A CELEBRATION IN PICTURES

Pamela Miller

On the 16th of March the Osler Library celebrated two outstanding events, both connected with Dr. James Darragh, both results of his years of dedication to medicine and its history. Dr. Darragh has recently retired as Foundation Director of The Harold Crabtree Foundation. The Foundation, which he served from 1987 to 2005, asked him on his retirement to name the charity of his choice and that fortunate charity is the Osler Library which has just received $100,000 in Dr. Darragh’s honour. This most welcome and totally unexpected gift is being placed in a special endowment to purchase rare books. Each book purchased with this fund will have a bookplate placed in it honouring Dr. Darragh’s years of service to The Harold Crabtree Foundation. We are regularly bombarded by enticing rare book catalogues and now we will be able to move past dreaming and to act.

The Harold Crabtree Foundation was incorporated in Montreal in 1951. Its founder, Harold Crabtree, was born in Bury, Lancashire, England in 1885 and immigrated to Canada with his family as a young boy. Initially he

Sandra Crabtree and Dean Fuks

The Three Authors: Dr. James Darragh, Dr. Joseph Hanaway, Dr. Richard Cruess
He has always been an enthusiastic supporter of the Osler Library, with a keen interest in the history of medicine and we have always enjoyed his research visits.

made his career in the pulp and paper industry and later in the textile manufacturing business. Since its inception, the Foundation has consistently supported a broad range of activities in the areas of education, health and social services in Eastern Canada. During the Montreal years the Foundation was closely associated with McGill University (including generous support of the Life Sciences Library) and the Royal Victoria Hospital. The Foundation is now located in Ottawa and is managed by third and fourth generation family members who continue its tradition of general charitable giving.

An additional cause for celebration was the launching of McGill Medicine, Vol. 2, 1885-1936, McGill-Queen’s University Press, 2006. Dr. Darragh is one of the three authors, along with Dr. Richard Cruess and Dr. Joseph Hanaway. This second volume traces the major developments in the medical school’s history from just before the opening of the Royal Victoria Hospital to just before World War II, a period of continued change, reform and expansion. Dr. Hanaway addressed the crowd on behalf of the authors highlighting some of the characters who appear in the book.

The Wellcome Camera was full of well-wishers who enjoyed the enthusiasm of our speakers: Dean Abraham Fuks, Professor Anthony Masi, Provost, Sandra Crabree of The Crabtree Foundation, Philip Cercone, Director of McGill-Queen’s Press, Dr. Hanaway, and Mrs. Janine Schmidt, Trenholme Director of Libraries. During the reception Mr. James Henderson, Life Sciences Librarian, toasted the Foundation and the authors, highlighting the research and collecting roles of the Osler Library that this event represented.
A SHANGHAI ‘PIRATE':
The 13th Edition of William Osler's Textbook

Richard L. Golden, M.D.

As William Osler’s magnum opus, *The Principles and Practice of Medicine*, evolved from 1892 to 1947, there followed an increasing bibliographic morass of publishers, editions, issues, states, printings, and translations. It is not surprising given the popularity of the work, its global impact, and the publishing practices of the times, that unauthorized 'pirate' editions also appeared. The first of these appeared in Britain in 1901 when Young J. Pentland published an unauthorized, but quite legal, fourth edition following Appleton’s egregious failure to renew the copyright. This was followed in 1905-1906 and 1928 by pirated Russian translations of the fifth and tenth American editions, respectively. Here, too, there was no legal transgression in the absence of bilateral copyright treaties between Czarist Russia (and the Soviet Union) with the United States.

Osler’s textbook, first translated into Chinese 1909-1910, went through three editions with numerous printings and appendices, the last in 1938. These translations by Philip B. Cousland and his Chinese assistants were published with the full knowledge and approval of Osler. Recently a pirated Chinese copy, in English, of Henry Christian’s thirteenth edition (1938) of *The Principles and Practice of Medicine* has come to light. The book is a line for line copy of the American edition except for the title page that bears no publisher’s imprint or colophon, and is dated 1938 (the Appleton-Century edition is undated). (Fig. 1.)

In addition, the verso lacks any copyright information, and the half title is absent. The illustrations that were originally black and red are now uniformly black. The height of each leaf is approximately 3.5 mm greater, and the width of the type block is 3 mm shorter. The typography appears the same, but notably darker.

The cover is a black leatherette; a departure from the original red cloth, and without the familiar ‘Appleton Century’ at the base of the spine. (Fig. 2.)

An embossed circular seal of the local retailer is on the free rear end page and has ‘THE LONGMANS BOOK, INC. SHANGHAI’ around the periphery and Chinese ideographs in the center. The provenance of the book is revealed by a printed label in Chinese (Fig. 3.) affixed to the rear pastedown, translated as:

Authors:
See title page.

Publisher:
Shen Shi-jie
231 Yuyuan Rd., Shanghai

Publishing Office:
China Printing Company Ltd.,
HongMao Lane,
BanSongYuan Rd., Shanghai
Republic of China, Taiwan,
photocopied: January 1, 27 (1938).

The book appears to be a product of offset printing (offset lithography) and the photographic printing process provides an explanation for the slight difference in the size of the type block and the monochromatic illustrations, the latter a selected economy measure.
Imperial China entered into a bilateral copyright agreement with the United States in 1904. The revolution of 1911 and the establishment of the Republic of China (ROC) in 1912 marked the end of the Qing Dynasty and over two thousand years of imperial rule. During the years of turmoil that followed, culminating in the Communist victory of 1949, the formation of the mainland People's Republic of China (PRC) and the evacuation of the ROC to Taiwan, there was neither a bilateral copyright agreement nor had China been a party to the Buenos Aires [copyright] Convention of 1910. Thus, the publication in 1938 of the thirteenth edition in the ROC, although pirated, was, like its kindred British and Russian editions, not illegal. (It was not until 1992 the PRC again entered into a bilateral copyright agreement with the United States that they consider to be non-binding, although in full force in the ROC [Taiwan].)[6]

There exists the interesting paradox of two distinct Shanghai publications that were available to Chinese students and practitioners in 1938. The first is the last known printing of the third Chinese edition (based on the ninth American edition of 1920), now seriously out of date, although containing an Appendix with more current information. The second was a verbatim English copy of the contemporaneous thirteenth American edition (1938). This book, previously not catalogued in the West, was undoubtedly intended for Chinese medical schools such as those in Peking, Canton, Wuchang, Foochow, Hong Kong, Changsha, etc., where the language of instruction was English.

Conjecture as to the reasons for the unawareness in the West of this Chinese thirteenth edition encompass the possibility of a small press run; the probable production for domestic use only; or perhaps its fate as a Western book during the Cultural Revolution that began in 1966. It is possible, depending upon the Chinese experience with this edition, that later pirated editions of the fourteenth (1942), fifteenth (1944) and sixteenth (1947) editions may yet be discovered.

References

Acknowledgments
The assistance of Kimie Moriyama, David S. Crawford and Dr. Dizhi Xiong is gratefully acknowledged.
The idea that an excess of Black Bile whose balance determined health. Their concept of the four humours heat in these lesions fit very well into the surface of the body. The absence of which they could visualize on the palpable and ulcerated tumours of advanced physical appearance of advanced origins. The physicians of the Hippocratic Corpus and Galen focused on the development of concepts related to the biological origin of tumours. The physicians of the eighteenth century like Gasparo Aselli, Olf Rudbeck and Thomas Bartholin.

Also in the eighteenth century Giovanni Battista Morgagni relied on his visual inspection of multiple autopsy specimens to develop an understanding of the relationship between the symptoms produced by a disease and its location. His works although not illustrated were to become the foundation of pathological anatomy. The availability of colour lithography in the early nineteenth century created the ability of investigators like Robert Hooper to more accurately represent the visual experience of the pathological specimens. This work would foster a more life-like understanding of cerebral disorders including his accurate representations of both primary and secondary brain tumours. The nineteenth century was to spawn multiple pathological folios of cerebral lesions and fuse the written description of various brain tumours with their accurate depiction in a coloured format – bringing a new reality to the existence of brain tumours.

Improvements in microscope design and function, which were occurring in parallel with these new printing techniques, allowed researchers a new window into the cellular organization of a variety of tissues. The ability of Theodor Schwann to grasp the importance of Matthias Schleider's discovery of the plant cell nucleus and extraplate that finding to the cells of animals initiated a paradigm shift from the study of organs to the importance of the cells composing that organ. Rudolf Virchow's acceptance and expansion of Schwann's Cell Theory would result in his famous dictum Omnis cellula a cellula (every cell arises from a cell) and would focus the attention of investigators on the role that the cells that make up an organ play in normal and abnormal growth. Studies by Albert von Kölliker and Walther Flemming would refocus the eye of the investigator on the individual components that constitute a cell and the mitotic apparatus that was necessary to reproduce that cell and was responsible for tumour formation.

The use of the microscope not only resulted in an appreciation of the variety of cells present in human tissues but cried out for classification systems to help in understanding the role of specific cells in human disease. Percival Bailey and Harvey Cushing, using the histological staining techniques acquired predominantly from the studies of Santiago Ramón y Cajal and his pupils and the careful clinical studies of brain tumour patients, prepared a very useful classification system for cerebral tumours that is the basis for the classification system used today. The advent of molecular biology, initiated by the discovery of James Watson, Francis Crick and their colleagues of the replication system used by DNA, opened the door to the experiments carried out by Harold Varmus and co-workers who would report the first tumour oncogene in 1976. The present understanding of the role played by oncogenes, tumour suppressor genes and stability genes in the genesis and propagation of brain tumours is only the beginning of the search that continues to identify and cause and hopefully the cure of cerebral tumours.

Come.... browse through fascinating original editions of books, articles and pamphlets. Review the beautiful illustrations. Enjoy the very human creative process that has given birth to Neuro-Oncology.
THE BEDSIDE OSLER

Robert E. Becker M.D., C.M. (McGill ’60)

From Oslerian-inspired bedside teaching at McGill I learned that we learn medicine, both as students and as senior professors, from an interview and examination of a patient. I learned to observe and to understand patients, to use my science to serve these patients’ ends and to use my skills as a doctor to learn from my patients. In recognition of what we accomplished we received a copy of Osler’s Aequinimitas at graduation. After reading the essay I chided Osler for setting a standard I could not meet. The rift was minor and Osler remained for me a proponent of bedside art and a prophet pointing towards a scientific medicine of the person that was to come in the future. I joined others esteeming Osler for bringing scientific knowledge into patient care; however, it is how we use our knowledge that I still view as Osler’s most important contribution to modern medicine. For 40 years I lived with three Oslers: one Osler the familiar scholar and medical leader whom I too revere; another Osler the bedside teacher who seemed himself to underemphasize how bedside practices form the core of his teachings; and, finally, the equanimous and self-restrained Osler who, I knew from Cushing and other sources, felt deeply the suffering of his patients and losses in his own life.1

On my return to the States I realized that the bedside Osler did not imprint medicine in the United States as he did at McGill. Many here in the United States spoke of Osler but few practiced or taught like the Osler I knew. I lived the experiences Cushing reported upon Osler’s coming to the States.2, 3 Cushing reports a gentlemanly standoff between Osler and Pepper, the professor of medicine at Philadelphia before Osler’s arrival and Chair of Medicine during Osler’s Philadelphia tenure.4 Pepper was highly respected for elegant and knowledge-filled lectures on diseases. Cushing reports that to illustrate his clinical points in his lectures, Pepper used patients without the disease being discussed. Contrast this with how Osler taught and practiced. In reports of Osler’s work at Montreal, Philadelphia, Baltimore and Oxford, Cushing confirms the memories of Osler I saw referenced and practiced by my teachers at McGill. Osler taught from the bedside. For lectures Osler brought a patient onto the lecture stage and questioned and examined this patient to develop the subject he would address in the lecture. This was Osler’s Hippocratic way of giving priority to the individual patient as subject matter for a physician’s attention. I most value this bedside Osler, the Osler of ‘medicine begins with the patient, continues with the patient and ends with the patient.’ This is the Osler I grew to esteem from what I came to know from teachers and had witness of from hours spent in the Osler library with his cousin W. W. Francis.

The more familiar Osler as scholar, scientist, medical leader, professional society leader, and founder of internal medicine, became an icon in America, but at McGill I knew this scholarly Osler as a propaedeutic to excellence in bedside practice. The bedside Osler sets criteria for success beyond those required of the scholar in the individual sciences. This scientist seeks truthful theories; however, the physician-scientist researches in sciences and practices to support the physician as he/she practices at the bedside. The scientist can be satisfied with his theories but the physician must create a tool useful with an individual patient. The bedside Oslerian builds medicine’s technological resource base to support bedside practices and does not allow his knowledge of science or the arts to ground his medical practices. I learned from this bedside Osler that to do medicine is to sit with a patient at the bedside until I understood this patient and this patient’s disease. I learned to keep my knowledge close at hand: close enough to support patient care, but not so close that what I know interferes with the relationship to this patient. In the task of understanding the facts about a patient, what I know already about medicine plays a secondary not primary role. The

I find the bedside Osler still a timely teacher. Today, doctors too much identify with what they know about disease and treatment mechanisms rather than taking the essential step of engaging with each new patient as an individual and with her particular diseases. The Oslerian heritage taught me to understand my patient before I use what I know to explain my patient. This insight seemed sound when I learned it and remains sound today after years of applications in patient care. I need the unencumbered facts from my patient to avoid misinterpreting the meaning of what I hear and observe and then misapplying a diagnosis or treatment. Time only reinforces these cautions. Recently I have been studying how Osler’s bedside methods fit with modern biology.5 I read Darwin as turning to these same observational methods that now stand as the core of biology. I see parallels between my Oslerian aims and those of the primatologists who study subjects as individuals.6 I read modern evolutionary biologists as supporters of the assumptions and methods behind bedside medicine.6 I marvel that modern evolutionary biology addresses individual subjects using observational methods first described by Hippocrates and passed on to me through Osler.7

Bedside medicine throws the physician into the cauldron of each patient’s life. Osler clearly lived with his patients in this cauldron of human emotions and in touch with the depths of feelings evoked in him.5, 8 Osler turned to equanimity to stabilize his emotions so he could remain available as a personal physician for each of his patients, as do each of us. Osler takes equanimity further into his personal life and chooses not to speak out about the interference when medicine makes technology primary causes Lewis Thomas to lament that he finds the machinery of medicine blocking his chosen task, the care of the sick patient.4
hearts to the never ending human suffering we see.\textsuperscript{9,10} I hope that for the remainder of my days I will have the strength to stand with Osler at the bedside of my patients and the wisdom to contribute to the profession an alternative to the current choices between stoic personal suffering as a physician and losing or hardening one’s self so that these reactive feelings do not come into awareness.\textsuperscript{8}

References

\begin{figure}[h]
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\caption{Dr. Shigeaki Hinohara}
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medical care and nursing education. In particular, he was instrumental in bringing forth accessible care for the public, prevention of lifestyle diseases, and implementing palliative care for terminally ill patients. The achievements originated from his resolution to improve health care in Japan. Supported by integrated and organized cooperation from his colleagues, he pointed out the importance of giving holistic health care while valuing the patients’ human dignity, and carried it out himself. In the process, he taught the importance of prevention, in addition to early detection of diseases. He was a pioneer in perceiving the significance of periodic health check-ups, in order to detect and treat illnesses early, he also recognized the role of education in improving lifestyles, to attain good health in later years. Thus, in 1954 he established a periodic health check-up clinic at St. Luke’s International Hospital in Tokyo, as the first of the kind among private hospitals in Japan. To further develop preventive and clinical medical care, and to encourage healthy activities among the Japanese public, he himself, at age 94, has kept good health and is active at the forefront of society by organizing numerous educational campaigns.

In addition, he showed the importance of providing education in the fields of nursing and volunteer work. For over 50 years, he took initiatives in providing guidance and support to improve training programs for the nurses. He was the leader in instituting doctoral program curriculum in the faculty of graduate studies in colleges of nursing, thereby enhancing the quality of nursing education.

Throughout his career, Dr. Hinohara has been inspired by the life and work of Sir William Osler, has published on Osler and is the President of the Japan Osler Society. He is a member of the Board of Curators of this Library and in addition to all of the above, is a dedicated peace activist. Committed to change and improvement, he recently stated in an interview published in The Japan Times that at age 94, with little time left, that he is, “... getting more and more radical these days.”

\section*{Archibald Edward Malloch (1926-2006): Scholar and Teacher, Oslerian and Humanist}

Archie Malloch was born in New York City. His father Dr. T. Archibald Malloch, a graduate of the McGill Medical School just before World War I, was the distinguished librarian at the New York Academy of Medicine; during World War I while in the Canadian forces overseas, he had also been almost a family member at the “Open Arms”, the Oxford home of Sir William Osler and Lady Osler, and one of the attending physicians during Osler’s last illness in 1919. And it was at Oxford that he met his future wife, Archie’s mother, Katherine Abbott, a great-niece of Sir William. Archibald Malloch stayed on at Oxford after the war to work as one of the trio with William Francis and Reginald Hill on the enduring Bibliotheca Osleriana. Archie’s
Archie Malloch was able to remind the Curators from time to time of their testamentary responsibilities, spelling these out in his precise and deliberate style.

Archie grandfather and namesake studied medicine at Glasgow University where he became a disciple of Joseph Lister, introducing his technique of surgical antisepsis the first time in Canada at Hamilton, Ontario. He was also a friend of Dr. William Osler, who consulted on some of Malloch’s cases.

Archie Malloch followed in his family’s Osler connections by being a valued member of the Board of Curators of the Osler Library from 1976 to 2006. Although the Board does not have an office of Custos rotulorum - keeper of the rolls - this could be regarded as one of the functions that Archie took on during his 30-year tenure as a Curator. He became familiar with chapter and verse of the terms under which Osler has bequeathed his books to McGill University and provided for a Board of Curators (along the lines of that at his beloved Bodleian) to ensure that the Osler Library would continue to serve its mandate as a unique and scholarly resource for the history of medicine and science. Archie Malloch was able to remind the Curators from time to time of their testamentary responsibilities, spelling these out in his precise and deliberate style.

For his doctoral thesis at the University of Toronto, Archie Malloch studied John Donne’s poetry and moral essays. Joining McGill University in 1953, he centred his teaching interest on 17th and 18th century English literature and served on numerous faculty committees and in Senate. He was active on the academic freedom and tenure committee of the CAUT, from which he received the Milner Memorial Award in 1979 for distinguished contributions to the cause of academic freedom. The pewter mug presented to him was inscribed with a dictum attributed to Archie, “You must give reasons in writing”. His deep concern for others was also manifested as a comforting visitor for many years at the Palliative Care Unit of the Royal Victoria Hospital.

Archie’s latest gift to the Osler library was a collection of charming letters written by his great-grandmother Elizabeth Malloch (1807-1890) to her son Archie, many of them covering his period as a house surgeon to Joseph Lister in the 1860’s. Archie’s last piece of writing was one of the book-essays in 75 Books from the Osler Library (2004), how fitting for him to choose that all-time favourite of William Osler, Sir Thomas Brown’s Religio Medici!

Archie sometimes asked his colleagues and students to read aloud their selections of poetry. One might suggest lines from John Donne’s poem, A Valediction: Forbidding Mourning, which aptly opens,

As virtuous men passe mildly away,
And whisper to their souls, to goe,
Whilst some of their sad friends doe say,
The breath goes now, and some say, no:
So let us melt, and make no noise,
No teare-floods, nor sigh-tempests move,
… And closes,

Thy firmes draws my circle just,
And makes me end, where I begunne.3

William Feindel, MDCM
Honorary Osler Librarian

References
1. See the Osler Library Newsletter #104-2005 for a scholarly annotation of these letters by Dr. Charles G. Roland.

Acknowledgments
I am grateful for information from Gordon Burr, McGill University Archives, Pamela Miller, History of Medicine Librarian, Osler Library and Archie’s wife Barbara Malloch.

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Legal Deposit 1/2006 ISBN 0085-4557
Legal Deposit 1/2006 ISSN 1712-7955