expense (since more than twenty professorships would be required) and partly because the town was too small to provide adequate clinical experience. He preferred instead that Oxford should become 'a place of the most perfect preparations that can be devised for the best clinical study in the completest manner elsewhere' (Acland, 1890). Progress towards this ideal was slow and irregular, but by the time Osler



Figure 1  
No. 13 Norham Gardens. From Viollet-le-Duc, *Habitations Modernes*, 1877. (See p. 219)

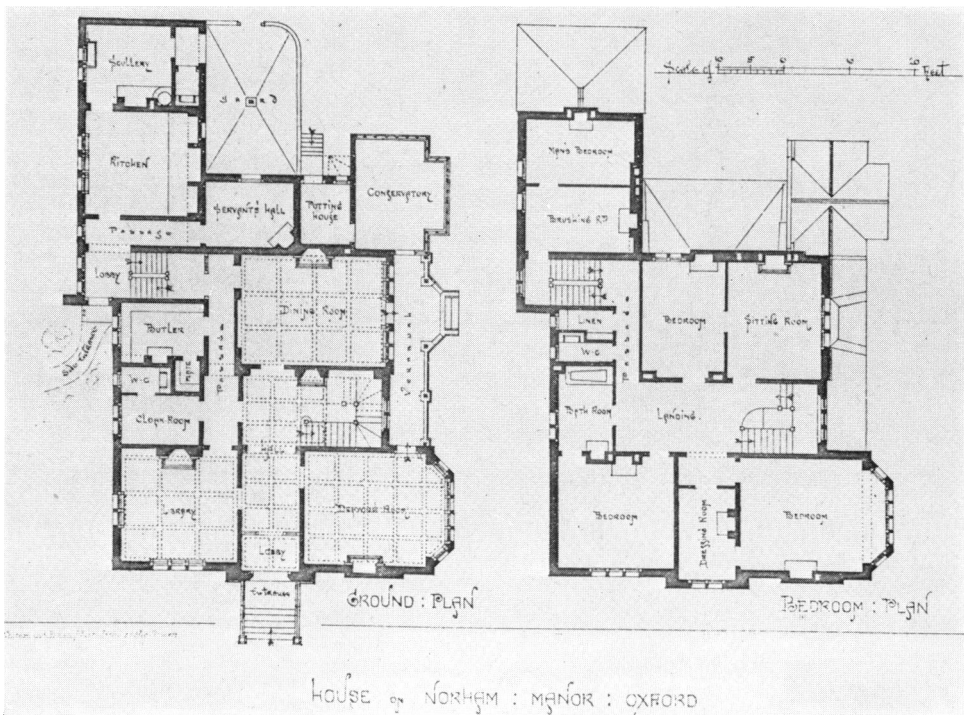


Figure 2  
The plans of No. 13 Norham Gardens. (See p. 219)

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was appointed there was a flourishing school of physiology and regular teaching was also provided in anatomy, pathology, and pharmacology. Clinical teaching had been recommenced in 1883 and an introductory course was offered by the honorary staff of the Radcliffe Infirmary to those students who were studying pathology and pharmacology.

#### OSLER'S OXFORD HOME

It would be frivolous for a new recruit to Medical History to attempt to assess Osler's contribution to Oxford medicine. Perhaps, however, I may be permitted to digress from my main theme to give an account of a physical memorial which he never intended to provide. When Osler arrived in Oxford on 27 May 1905 he rented No. 7 Norham Gardens, complete with furniture, and set about finding a permanent home. The house he eventually chose, a little farther down the road, had been built for Mr. Dallin, the Public Orator of the University, whose carelessness in throwing away an incriminating letter appealing for funds had been largely responsible for unseating the Tory victor in the Oxford by-election of 1880. This house, No. 13 Norham Gardens, was designed by William Wilkinson, the architect who had been picked by St. John's College for the development of the Norham estate. It was completed in 1870 at a cost of £3,150 or 6*d.* per cubic foot, and was one of the four houses that Wilkinson chose to illustrate the development of the area in his book on English Country Houses. So well known did North Oxford and Wilkinson's planning abilities become that the great French architect Viollet-le-Duc reproduced Wilkinson's plate with some adaptations (notably to the greenhouse and the gardens) in the second volume of his *Habitations Modernes* in 1877, and it is this version which is illustrated in Fig. 1. The plans (Fig. 2) show one of the oddest conventions of high-class Victorian life. Drawing room and dining room are placed as far apart as space allows, 'so that when the little procession to dinner occurs, it can at least cut some kind of figure by passing across the hall, instead of shambling out of one room into the next' (Saint, 1972). Notice also that the servants' area is separated from the rest of the house and that there is a large bathroom—an innovation for a middle-class home of the period.

The house was, of course, too small for the amount of entertaining that Osler envisaged and when he obtained possession of it on 1 August 1906 he set about its reconstruction. A new drawing room with bedroom above it was added on to the side, the dining room and old drawing room were built out and a new terrace created. Inside, the hall was enlarged by cutting off a part of the old drawing room and opening up the stairs. Three more bathrooms were equipped with the new-fangled imported porcelain tubs. The choice of these latter gave rise to quite a scandal when the Regius Professor's wife appeared in the shop and climbed into one to see if it was long enough, and even more so when four were ordered for a professor and his wife and son who with their guests apparently needed an unusual amount of washing. The reconstruction took a year, for much of which the Oslers were, somehow, in residence. At the end, the professor stood the workmen, something over 100 all told, a dinner in the garden.

A picture of Sir William, Lady Osler, and Revere standing on the terrace at the

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back of the house was given to me by Dr. Geraint James, who pointed out that Osler was smoking a cigarette and that it would not be surprising if a bronchial carcinoma had been the cause of the empyema from which he died. I incautiously repeated the remark some time later to a visiting American and it wasn't long before I had an enquiry from the professor of surgery at Oxford about the nature of the evidence on which the diagnosis had been made. A story had apparently reached him via Professor Bates of McGill and Dr. Penfield that Osler was a heavy smoker and that post-mortem examination had revealed a bronchial carcinoma. This was surprising, as Dr. Penfield, who knew Osler well, was sure that he smoked only an occasional cigarette on social occasions and Professor Bates had a detailed post-mortem report which stated that the right base showed bronchiectasis with small abscesses and the remains of an empyema cavity. Dr. Gibson, who made the examination, was a superb and careful morbid anatomist, and the chance of a cancer having been overlooked must be infinitesimally small.

The house was left by Lady Osler to Christ Church and was used at first as part of the Mathematical Institute and later as a hostel for the Society of Home Students, the precursor of St. Anne's. By 1950 the structure had begun to deteriorate and a tree was growing out of the roof. Dr. Robb-Smith and Prof. Gardner, the Regius Professor who was living in his old home on Boar's Hill, persuaded Christ Church to give No. 13 to the University; part was divided off to make three flats for medical postgraduates, while the rest was modernized to make a suitable house for my predecessor, Sir George Pickering. In 1969 further modifications were made and the house is now not only a privilege but also a joy to live in. Sir William would not, I fear, recognize the interior of most of the rooms; but he would feel at home in the hall, which is papered in the same style and has lost only its large oak fireplace and overmantel and some of the inevitable bookshelves, and also in the library, which is hardly changed. He would miss the three paintings over the fireplace, but the triptych in Acland's library from which they were copied hangs in the next room looking down on Osler's drawing-room carpet. Some rather cumbersome pieces of his furniture remain and we have a small collection of books by or about Osler, largely as a result of the generosity of Canadian and American libraries.

#### THE OXFORD CLINICAL SCHOOL

After Osler's death, the school continued as it had before, strengthened by professorial departments of pathology and pharmacology and, a little later, by a department of biochemistry. There was, however, still no clinical school. That we have one now is due to the concatenation of three factors: the generosity of Lord Nuffield, the inspiration of Hugh Cairns, and the outbreak of the Second World War.

Proposals to establish an Institute for Medical Research, which would take advantage of the clinical material in the Radcliffe Infirmary, were put forward in 1930 when it was known that Sir William Morris (as Lord Nuffield then was) was willing to purchase the Radcliffe Observatory. The negotiations culminated in 1935 when the Nuffield Institute was opened to accommodate a department of experimental therapeutics and an X-ray department, in which X-ray cinematography could be 'applied to clinical, physiological, pharmacological and anatomical problems'. During this

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period a much larger scheme was conceived by Cairns, who had come to England as a Rhodes scholar and remained to become the leading British neurosurgeon. Cairns had paid several visits to the United States and was impressed by the value of clinical departments under the direction of full-time University staff. He conceived the idea of a clinical school consisting of a group of such departments which would concentrate on postgraduate teaching and research and would limit its undergraduate commitment to an annual intake of no more than twenty selected students. Cairns concluded that Oxford was the best place for this development because of its atmosphere of research and the excellence of its preclinical departments. In 1934 he began a series of informal discussions with the Vice-Chancellor and shortly afterwards submitted a detailed memorandum to the then Regius, Sir Farquhar Buzzard. Lord Nuffield was attracted by Cairns' ideas and in October 1936 announced his intention of giving to the University £1,250,000 (which he subsequently increased to £2,000,000) to enable the proposals to be realized. Five chairs were established and all were filled before the end of the following year.

Nuffield (1936) was concerned to create a postgraduate school that would specialize in research and in the teaching of research methods, but he was willing 'to include within the scope of the School the complete clinical training for the Degree of Bachelor of Medicine of a limited number of Oxford medical students'. It is doubtful, however, whether a full course would have been instituted for a long time had it not been for the outbreak of war, when the London teaching hospitals decided to evacuate their students. It was quickly agreed that it should be possible to provide training that was at least as good as that offered by the alternative hospitals outside London; the necessary statutes were passed, and a school was re-opened in the Radcliffe Infirmary in October 1939 after an interval of some 160 years. Early experience was encouraging and within four years the University had told the Goodenough Committee on Medical Education that it wished to retain a complete medical school after the war was over. The proposal met with opposition from some who believed that Oxford clinicians should concentrate on postgraduate medical education and research, and it was eventually endorsed by the Faculty Board by only one vote. One vote, however, was enough and in 1945 the clinical school was established on a permanent basis.

Progress was at first slow, and for twenty years the annual intake of clinical students averaged less than twenty-five. The last ten years, however, have seen a dramatic change. Six new clinical chairs have been endowed and the intake of students has been fifty a year since 1968. No large increase can be expected until 1977, when the main part of the new hospital should be built. The number will then be raised to 100, when it will equal the output of the preclinical school.

In what direction should we go then? Two main trends in medical education can be discerned. The first leads to integration between the preclinical and clinical courses, the second to a greater emphasis on the quality of care. Both would, I think, have been welcomed by Osler, but will they be welcomed at a University which for so long concerned itself solely with the scientific preparation for clinical practice and which now requires all its students to have taken an honours degree before entering the clinical course? I think they probably will, for the University is well aware of Osler's distinction between that Conservatism, which proves all things and holds fast that

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which is good, and Old Fogeyism which proves nothing, but holds fast that which is old. The Oxford tradition with its College system has always recognized the value of fertilizing scientific teaching with a dose of humanities, and the revolution in America, which is leading students to concern themselves more with the differential infant mortality rates of blacks and whites than with the latest developments in molecular biology, was foreshadowed in Oxford thirty years ago, when Ryle was elected the first professor of Social Medicine in Britain.

Neither trend is incompatible with the inculcation of a scientific approach to medical problems and with encouraging the development of an inquiring mind that will seek to obtain new knowledge and improve treatment. In twenty years' time it will still be as true as it was eighty years ago that for a physician 'A scientific discipline is an incalculable gift, which leavens his whole life, giving exactness to habits of thought and tempering the mind with that judicious faculty of distrust, which can alone, amid the uncertainties of practice, make him wise unto salvation.' (Osler, 1894).

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