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In Memoriam: Dr. Shigeaki Hinohara 1911-2017

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Dr. Hinohara was one of the most remarkable people I have ever had the privilege of meeting. He was born in Yamaguchi prefecture, the western-most part of Honshu, the main Japanese island. Christianity was first introduced to Japan in 1550 in Yamaguchi, and remains largely confined to that prefecture to the present day. Not surprisingly, Dr. Hinohara, the son of a Methodist pastor who had studied at Duke University, was an active Christian. Privileged in means, he devoted himself to caring for others throughout his adult life.

I was introduced to Dr. Hinohara when I returned to Japan in 1983 on a sabbatical leave. The outcome of our exchange was that he pressed me to take the three-hour train ride once a week from Kyoto where I was living to Tokyo (much quicker today), to teach a course in medical anthropology at St. Luke's International Hospital, of which he was the director. Prior to our meeting, Dr. Hinohara had not heard of medical anthropology but, with his characteristic aplomb, he discerned that this discipline might well help in advancing his goals of creating a patient-centered approach to medical care.

Dr. Hinohara was a great admirer of Sir William Osler and published several books about him in both Japanese and English. Characteristically, Dr. Hinohara decided to immerse himself in the ambiance of the Osler library for long periods of time in order to fully appreciate Sir William's approach to patient care, and not limit his insights to knowledge obtained from books alone. He accepted an appointment to the Board of Curators of the Osler Library in 2002, and regularly flew in from Japan to attend curator meetings until shortly before his death.

Among the principles Dr. Hinohara put forward for daily life for himself and others were to avoid 'gluttony,' and to work hard into old age. But he did allow himself the luxury of a chauffeur in



Dr. Shigeaki Hinohara

order to avoid dealing with the crowded public transport system in Tokyo. He started his work six days a week on his telephone, while being driven to his hospital from his home. The departure time was 6.00 am when I accompanied him one day.

During his long life, Dr. Hinohara had administered to victims of the firebombing of Tokyo during the Second World War. He was taken hostage in 1970 by Japanese Red Army Terrorists who hijacked a commercial jet. He was concerned about the earthquakes that strike Japan regularly, and told me

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McGill



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‘A Sweeter Laddie Never Lived’: Edward Revere Osler (1895-1917)

Nadeem Toodayan

Edward Revere Osler (1895-1917) was Sir William Osler’s (1849-1919) only adult child. The joy and pride of his dotting parents for some 21 years, his life was tragically cut short in World War One, when he was fatally injured by a German shelling in Ypres, Belgium in 1917. Notwithstanding his short and in many ways ordinary life, detailed facets of Revere’s story have been faithfully preserved by his father’s many admirers. For those who consider themselves with such reminiscences, a charming and cheerful scion of Osler awaits.

Born in Baltimore

Born in Baltimore on 28 December 1895, Edward Revere Osler entered the world “a strong and durable specimen” (Figure 1) – as his elated father proudly proclaimed in a letter to Professor Edward Schafer of London a few days after his birth.¹ Half-named for his maternal ancestor of American Revolutionary fame [Paul Revere (1734-1818)], the boy’s healthy arrival was greatly appreciated at 1 West Franklin Street, not least so because Osler’s first child, another Paul Revere (1893-1893), had died as an infant less than three years earlier.² Proudly flaunting his new seedling to medical friends and associates, William Osler insured that Revere was well supported in his youth, and close colleagues like Weir Mitchell, Barton Jacobs, and later Harvey Cushing, were to develop lasting interests in the boy’s upbringing and ongoing education. Henry Barton Jacobs (1858-1939) in particular, an original “latchkeyer” and one of Osler’s most intimate friends,³ would become a lifelong friend to Revere. One of the boy’s earliest recorded letters in fact, is addressed to Dr Jacobs from London in June of 1899:

Dear Dr. Jacobs, I am having a good time. We have been in London very hard. I like London. I got lots of toys at London – some blocks too. We are at the seaside now. 1, 2, 3, 4, 5. We have a nice little

*house and a bathing tent and a pony. E.R. Osler.*⁴

Probably written by his playful father – then visiting London as Cavendish Lecturer to the West London Medico-Chirurgical Society⁵ – the letter reflects what was undoubtedly a very happy childhood for Revere. Before turning ten, he had played cricket on the Island of Guernsey and had the opportunity to go boating on the Thames, but the acquisition of a pet alligator in spring 1900 was not something Grandmother Osler would approve of.⁶ Back in Baltimore, Revere was



Figure 1: Edward Revere Osler, 1896, William Osler Photo Collection, CUS_091-008_P.



Figure 2: Revere and his family at their first Oxford residence, 7 Norham Gardens, June 1905, William Osler Photo Collection, CUS_064-002_P

enthusiastically entertained by his busy father on a regular basis. Whether pillow fighting in the home nursery or playing with toy trains, many late afternoons were spent closely together, and, more often than not, in the company of a Greek mythological hero or two. “Many

happy returns of The Day to the small Telemachus” wrote his wayfaring father on a postcard from New York on the eve of Revere’s eighth birthday; “Care of Mistress Penelope, from old Ulysses, on the Island of Aegia;”⁷ he was only going to Montreal!

On to Oxford

Except for a short spell of whooping cough in his Baltimore days, Revere enjoyed a healthy childhood and upbringing in America. In May of 1905, his good fortunes would follow him and his family to Oxford (Figure 2), a move that would see him enrolled at Lynam’s school on Bardwell Road,⁸ where he was a boarder from 1905 to 1910. More sunny than studious in his adolescent years, Revere was awarded prizes for drawing and writing, but needed extra help learning Latin which he loathed even in later years. “Revere is so well & very happy” wrote Osler in July of 1908; “butterflies & moths, fish & cricket, not too much study, fill out his days.”⁹ Although not pressing his son academically in any particular way, Osler did gift Revere the 100,000th copy of the 1905 edition of his famous medical textbook.¹⁰ At more leisurely hours, he also tried to instil in his only child a fascination for microscopy and examining aquatic micro-animals.¹¹ But the boy did not catch on to his good father’s optimistic expectations.

In June of 1910, Revere was accepted to Mr. Little’s house at Winchester College. The admission of his only child to the same school where Sir Thomas Browne (1605-1682) had once studied,¹² would have been a pleasingly significant feat for the Regius Professor, who made substantive efforts to pass on the great Norfolk Doctor’s wisdom to his only son. Osler made a point of handing over “the most precious book in [his] library”¹³ – his much loved 1862 Ticknor and Fields edition of Browne’s *Religio* – to Revere,¹⁴ and further sought to get his growing child interested in historical books and classical literature.

But it was not through Browne

that the otherwise unscholarly Revere developed a love for books; it was through his favourite pastime of fishing. For many years “an awful duffer at books,”¹⁵ it was most probably Izaak Walton’s *Compleat Angler* (1653) that had the once bibliophobic school boy gradually adopt a more serious affinity for these historical writings of the past. Already a devout angler, he could not resist Walton’s call to literature and learning; for “Why (Sir) is Angling of Antiquitie, and an Art, and an Art not easily learn’d?... ‘tis an Art... worthy the knowledge and practice of a wise, and a serious man.”¹⁶ Walton’s wit notwithstanding, Revere’s father evidently also had much to do with the welcome transformation:

Dec. 27th [1914]

Dear Dr Jacobs, – Thank you very much for your card and your kindness in remembering me amid all this excitement. In spite of everything we have had a happy Christmas. Mother is well as usual & so likewise Dad and myself, “for which,” as Pepys would say, “God be praised.”

Dad has given me (I am telling everyone I meet this, out of joy) a first edition of Iz. Walton’s Life of Herbert – a perfect gem of a book, uncut, unsoiled and just as it left the hands of the printer and perhaps of Walton himself. You will pardon my enthusiasm for your no doubt know it yourself. ...Yours affectionately,

REVERE (discip. Iz. Wa.)¹⁷

Like Sir Thomas Browne, Revere went from Winchester to Oxford University in May of 1914, and was admitted to his father’s college at Christ Church. He undertook special tuitions in Latin and Greek for a year before coming to Oxford, and succeeded on his second attempt at matriculating at the historical university. Unfortunately, it was not long after commencing at Oxford that World War One broke out – this is the ‘excitement’ Revere refers to in his above letter to Jacobs. The circumstances of the war interrupted Revere’s education and would ultimately determine the course of his final years.

World War One

Much to the dismay of his rooting father, Revere decided to leave University for military training with the Oxford Officers Training Corps in January of 1915. On 24 February 1915, the would-be soldier commenced administrative duties as an “orderly officer” at the Canadian Red Cross’s Duchess of Connaught Hospital at Cliveden – where his father was also a visiting consultant – but what he really looked forward to was joining the McGill Medical Unit, which was due to be mobilised as the allies’ first fully equipped university army hospital later in the year. Through his father’s relations with McGill, and also the insistence of W.W. Francis,¹⁸ Commanding Officer Herbert Stanley Birkett (1889-1971), then Dean of the Medical Faculty at McGill, personally offered Revere a position as assistant quartermaster to the McGill Unit.¹⁹ It took some time for the unit to get moving, but on 27 May 1915, Revere finally left Oxford to join his new battalion at Southampton before being dispatched to France.

Notwithstanding his great enthusiasm for the new post, Revere was left underwhelmed with the notoriously underactive McGill Unit – or The No. 3 Canadian General Hospital (McGill) as it was also then known. His father was terrified of the thought of his only son taking a more combatant role in the war, but the boy’s conscience was equally compromised over the inevitable fact that he was in a more ‘protected’ position than his fellow mess-men. “Revere is [still] with the McGill Unit” his father wrote early in February of 1916; “but he will exchange to the artillery & take his chances with his chums.”²⁰ By May, he was getting “licked into shape”²¹ at Fenham Barracks in Newcastle for further work with the Royal Field Artillery, and come October that year, he was drafted for active service on the Western Front in France.

From the Front

For a young man of Revere’s constitution, the horrors of front line combat must have been a harrowing experience. He wrote to his father from a French dugout shortly after the bloody conclusion of the Somme

Offensive:

Dear Dad... I relieved the brigade forward observing-officer at 5 p.m., and spent the night observing... It was a bitter cold night, freezing & snowing until 12 o’clock. I took my turn at watching and then retired to the dug-out leaving the bombardiers on watch... I was relieved at 9:30am by another officer... Unfortunately just after I left the trench a shell burst near him, a splinter of which caught him on the head... It will be delightful to see trees and grass again, and to get away from this pandemonium.²²

Pandemonium indeed. We can only imagine how anxious the recipients of such letters must have felt at the time of the war, and the Oslers at Oxford were no exception: “We plod on much the same, only with the added anxiety of Revere on the Ancre” wrote Osler; “‘Tis a gruesome business for a laddie of his type.”²³ But if the Oslers were starved of the presence of their only son, they could certainly be proud of Revere’s attitude to adversity: “I am thankful to be here among such delightful men,” he tells his parents; “There is a good atmosphere about this battery.”²⁴ As for the young soldier himself, though cold and exhausted in an ex-German French war trench, he too had reason to smile on receiving the warmest regards of his dear father on the occasion of his 21st birthday:

To my son on his 21st Birthday. First – regrets that you are not with us – but these are the only ones; and the most satisfactory of all feelings I have is that no regrets cloud the clear past of 21 years – and this is a good deal to say. You have been everything that a father could wish, a dear good laddie... Many, many happy returns of the day and I hope when this tyranny is overpast we may have more happy days together – You and I and Muz. Your loving Dad.²⁵

But alas, this could not be, as Revere would not live to see his 22nd birthday. He nonetheless brought his parents much joy in May of 1917 when he was allocated ten days leave in a period of relative

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COMMEMORATION:

The 100th Anniversary of the Death of Edward Revere Osler, 1895-1917

Susan Kelen

Susan is the granddaughter of W.W. Francis, the first Osler Librarian. She is a Clinical Psychologist working in Ottawa, Ontario.

Born: December 28, 1895, Baltimore, Maryland

Injured: Wednesday, August 29, 1917, 300 yards from Hindenburg Farm

Died: August 30, 1917 at the 47 Casualty Clearing Station, Dozinghem Belgium

Resting Place: Dozinghem Military Cemetery Section IV Row F



NORBERT KESTELOOT

Revere Osler's flowered grave site at the Dozinghem Cemetery in Belgium in early September 2017.

"We saw him buried in the early morning. A soggy Flanders field beside a little oak grove to the rear of the Dozinghem group- an overcast, windy, autumnal day- long rows of simple wooden crosses- new ditches half filled with water being dug by Chinese coolies wearing tin helmets- the boy wrapped in an army blanket

and covered by a well-worn Union Jack, carried on the shoulders by four slipping stretcher bearers. A strange scene- the great grandson of Paul Revere under a British flag, and awaiting him a group of some six or eight American medical officers- saddened with the thoughts of the father. ...Some green branches were thrown in for him to lie on. The Padre recited the usual service – the bugler gave the last post- and we went about our duties. Plot IV. Row F."¹

These are the words written by Dr. Harvey Cushing, one of the five surgeons who worked through the night trying to save the life of Revere Osler.

Edward Revere Osler, the beloved only son of Sir William Osler and Grace Revere Osler, died 100 years ago, on August 30, 2017, from wounds suffered in WW1. He was a 2nd Lieutenant and only 21.

Revere Osler, as he was known, was attested into the Canadian Expeditionary Force on February 24, 1915. He started service with the Canadian Red Cross at the Duchess of Connaught Hospital at Cliveden as Quartermaster and then with the No. 3 Canadian General Hospital (McGill) at their first location in Camiers, France. Wanting to be more active, he joined the (British) Royal Artillery. On October 17, 1916 was sent to the muddy, treeless front in the Somme with "A"

Battery, Royal Field Artillery. His record of transfer notes that he was "a good horseman, and being accustomed to mechanical drawing and the use of tools." He came home on leave for 10 carefree days in May, 1917, spending his time fishing and reading and enjoying the company of his parents for the last time.

He returned immediately after to Belgium and to the trenches on the western front. In August of 1917, he was "slightly gassed" but recovered after a few days.

On August 29, 1917, Revere's unit was bridging the shell holes in the mud and preparing a track to move a large wheeled 18 pounder gun. They were going to secure Hindenburg Farm, 300 yards away. At around 4:30 p.m., he and his commander Major V. A. Batchelor, and seven other soldiers were injured or killed by a 4.2" German shell while they were standing in a shell hole. The German shelling continued.

Revere suffered shrapnel injuries: one traversing through the upper abdomen, another in the chest just above the heart and two others in the thigh.

His commander carried Revere to the gun pit to have his wounds dressed.

Major Batchelor, who was also injured, accompanied Revere during the transfer. Revere was taken 3000 feet by stretcher to the 121st Field

Ambulance Dressing Station located at Canada Farm. Then he was placed on the ammunition railway to Essex Farm and then by motorized ambulance to the 47th Casualty Clearing Station. It took four hours to complete the transfer. He would have been given morphine to make him more comfortable. He was conscious when he arrived saying, "This (injury) will take me home."

There were five surgeons on Revere's surgical team. The medical men were called in from other hospitals in the area and they travelled in the dark and pouring rain. William Darragh headed the team. George Washington Crile was a front runner in blood transfusions and an expert in wound shock. He gave Revere two blood transfusions. Harvey Cushing, neurosurgeon and close friend of the Osler's, monitored Revere's pulse throughout the night. The other two surgeons were A.B. Eisenbrey, and G.E. Brewer. Crile's account of the surgery is that it lasted from midnight (after the first blood transfusion) until sunrise. He knew that the injuries were extensive such that he wrote, "obviously all was lost."²

Revere Osler was buried that morning in a muddy field nearby. It was done quickly and with little ceremony. There was no copy of his favourite book put under his arm.

Major Batchelor wrote

these words to Sir William and Lady Osler:

“He was a simply splendid the whole time... Your son was as delightful and cheery member of the mess as he was reliable...Nothing was too much trouble...He worked

with all his heart and looked for no praise. He had not an atom of conceit and never lost his head or his temper...when things went wrong, which so many do.”

* * *

I was reminded of the 100th anniversary of Revere Osler's death by an unexpected email, which I received from Belgium national and long-time Friend of the Osler Library, Norbert Kesteloot. He had read my article about my own visit to Revere's gravesite in 2014.³

He found my webpage on the Internet and sent off an email to me, knowing we had this common interest. Norbert was going to visit Revere's grave on the 100th anniversary of Revere's death, as a remembrance of Revere's sacrifice and of the contribution of the work of Sir William Osler - and as well Norbert's own family's difficult experiences in WW1.

While going there, Norbert

went into two small towns to look for flowers to put on the grave but could not find a flower shop. He and his wife continued to their destination, the Dosinghem Cemetery. This cemetery is a remote site, located off a rural road. It is smack in the middle of a cornfield and bordered by a thick green hedge.

Just as the Kesteloots arrived, another car with two couples in it drove up. Norbert and his wife made their way through the graveyard and noticed that the other party was following them. They seem to be heading in the same direction. To everyone's surprise, they ended up at the same gravesite. They were all there to pay respect to Revere Osler. The group stayed by the gravesite and watched the sun go down. The 100th anniversary of Revere's passing was a warm, windless evening. It was silent except for some birds, which could be heard

singing at the entrance of the cemetery.⁴

Norbert wrote to me again saying that he planned to return to the gravesite, this time with some flowers. He asked me to write a note, which he would also place on the gravesite.

In the note, I told Revere that he was not forgotten, that I found his fishing rod and nets and that they were being safely stored for him at John Hopkins University. So if he was needing them in the next world he could retrieve them in Baltimore.⁵

When Norbert returned to the gravesite in mid-September with his roses and my note, he found the grave with a traditional red poppy wreath leaning against the gravestone and bright white daisies filling the space in front of his grave. Revere had had other visitors. One hundred years on, he had not been forgotten.



MALLOCH FAMILY FONDOS (P107). SCRAPBOOK, OSLER LIBRARY OF THE HISTORY OF MEDICINE, BOX 34/1/1.

The famous Osler sense of humour on display in April 1916: “There was no room in the picture for the fish.” Revere's nets and fishing pole now reside at the Milton Eisenhower Library at John Hopkins University in Baltimore.

¹ Harvey Cushing, *From A Surgeons Journal 1914-1918*. Yale University: 1936. <https://archive.org/details/39002011123297.med.yale.edu> October 31, 2017

² Captain (Rtd.) Peter Starling, *The Case of Revere Osler*. *Journal of the Royal Army Medical Corps*. 2003 (149:27-29). <http://jramc.bmj.com/content/149/27>

October 31, 2017

³ Susan Kelen, “Finding Revere and McGill's WW1 Hospital.” *OLN*, No. 121, 2014.

⁴ Email from Norbert Kesteloot to Susan Kelen, August 30, 2017. The other party was headed by Dr. Revere Greist of Madison, Wisconsin. The flowers and wreath were left the next week by Peter

Osler and Paul McFarland of the U.K.

⁵ Special Collections Library, Milton Eisenhower Library, John Hopkins University, Baltimore. I was told that I was the first person to request Revere's fishing rod in 97 years and that the library was happy to add my request to their statistics.

In memoriam: Dr. Shigeaki Hinohara 1911-2017

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once that everyone should live in Hokkaido in northern Japan and that life in Tokyo would inevitably be disastrous at times. With that in mind he ensured that St. Luke's Hospital was ready at all times to deal with mass casualties.

In the early 1950s, long before preventive medicine other than vaccines were generally available, Dr. Hinohara pioneered a system of annual physical examinations available to everyone as part of the socialized medical system. With his usual sense of fun

he called these check-ups the ‘human dry dock.’ Among other insightful changes, in the 1970s, he classified strokes and heart conditions as lifestyle disorders. His basic guidelines for everyone, including himself, were to avoid obesity, take the stairs two steps at a time, carry

one's own packages, take time to enjoy music and pets, and above all have visions about changing things for the better. Until the very end of his life, Dr. Hinohara worked up to 18 hours a day. He discharged himself from hospital during the final months and died at home.

History of Neuro-Regeneration Research: Archival Research at Osler Library

A Mary Louise Nickerson Fellowship in Neuro History Report

Bettina Bock von Wülfingen, Recipient of the 2016 Nickerson Fellowship

When measured in publication output and funding, the current success of *regeneration* research seems to suggest that a cultural turn has taken place in the direction of acceptance of the plasticity of the body (Maienschein 2011) and even, long contested, of the adult brain. A comprehensive history of what is currently its most prominent field, neuro-regeneration, is still lacking, however. My oral sources tell me that Wilder Penfield, the later founder of the Montreal Neurological Institute (MNI), played a significant role in this history. This was one of the reasons for my visit at the Osler Library in October-November 2016, which contributed to my research project on the history of neuro-regeneration, to be published in the form of a monograph and articles aimed at rectifying the shortfall in the existing research.

Student notebooks in the Osler Library Archives, such as the Robert Baxter Struthers Fonds and William Peter Olcott Whitwell fonds, helped me better understand what was taught in anatomy and neurology in the late nineteenth century in Canada, in order to be able to compare it to the contents of courses in Europe. A long and detailed report, “MGH Neurosurgery” by Joseph Stratford, on the history of the Montreal General Hospital, was helpful to get an impression of the state of the neurosciences in Montreal during that time.

Wilder Penfield’s contribution to neuro-regeneration research is not yet acknowledged in its totality. As interviews I have conducted with neurologists in Montreal show, Penfield is usually seen as a salient researcher for his brain mapping results, studies he undertook in order to better understand how to cure epilepsy. However, for the history of neuroregeneration research, his earlier studies are much more important. This

regards his work from 1915-1928, years during which he was still preoccupied with the theory of the brain and its structure in order to better understand its illness, regeneration and cure. Brain scars and their effects on the patient’s wellbeing played a major role, which is why he did a series of experiments on these, including microscopical analysis.

Especially remarkable and unexpected was the finding of many of his specimen slides, which he prepared, collected, selected and kept throughout his career. This means that we even find those that he prepared when visiting the Nobel Prize-winning neurologist Ramón y Cajal in Madrid. The latter had developed a staining technique so refined as to be able to show that the neuronal system in the brain did not consist of an as such growing net, but that it was built by many individual neuronal cells. Ramón y Cajal’s staining technique changed fundamental theory and gave the impulse for the development of a whole research field.

As indicated before, Wilder Penfield travelled to Madrid to study these staining techniques. Additionally, he visited researchers and surgeons all over Europe, in order to get an impression of the local proficiency. Though relevant parts seem to be missing, his unpublished reports on the European situation of the neurosciences and neurosurgery in Europe, written in 1924 and 1928, are valuable to work on his international comparative perspective. Even more important then, it is to document his empirical research by studying his specimen slides. One branch of my study on de- and regeneration research regards the first publications of Alois Alzheimer on the brain damage caused by the illness that has borne his name since shortly after his publication. I retrieved the specimen slides he produced for this first study, prepared from material of the patient Auguste D. The specimen slides bear very little information (just the surname of the patient), indicating rushed work. In order to solidify this assumption,

it is important to compare these with other neurological research specimen slides, in order to be able to get an idea about what was the common practice regarding the labeling and indexing of these slides and specimens; at the Osler Library, I examined those of Penfield, in particular.

To do his training in staining, Penfield visited Santiago Ramón y Cajal in the summer of 1934 and spent four months learning with the latter’s apprentice Pío del Río Hortega to understand the special method of silver staining, which showed individual neurons and their appendices in far more detail than other methods had been able to so far. He further practiced this method at the Presbyterian Hospital in New York before moving on to Montreal. The collection of his preparations contains, among many other things, a wooden box, which served as specimen holder for slides stemming from his own time as a student in England. The specimen holders within are padded with two pages of the London Morning Post from April 7th 1916. Many of the specimen holders are marked with an improvised label with extensive descriptions and a carved codification (an abbreviation and numbers) at the opposite side. The labels are marked in ink with a variety of staining techniques, such as “Cajal”, “Nissl”, or “Bielschowski”.

Penfield also carried a selection of micro preparations to Montreal, many of which were kept in stackable cardboard specimen holders of 10 pieces each in a slip case, all contained with little space and light weight for the journey. Another wooden specimen holder box, this one apparently from Penfield’s time in Madrid, is marked “GEN PATH MADRID – TER. TH[?]OMAS PYR. THR” on a small, square label of white tape.

The material contained in these boxes constitutes an excerpt of his work during the years before he came to Montreal: several of the specimen holders or even whole folders are marked “keep”,



BETTINA BOCK VON WÜLFINGEN

This box mainly contains specimen holders with carved numbers (a Latin number followed by an Arabic one), which are repeated on labels on the other side of the same specimen holders, which also carry the pre-printed name of the Presbyterian Hospital as well as manually printed four-digit serial numbers. A couple of specimen holders in this box have a label with a blue outline and no carved number on them, one of these is labeled (horizontally) with “KEEP normal cat” and (vertically) in Spanish “Gato normal” – another indication that at least part of the preparations in this box were created during his time in Madrid. Knowing that English was hardly spoken in Madrid, Penfield and his wife had started to learn a little Spanish before leaving the US.

which shows that those were evidently considered important enough to be kept for documentation or even reactivation. Some of the cardboard folders in one of the slip cases which carries the label “B 103 / II V VI VII (Demonstration)” are also marked “demonstration”, and many specimen holders have a note in pencil saying “Photo”. Similar to the contents of the wooden boxes, some of these specimen holders are not according to the American-English standard, but in the format of 2 x 10.7 cm. Many holders are broken – the folders were obviously



BETTINA BOCK VON WÜLFINGEN

Fig. 1a. Painting by Johann Heinrich Robert Kohler, 1862, ca. 48 inches

not as adequate for travelling as the then prominent Gießen Association for Microscopy might have wished, as documented in their first text on how to exchange specimen slides between researchers. Another specimen holder implies that a re-sorting took place after the return to New York: it is labelled “Gato 14D7 Micromigration Rio.Hort.” on a label with a blue outline. Opposite this label is another one with the name of the Presbyterian Hospital and the handwritten note in ink, referring to a

“small box”. Penfield had already started to work on publications based on his micro-preparations together with Río Hortega in Madrid and was planning to finish these in New York.

There is another box of specimen holders with preparations from the years 1926 and 1927. They are labeled with all the information expected for the localization of origin and registration and the relation to specific cases: the name of the institute, a serial case number, the diagnosis (“Alzheimer”, for example), the segment of brain, and the date of the preparation.

Returning to the above question of the labeling evident in Alzheimer’s specimen slides, the answer is clear. In view of the above findings, and together with comparable findings in the Archive of the Oskar and Cécile Vogt collection or the Robert Koch collection, we can state that compared even to his neuropathological colleague Penfield, Alzheimer’s labeling and bookkeeping was rather sparse.

To conclude, the archive of the Osler Library advanced different projects of mine and there are still many photographic copies from that archive material that will have to be explored and analyzed back at my home institution, the Humboldt-Universität zu Berlin. Some results discussed in this report will be published soon in the history of science journal “Berichte zur Wissenschaftsgeschichte” (Wiley).

My gratitude goes to the Osler Library help desk personnel, especially to Melissa Como and Lily Szczygiel who never tired of carrying around more and more archival boxes, and of course to Christopher Lyons who spent one whole afternoon together with me finding out the detailed order of pages in several boxes in order to finally find out that missing parts in Penfield’s reports had obviously gone missing *before* they had ever reached the archive.

Outreach at the Osler

Mary Yearl, Head Librarian

The outreach work that has filled my first three months as Head Librarian at the Osler began before my arrival in Montreal. Over the summer, requests started trickling in: for tours, for classes, and to make arrangements for exhibitions. For me, it was a welcome peek at the role I was about to assume. Having planted myself in the world of special collections librarianship after a few years teaching in academia, the possibilities for outreach at the Osler were – and continue to be – very exciting indeed. Through outreach, we maintain our profile as one of the top medical history repositories in the world; it is also how we remind the surrounding community of our relevance, and of what we can do in terms of enrichment.

One particular area that we would like to develop further

is outreach within the Medical Faculty. This academic year, we had a good start in that regard: we spoke with the Osler Fellows about the library as a place to engage in reflective exercises; to the first-year medical students, there was a brief presentation to introduce the library, to encourage them to tour the Osler Room, and generally to remind them that it is *their* place, too. We also reached out to alumni, directly and indirectly, during Homecoming Weekend. We installed a display of medical artifacts in the Deanery, welcomed a large group of alumni for a tour of the Osler Room, and lent our space to the Class of 1967 to celebrate their 50th reunion.

One of the most successful efforts for connecting medical students with the library is the Pam and Rolando Del Maestro William Osler Medical Students Essay Contest. This year, we

matched nineteen students with mentors. The panel of judges remarked upon the high quality of all submissions, and when it came time for the three finalists to present their work on Osler Day, the Wellcome Camera was packed: the winners were announced at the Osler Banquet that evening (Figure 1).

The pace at which we work with classes from McGill and beyond continues unabated. We seek opportunities to work with students and enthusiasts at all levels, and this autumn we welcomed a variety of



PHOTOFUND

Figure 1: Congratulations go to this year's Essay Contest winners: Clare Fogarty and André Vito Lametti (joint first place) and Philippe-Antoine Bilodeau (second place), seen here with Pam Del Maestro and Honourary Osler Librarian Rolando Del Maestro.



SARAH SEVERSON

Figure 2: Students from Royal West Academy examine artifacts and books as part of a tour of the Osler Room.



MARY YEARL

Figure 3: A group from Vincent Massey School study rare materials from the Osler and photographs from the McGill University Archives as part of an activity focused on the history of anatomy.



MARY YEARL

Figure 4: Dr. André Turmel brought a group of neurology residents to enjoy a day of study and reflection.

classes, from local school groups to those in advanced graduate seminars. It is encouraging that many of the teachers and professors are repeat visitors from past semesters, and others have vowed to make the Osler a regular feature on their syllabi. The feedback we receive points to why: students have described their visit as a “privilege” and in one case a skeptical CEGEP student was dreading a visit to the library because of an aversion to science, but left the Osler hoping to undertake further studies in the history of medicine. Through high school outreach, such as the activities we led for students from Royal West Academy (Figure 2) and Vincent Massey High School (Figure 3), we hope to instill a sense of wonder and to encourage future studies at McGill.

Among the advanced students we hosted were a group of neurology residents from Université Laval, brought for a visit one Saturday by Dr. André Turmel. Dr. Turmel inspired the group for hours: first with a comprehensive lecture on the history of neurology delivered in the Wellcome Camera, followed by an extensive presentation in the Osler Room of works representing that history (Figure 4). Dr. Turmel has been bringing his group to the Osler for a few years now; though at present it is the only recurring French-language event held at the library, we would like to explore ways to increase such activities in the future.

Regarding creative directions for library outreach, the Michele Larose-Osler Artist-in-Residence programme has opened our collections to new audiences, and indeed has revealed to us new ways to use and promote that materials we have. This fall, we were fortunate to be able to work with two artists-in-residence: the inaugural recipient, Lucy Lyons,

returned from the U.K. to install her exhibit, “Impossible Pathologies,” and led workshops for medical and graduate students during her brief stay (Figure 5). Loren Williams, the 2017 Artist-in-Residence, has been a consistent presence in the library; her exhibit, “Materia Medica,” opened with a vernissage at the Osler on 13 December. During her residency, Williams led a graduate seminar session that linked her work to the medical history of Montreal. The workshop required prior active engagement by all participants, each of whom was given four sheets of cyanotype paper with which to create images from around the city; the seminar itself ended with a group photo taken by a most ingenious and festive pinhole camera, made in a hollowed-out pumpkin (Figure 6).

Although our calendar reveals the tremendous vivacity of the Osler, not all of our tours or visits are scheduled. Those casual and unplanned encounters are equally important ways by which we fulfill our outreach mission. From time to time, McGill students drop into the library and respond enthusiastically when asked by staff if they would like to see the Osler Room. Some bring their parents or friends to see a place that they have heard is “neat” or “amazing”. In other instances, they might be drawn into the library by curiosity after spotting our exhibition space when they enter the 3rd floor. On more than a couple of occasions, these visits have turned into extended tours and true examinations of our collections: wonder at items we might already have out for scheduled events, delight at learning that they can look in our catalogue and request to see anything we own. When medical students visit, we encourage them to channel their enthusiasm into participation in the Essay Contest. We also open our doors to visiting scholars, and have hosted a few distinguished

guests this fall. Most recently, Thomas Laqueur called in to visit the Osler Niche and to see in person some materials that a previous librarian had provided scans of, many years ago (Figure 7).

The work we do is inspiring and rewarding: to us, and to those with whom we interact. As mentioned in the annual appeal letter recently sent out, it is work for which we rely upon the generosity of those who give to the library. For your continued support, we thank you.



MARY YEARL

Figure 5: Inaugural Larose-Osler Artist-in-Residence Lucy Lyons installs her exhibition, “Impossible Pathologies,” inspired by the works of Robert Hooper held in the Osler Library and specimens from the Maude Abbott Medical Museum.



MARY YEARL

Figure 6: Larose-Osler Artist-in-Residence Loren Williams sets up her pumpkin pinhole camera to take a photograph of Annmarie Adams and Mary Hunter’s ARTH 657 class.



MARY YEARL

Figure 7: Professor Thomas Laqueur paid a visit the Osler Niche, and here is seen examining the Bibliotheca Osleriana with Professor Faith Wallis.

Dr. Mary Yearl Appointed New Head of the Osler Library

Faith Wallis

Dept. of Social Studies of Medicine

Member, Board of Curators of the Osler Library

It is with great pleasure that the Board of Curators of the Osler Library announces the appointment of Dr Mary Yearl as the new head of the Osler Library. She succeeds Christopher Lyons, who has now assumed responsibility for McGill's Rare Books and Special Collections.

Dr Yearl received her BA from Wellesley College, an M. Phil. in the history of medicine from the University of Cambridge, and an MA and PhD from Yale. Her doctoral dissertation on how prophylactic and therapeutic bloodletting was practiced in medieval monasteries, and how monastic writers integrated this medical intervention into their spiritual world-view, has

spawned a number of articles in scholarly collections. After teaching for a while, Mary found her professional interests increasingly turning to archives and rare books, and the work she had done at Yale's Cushing-Whitney Medical Library on various projects from digitizing a Renaissance herbal to cataloguing a collection of mixed media relating to the history of hospitals. She took a Master's degree in library and information studies, during which time assignments pulled her into the greater Boston area, where she worked as a consulting archivist for Fisher College, and Archivist of the American Textile Museum in Lowell. Back at her alma mater Wellesley, Dr Yearl, as Interim College Archivist, was not only in charge of the daily running of the archives, but mounted exhibits, organized digitization projects, and engaged with community and alumnae groups. She thus arrives on our doorstep with a scholar's knowledge and appreciation of the Osler Library's collections and users, and broad experience of working with new technologies and a diverse clientele.

As a professor of the history of medieval medicine whose undergraduate and graduate students make constant use of the Osler Library, I can hardly believe my good fortune that a fellow medievalist has been selected to steer the Library. We medievalists are deeply library-oriented; many of us who work on cultural or intellectual or religious or medical history are likely to find our core primary materials in libraries, rather than in archives. In Europe, these libraries are often in very picturesque settings – almost as picturesque as the Osler Library – and visiting them furnishes more than just research data. Mary Yearl shared with me the following anecdote of her own experience in one such library:

During the 2001 Foot and Mouth outbreak, I was doing research in the UK, using my in-laws' south Shropshire home as a base. During a good bit of that time, I was looking for references to bloodletting in the account rolls of the Worcester Cathedral Library. The library itself is accessible via a winding staircase at the back of the cathedral, so has a bit of atmosphere even on the dullest of days. One morning, the canon librarian (Iain Mackenzie, since passed) and others were preparing for a mass to support a local community hit hard by Foot and Mouth, and to pray for an end to the outbreak. There I was, shifting metal weights to hold down the account rolls, trying to figure out if a certain combination of minims really did make up part of 'minutione' ['bloodletting'] or whether I wished it so, and the organist was practising something -- I regret I don't know what -- that was powerful and fitting beyond words.

Her new berth may not boast an organ, or even a winding staircase, but it has an atmosphere all its own, and we hope that Mary Yearl will find it equally inspiring!

Honouring Dr. William Feindel

Over 500 people attended The 15th Annual Discovery Awards Gala on the 23rd of November, held at the newly opened Discovery Centre in Halifax. Dr. William Feindel (1918-2014), our former Honorary Osler Librarian was inducted posthumously into the Centre's Hall of Fame. Hall of Fame inductees are recognized for having made major, internationally recognized contributions to science and/or technology during their lifetime. The award cited Dr. Feindel's, "... outstanding contributions to neurosurgical research and development of medical diagnostic equipment. His research focused on the application of the successive new scanning methods that were becoming available for imaging the human brain: Computer Aided Tomography (DAT); Positron Emission Tomography (Pet);



Dr. William Feindel

and, Magnetic Resonance Imaging (MRI)."

The goal of the Discovery Centre is to inspire youth to explore and excel in science and technology. A video overview of Dr. Feindel's life and career featured Dr. Jock Murray, neurologist and recent member of our Board of Curators, who summarized Dr. Feindel's life and career. Dr. Christopher Feindel, cardiovascular surgeon, accepted the award on behalf of the family.

Introducing Willie to Young Readers: Writing a Children's Biography of WO

Gillian O'Reilly is the co-author of The Great Number Rumble: A Story of Math in Surprising Places and the former editor of Canadian Children's Book News.

"Children are the only people worth talking to, with the exception of the occasional fellow," said William Osler to an Oxford fellow, diplomatically but doubtless insincerely including him in the favoured status.

A playful spirit, an inveterate prankster, an endlessly curious intellect, a man who adored children and whose life spanned some of the most groundbreaking changes in medicine, William Osler offers such a good subject for a children's book that it's surprising that the only juvenile biography of him was published nearly 60 years ago.

I had read that biography, *The Doctor Who Dared*, as a child, knowing of my family's connection to Williams Osler; I particularly remember the chapter on school pranks. I had heard my grandmother's stories, too. Osler had influenced his niece, my great-grandmother, to become a nurse after she was prevented from marrying the man she loved (a Catholic). When my grandmother lived in London during WWI, Uncle Willie walked her down the aisle on her wedding day.

I first thought of writing a kids' biography of William Osler in 2006 but, for too long, my day job and other book projects put "lions in the way" as Ellen Osler would have said. In 2013, I began to work seriously on the research and, in the last year, I have had the fun of writing and assembling an introduction for 21st century readers to a remarkable and wonderful man.

Children's non-fiction books, especially those for the 9- to 13-year-old reader, face huge challenges. Competing as they do with other media, they must grab the attention of the reader and engage her/him immediately. These

books must be visually appealing, lively (and, if possible, humorous) and able to draw readers into the text in a variety of ways. Some young readers will go for the pictures and captions first and, once hooked, pursue the text. Others will test the water by reading the short sidebar stories before diving in for the long read. Still others, like Lewis Carroll's Humpty Dumpty, will start at the beginning of the main text and go on to the end before stopping.

Most authors concentrate on writing, not on visuals and design (to the relief of their publishers). But coming from a magazine editing background and being a reader who gets drawn in by pictures and sidebars myself, I instinctively start to rough out pages spreads and plan where photos, sidebars and possible pull quotes should go.

Photos, pictures and other graphics are in plentiful supply, thanks to the amazing resources of the Osler Library and other institutions. Liveliness and humour, too, are no problem when talking about William Osler; funny, thoughtful, moving and even outrageous stories abound. There is more than enough material to place in the main text or in the sidebars -- the details of Willie's life, his worries about his "splintery" education, the diseases that 19th century doctors struggled with, the development of germ theory, the formidable Mary Garrett, and much more. Having a fondness for weird facts, I hope the final design will also allow for boxed tidbits of peculiar information, such as Thomas Edison's prediction to Osler that it would soon be possible to illumine the interior of the body with a small electric burner inserted into the stomach.

Willie's own voice, however, is what I especially want readers to hear. So each chapter begins with one of his quotes -- "Splendid, it is always better to do a thing wrong the first time." or "It is more important to know what sort of patient

has a disease than what kind of disease a patient has." (To my mind, the ideal way to include these would be in speech balloons above a little cartoon of Osler, but the final decision in these matters belong to the publisher.)

Despite the teeth-gnashing and frustration that every writer encounters halfway through a book project, the task of introducing William Osler to young readers has had many delights. One of them has been learning more about Willie's cousin Jennette, who today might have been a noted herpetologist, and the science-minded correspondence the two shared. Another is learning that Osler read for pleasure every evening -- a fact to gladden the hearts of all book creators. A minor amusement has been discovering how the Osler family's quirky relationship with punctuation turns up in several generations.

Most enchanting of all, however, is how much William Osler retained his youthful curiosity throughout his adult life and career. It's a quality as important today as it was in his time and children's science writers love to quote Neil deGrasse Tyson's statement: "When childhood curiosity persists as an adult, it inoculates against others telling you what to think."

As I write this, the book is out to three publishers and one agent. I am confident that young readers will some day have the fun of discovering Willie Osler in its pages. And I hope that those readers, whether they are destined to be doctors or not, whether they are keen on science or devoted to the arts, will walk away from my biography of William Osler as excited and curious about the world as the boy who wrote to his cousin Jennette, "And if you could only see the Algae, that green stuff that you see on ponds and stagnant water, it is so beautiful, the thousands upon thousands of small animals all alive and kicking that are in it."

Robert Todd Reynolds

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This article has previously appeared on David Crawford's website: www.internatlibs.mcgill.ca

The four men who comprised the fourth medical graduating class at McGill College in 1836 were an interesting group.

William Fraser (1814-1872) was a Scot who, after receiving an 1836 Lower Canada medical licence and being in general practice, was appointed McGill's Professor of the Institutes of Medicine from 1849 until his death (being succeeded, in 1874, by William Osler).¹

Louis-Honoré Gauvreau (1812-1858) was born in Rivière-du-Loup, the son of a Quebec merchant, and first studied at the Séminaire de Nicolet. He also received his Lower Canada licence in 1836 and set up practice in his home town. Gauvreau supported the Patriote cause during the Lower Canada Rebellion of 1837–1838. Afterwards, as part of the Montreal-based Association de la Délivrance, he helped collect funds so that those who had been exiled for their part in the uprising could return home. In 1858, he was elected to the Legislative Assembly of the Province of Canada for Maskinongé but died later that year.²

William Sutherland (1815-1875) also received a Lower Canada licence in 1836, was a founder of McGill's rather short-lived rival, the *École de médecine et de chirurgie de Montréal*, editor of the influential *Montreal Medical Gazette*, and, from 1849 to 1867, the McGill Faculty of Medicine's Professor of Chemistry.^{3,4}

Robert Todd Reynolds (who was born in Amherstburg, Upper Canada, on February 21, 1812) had a strong McGill connection—his mother, Thérèse (also known as Theresa) Bouchette Desrivières (also spelled Des Rivières), was the widow of Thomas-Hippolyte Trottier Desrivières, stepson of James McGill, the founder of McGill University. (Desrivières had been killed in a duel in Jamaica in 1801; his opponent was,

shortly afterwards, killed in another duel by Desrivières' colleague Charles-Michel de Salaberry.^{4,5}

Prior to the American Revolution, the Reynolds family had been prominent citizens of Detroit. Thomas Reynolds (Robert Todd's grandfather) had joined the British Army there in 1760 and was Commissary at Fort Detroit in 1780 when he purchased a home inside the fort.⁶ In 1796, when Britain ceded Detroit to the Americans following the Jay Treaty of 1794, which determined that section of the Canada–U.S. border, the Reynolds family moved across the river to Amherstburg, where Thomas became the Commissary of the new fort there—Fort Malden.⁷ After Thomas's death in 1810, his son Robert (Robert Todd's father) succeeded to the post of Commissary General at Fort Malden. The Reynolds family was clearly drawn to the military life—Thomas's brother (Robert Todd's uncle) Ebenezer Reynolds (who was married to the sister of Thérèse Bouchette, Robert Todd's mother), commanded the Essex Militia during the American attack at Frenchtown on the River Raisin on January 18, 1813.

In addition to (or perhaps due to) their military connections, the Reynolds became an important family in their new Canadian home. Immediately after the American army officially withdrew from Fort Malden on July 1, 1815, following the end of the War of 1812 and the ratification of the Treaty of Ghent, Robert and Thérèse Reynolds (Robert Todd's parents) built a fine new house, Belle Vue (or Bellevue), adjacent to Fort Malden. (It has been suggested that at least some of the funds to build Belle Vue came from the estate of James McGill.)

After graduating from McGill in 1836, his graduation thesis was on enteritis, Robert Todd Reynolds returned to Fort Malden, and was licenced to practice in Upper Canada on July 4, 1836. He may have resided at Belle Vue, the family home, where his father, Robert, and aunt, Catherine Reynolds, the famous Canadian artist and "gentle spinster".^{8,9,10,}

were still living; Robert Todd eventually inherited the house, which he sold after 1865; it is currently a National Historic Site of Canada.

In 1836, the political situation in both Upper and Lower Canada was tense, and Reynolds probably joined his uncle Ebenezer's former regiment, the Essex Militia; he was certainly present when a group of Detroit-based Patriots attacked Amherstburg and Fort Malden in early January 1838, and this involved him in an unusual sequence of events. The attack lasted for several days, ending on January 9, when the Patriots' ship, the *Anne*, and their leader, "Brigadier-General" Edward Alexander Theller, were captured. Theller^{4, 11, 12} was an Irishman who had lived for a time in Montreal and trained as a doctor with the (unregistered) physician and newspaper editor Daniel Tracey.¹³ Unable to obtain a medical licence in Lower Canada or in Vermont, Theller eventually settled in Detroit, where he practiced medicine and operated a grocery store and a pharmacy. According to the *Dictionary of Canadian Biography*, his "eloquence and easy charm won him influence among the 'lower class of voters' and minor public office."¹²

After the capture of the *Anne* and her crew, Theller was taken to Toronto, where in April 1838 he was tried for treason and sentenced to be transported to New South Wales. However, he and four other Patriots escaped, though he was a "short stout man" and "had difficulty in getting through the window" (*ibid.*); he managed to return to Detroit, where he was charged with (and acquitted of) violating American neutrality laws. In May 1839, while on bail, Theller ran into Robert Todd Reynolds who was visiting Detroit; newspapers reported that "Dr. Theller of 'Patriot' notoriety recently gave Dr. Reynolds of the British army at Malden a drubbing in Detroit. Theller says he was merely paying off some old scores touching on his treatment by Reynolds when captured in the schooner *Ann* [sic]."¹⁴ At his assault trial in June 1839, Theller stated that Dr. Reynolds had

been present when he was captured, and that his watch and some money (with a value of \$85) had been taken from him. Reynolds countered that these had been taken according to the practices of war and at the order of his commanding officer, but Theller was acquitted and awarded \$85 plus costs. It is not known whether he ever received the judgement.¹⁵

Not much more is known of Reynolds except that he practiced medicine in Amherstburg and Berlin (now Kitchener) until 1891. He was married twice, first to Eliza McIntosh, and later to Elizabeth “Lizzie” Byrne, and had four children: Robert Albert, Theresa, Annie Laura, and Sherman.¹⁶ Like his father before him, Robert Todd Reynolds was active in community affairs; he was one of the earliest District Superintendents of Common Schools (for the Western District), when the Common Schools System was organized in the 1840s¹⁷, and, in 1847, he was appointed surgeon of the 4th battalion of the Essex Militia.

After he retired from active practice in 1891, Reynolds moved to Chicago to live with his daughter Annie Laura and her husband, the pioneering motoring journalist Robert Miller Jaffray. He died



PARKS CANADA AGENCY, FORT MALDEN NATIONAL HISTORIC SITE

Reynolds' degree, 1836, the oldest known McGill diploma.

there on February 25, 1897 (aged 85) and is buried in Mount Hope Cemetery, Kitchener. At the time of his death, he was McGill's oldest medical graduate.^{18, 19, 20}

During this research on Robert Todd Reynolds, which is part of a broader study of early McGill medical graduates,²¹ a brief note in the Osler Library archives catalogue led to an exciting (re)discovery. The very brief description of the small Reynolds archive fonds has a content note “4 of R. T. Reynolds' Diplomas, one from McGill.” The “one from McGill” turned out to be a photostat copy of Robert Todd Reynolds' 1836 McGill MD

degree certificate, signed by Principal John Bethune and Professors Robertson, Stephenson and Holmes. This is by far the earliest McGill degree ‘parchment’ that is known to exist—the next earliest is the 1848 degree of Palmer Howard. The copy in the Reynolds fonds had been donated and is actually a copy of another (1955) copy that is in the Burton Historical Collection of the Detroit Public Library. Reynolds' original degree certificate is in the collection of the museum of the Fort Malden National Historic Site. Unlike the draft 1833 degree certificate of William Leslie Logie (McGill's first medical graduate) which is perhaps more an acknowledgement or internal university correspondence than a certificate and the ‘letters’ concerning the 1834 and 1835 graduates that are reproduced in the *Osler Library Newsletter*²² and Hanaway and Cruess,¹ the Reynolds' ‘parchment’ looks much more like a current degree certificate.



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McGill Medicine on the Frontlines: A Student's Perspective of the 3rd Canadian General Hospital

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*Prepared for the Pam and Rolando Del
Maestro William Osler Medical Students
Essay Awards*

Introduction

The history of the 3rd Canadian General Hospital that McGill established has been well documented due to the excellent level of care it offered during WWI. The Hospital helped McGill's Medical School gain prestige and an upstanding reputation throughout the world. However, the contribution of the McGill medical students to the Hospital before and during the war has not been well documented. This essay is dedicated to telling the story of the students who left their studies and halted their careers to serve their country and university in one of the most perilous conflicts the world has known.

WWI General Hospitals

The inevitable result of any armed conflict is the death or injury of soldiers who are positioned at the front lines. In order to save the lives of those who are gravely injured during combat, armies have developed hospital systems to allow soldiers to receive proper treatment in a timely fashion that puts them out of the way of conflict and harm's way. These hospital systems have evolved with advances in combat and technology.

During WWI, the advent of trench warfare brought about changes in the types of injuries and treatment that needed to be performed on soldiers. Wounded allied soldiers were identified on the battlefield by the regimental surgeon, who delivered first aid on the field. The wounded were then transported by regimental stretcher bearers to "safe" positions near the lines, called Aid Posts. From these posts, stretcher bearers from field ambulances transported

the wounded to dressing stations and Clearing Hospitals where more specific attention could be given to the wounded. The purpose of the Clearing Hospital was to distribute the wounded. From the Clearing Hospitals the wounded were transported by motor ambulance to ambulance trains. Soldiers who had minor injuries and who were expected back at the front were sent to Stationary Hospitals that had around 200 beds. Further away from the lines were the General Hospitals, with between 500-2000 beds, for soldiers who had more serious injuries. Following treatment at the General Hospitals the wounded were once again sent by rail to Hospital ships that crossed the British channel, the final destination being Base Hospitals located in England.

The General Hospitals were as fully equipped as most civilian hospitals. Most contained pathology and clinical laboratories and an X-ray department. At the beginning of the war, most General Hospitals were staffed with 21 medical officers including surgeons, physicians, and specialists such as orthopedists, neurologists, radiologists, sanitary officers, ophthalmologists, anaesthesiologists, and dentists.

3rd General Hospital – McGill

The 3rd Canadian General Hospital - McGill was the crown jewel of the Canadian Army Medical Corps. It was the first hospital raised in the British Empire that was entirely from one university and set a precedent for other university medical schools, such as Laval, Queens and Toronto, to follow. The physicians and surgeons of the hospital were selected from the Montreal General Hospital (MGH) and Royal Victoria Hospital (RVH). Nurses from the same hospitals and many medical students from McGill also volunteered to join the hospital. The Hospital was originally

located at Dannes-Camiers and was a tent hospital with a capacity of over 1500 beds. The beginning of winter in 1915 proved difficult for the Hospital as rain, heavy wind and snow caused many problems for the tents. In December 1915, it received orders to move to Bourgoigne at the site of a former Jesuit College. This location allowed the hospital to expand to 2000 beds, which was about 4 times the size of the MGH at the time. The Hospital was demobilized following the end of WWI in 1919.

The 3rd General Hospital received praise from both the British and Canadian militaries for its work. The surgical unit had a post-operative mortality rate that was similar to civilian hospitals at the current time.¹ The legacy of the Hospital extends beyond its effort to treat the wounded as well. For example, physicians in its pathology department studied the causes of death of soldiers due to impact on the brain which led to the introduction of metal helmets for Canadian soldiers on the front lines, probably saving hundreds of lives over the course of the war.²

The 3rd General Hospital would not have been possible without the dedication and work of several prominent members of McGill's Faculty of Medicine. The biggest advocate for the establishment of the 3rd General Hospital was the Dean of Medicine at McGill, Dr. Herbert Stanley Birkett. He had previously served in the non-permanent Army Medical Services of Canada and commanded the hospital until 1917.³ Dr. John Munroe, who had previously served as Medical Officer to the 2nd (Montreal) Brigade, Heavy artillery, was appointed as the Officer in Charge of Surgery. Dr. John McCrae, who had previously served in South Africa as a Medical Officer to the 1st Brigade, Canadian Field Artillery, 1st Canadian Division, was appointed Officer in Charge of Medicine. Dr. McCrae would become well known after the war for the poem

“In Flanders Fields,” which was written during his service in the 3rd Canadian General Hospital.

McGill Medical Students Preparation

At the end of October 1914, Dr. Birkett announced to the students in the Faculty of Medicine that a General Hospital was being formed to go to the Western Front in France(3).⁴ He emphasised that the nation was at war and that the medical men of the country must bear a heavy responsibility. He announced that the hospital would be staffed by faculty and nurses from the MGH and RVH as well as student volunteers from the 3rd, 4th and 5th years of medical school. Dr. Birkett made it clear that volunteering had some conditions. For example, it would not make it easier for students to obtain their medical degree. In an interview with the McGill Daily, he mentioned that students would need to enlist in the Canadian Army Medical Corps and in a subsequent lecture he insisted that only those with “the strongest physique and possessing the greatest endurance could be accepted.”⁵

Several days after this announcement the medical students met amongst themselves to discuss the proposal. There was a large interest, but only if the conditions were suitable.⁶ The students did not want to leave until the current session was finished in the spring. The 5th year students wanted to finish their degree before departing and the 4th year students felt that they would be in a better position to help the wounded after completing their 4th year courses. As well, the students wanted to form a training camp until the end of the session.

The Faculty of Medicine accepted most of these conditions. The 5th year students had their exams moved up and were granted their degrees before departing for service. The faculty also coordinated with the Canadian and Provincial Medical boards to allow graduating students to gain their medical licenses.⁷ All medical students who volunteered would be allowed to stop their

regular work at 4 PM everyday and join the McGill regiment, in order to receive military training and start to acclimatize themselves to the military “culture”. The Faculty’s call for students to join the McGill regiment was well received as 156 medical students were listed as part of the regiment by November 14, 1914. Medical students participated in drills independently until mid-December, 1914 when they joined the rest of the McGill regiment.

Before the Medical students left for the 1914 Christmas break, Dr. Birkett gave a lecture on the General Hospital in which he emphasised the qualifications that would be needed to join, and elaborated on what students would be doing at the Hospital. He stated the 5th year students would continue their current hospital work, such as assisting surgeons and acting as dressers and case reporters. The students were warned about the stark conditions of war and the perils they would likely face in service.



ARNAULT / MCGILL UNIVERSITY ARCHIVES, PL007336

Figure 1: - Medical Students of the 3rd Canadian General Hospital – McGill, in front of the Strathcona Medical Building – circa 1915

Expectations were high; Dr. George Adami, Professor of Pathology in the Faculty, proclaimed: “We are going to be the greatest, grandest, finest and best military hospital in France.”⁸ [Figure 1]

Students began applying in January, 1915 and by the end of the month 128 had enrolled. In all, half of the 5th year, one quarter of the 4th year, one third of the 3rd year and one third of the 2nd

year classes applied.⁹ It was also revealed by Dr. Birkett that students would not be confined to one department but would actively participate in medicine, surgery and the clinical laboratories.¹⁰ At the beginning of February, 1915, it was announced that the medical students who volunteered for the hospital would start conducting stretcher drills within a week and leave the McGill regiment. Specific training for the General Hospital was also to begin very soon. In fact, so many students applied for the hospital that a testing period was instituted. There was a strong emphasis placed on following orders and discipline; according to Birkett the one condition for acceptance to the hospital was “unquestioning obedience.”¹¹ Students who were accepted enlisted as privates.

During the winter semester, students had several lectures concerning wartime medicine and surgery. There was even an update of the medical conditions in France in a letter from William Osler that was read to the 5th year medical class. In it, he discussed the types of wounds encountered from bullets and shrapnel. He also emphasized the significance of sepsis and infections that were occurring in the hospitals, particularly tetanus since most of the battlefields were in cultivated land in which *Tetanus bacillus* thrived. Near the end of the winter session, Dr. Elder gave a lecture on taking care of the wounded in war. He mentioned how hospitals needed to be ready to accommodate hundreds of patients on several hours’ notice.¹²

Students who enrolled were clearly devoted to the task. Many gave up their positions on Varsity athletic teams in order to participate in the drills for the General Hospital. The annual Med banquet was renamed the “War Dinner” and those who attended felt a “fervor of imperialism with splendid Canadian support.”¹³ There was a great deal of enthusiasm displayed by the Medical students when it was announced that the size of the hospital was expanding and more volunteers would be needed.¹⁴

Continued on page 16

McGill Medicine on the Frontlines



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Figure 2: Panorama of the hospital tents, No. 2 Canadian General Military Hospital, Le Treport, France, World War One, 1916

Continued from page 15

All the volunteer selections were made by the end of February, 1915. Students began the process of entering military service by undergoing physical exams and receiving the anti-typhoid vaccine. They were sworn into active service on March 8, 1915 and took their exams in early April. The active members of the General Hospital began regularly parading in March and several instructors arrived from Ottawa to help with the organization of the hospital.¹⁵ On March 30, the medical students of the General Hospital moved into barracks located at 5 Mansfield street, which was known as St George's Immigration Home.¹⁶ On May 6, they paraded to the steamship *Metagama* that would take them to England. Of significance to the General Hospital's voyage across the Atlantic was the sinking of the passenger liner, *RMS Lusitania*, on May 7.

At War

The men of the 3rd Canadian General Hospital reached the Moore Barracks, Shorncliffe, England on May 16, 1915 and remained stationed there for several weeks until they received orders to move to France. On June 14, they departed for France on the steamer, the *Huanchaco*. Once arriving on the shores of Boulogne, the men marched to Dannes-Camiers, the location of the tent hospital. The majority of the month of June was spent in preparation. It was not until August

7 that the 3rd General Hospital began receiving patients. [Figure 2]

At the tent hospital, the medical students participated in a wide variety of the medical operations. Some aided in surgery with Dr. Elder as surgical orderlies.¹⁷ Most of the surgeries that were performed were for the removal of bullets and shrapnel.¹⁸ The surgical department was also aided immensely by the radiology and pathological departments, both of which were staffed with medical students. The radiology department became skilled at finding bullets and pieces of shrapnel to within millimeters so the surgical efforts to remove them could be the least invasive. The chief of the department, Dr. A. H. Pirie became such an innovator in this field that he was inducted to the Röntgen Society of London, one of the most prestigious honours for a radiologist at the time. As well, the pathology department played a key role in diagnosing infections in patients who had to undergo surgery. There were also several dentistry students from McGill who joined the hospital and performed tooth fillings and extractions on soldiers.¹⁹ The procedures the medical students were exposed to would not be routinely performed in civilian hospitals in Montreal such as the MGH and RVH.

While the students were actively participating in the efforts of the 3rd General Hospital they continued their academic endeavours. As soon as the

hospital began functioning, they started a Medical Students Society that was sanctioned by Dr. Birkett. The meetings of the MSS were regularly frequented by Birkett, as well as Drs. Elder and McCrae.²⁰ Dr. Elder resumed his teaching duties by holding clinics 3 times a week for the 4th and 5th year students. These clinics were attended by students who were off-duty and were described as "an opportunity to keep from rusting" their medical knowledge.²¹ Dr. Elder kept his "humorous way of pressing home knowledge" during his clinics.²² What must have come as a treat for the students were the lectures and consultations given by Sir William Osler when he visited the hospital in September of 1915.²³ There was also a library located at both Dannes-Camiers and Boulogne that contained medical literature so the medical students could keep up with their studies.²⁴

When the medical students were not on active duty or involved with academics they kept themselves busy with various activities. Soccer was a big part of their downtime. The Hospital fielded a team that competed against various other hospitals and military units in the region. The students and nurses were even able to hold some social functions. As the Hospital was packing up for its move to Boulogne and after all the patients were evacuated, a masquerade ball was held in an empty tent.²⁵ The Y.M.C.A also



MCGILL UNIVERSITY ARCHIVES, PR028737

Figure 3: Members of staff and ill soldiers in a ward of No. 3 Canadian General Hospital in Boulogne, France, circa 1918

provided a tent for the medical students and soldiers that hosted concerts and had an area for the students to write letters back home.

Several medical students that had been on the staff of the McGill Daily decided to organize a newspaper for the Hospital that would be known as the McGilliken. In total only 14 issues were printed from October, 1915 to February, 1916 with production ending due to a military censor. Most issues began with the latest news from the war collected from various sources. Contributions to the paper came from medical students and other officers at the hospital. The paper contained articles on social events, athletics, observations from the medical students and news from McGill. A recurring feature to the McGilliken was a section entitled "On Dit," where all the Hospital gossip seemed to be distributed in anonymous quotes. It also seemed like

the paper was used as a forum to discuss problems within the Hospital. The 10th issue of the McGilliken discussed the ire of the Hospital as it was moving from Dannes-Camiers to Boulogne.

It is hard to exactly determine the morale of the medical students during the war, but some of their thoughts can be gleaned from diaries they kept. One student wrote: "Had there been no war, the first line-up rugby practice of the season would have taken place at McGill this afternoon. Instead of football, I did a few dressings and cleaned and straightened up the ward."²⁶ Another student who was working as a surgical orderly wrote: "All night I washed dirty, bloody, lousy boys ... I finished just at dawn, and, looking out of the window, saw passing on a stretcher a still figure, covered with the Union Jack – another name added to the long roll of those who die for Canada."²⁷ It must have been very difficult for those who served in the Hospital to face the monstrosities of war on a daily basis.

After the War

The 5th year medical students began returning to McGill to complete their studies in December of 1915 and the rest of the medical students slowly returned to McGill in the following years. Fortunately, none of the students who departed with the 3rd General Hospital were killed in action. However, Dr. McCrae and Dr. Elder both succumbed to illnesses that they encountered while in service. Several medical students received

awards for their service including the Military Cross and Bar, the Military Cross and the Croix de Guerre of the French army.

The lessons and the teachings of the 3rd General Hospital lived beyond WWI. When global conflict erupted again in 1939, McGill men once again answered the call for service. Several medical students who had shipped off with the 3rd General Hospital returned in a medical capacity. Dr. Phillippe Bernard Belanger became the Chief of Surgical Service at the No. 17 Canadian General Hospital and Dr. George Albert Lyons would command the No. 14 Canadian Field Ambulance.²⁸ I would imagine that these men and others who served with the 3rd General Hospital applied what they learned as students to their military service during WWII.

Conclusion

The 3rd General Hospital showcased the ability and prowess possessed by McGill's Medical School with contributions from every level. Before the hospital opened in Europe, the medical students provided the necessary support for the hospital to be organized while still pursuing their medical studies at McGill. The Hospital became known as one of the most formidable on the Western Front, in which students played an important role helping to establish and maintain. The role and daily life of these students were quite unique as they had both military duties and still maintained their scholarly activities as medical students.

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'A Sweeter Laddie Never Lived'

Continued from page 3

relief; it was his first time home in seven months and the last time he would be in Oxford with his family. "You never saw such a burly looking fellow," proclaimed his proud father soon after seeing his physically transformed son; "so grown & filled out, with hands like navvie & a face weather-beaten like leather."²⁶ The next few days were filled with merrymaking on both land and water, as Revere took to the book shops with Osler looking for literary treasures, and later to the lakes to take on some expert angling (Figure 3). But the enjoyment of these days was necessarily short lived, as the Great War proceeded at a merciless pace.

Belgium Beckons

Back in Belgium, some of the heaviest battles of the First World War were being fought daily with mass casualties on both sides. By July of 1917, the Battle of Passchendaele was well under way, and by the end of August, Revere found his battery (Battery A of the 59th Brigade) advancing heavy artillery straight into the deadly German stronghold of Hindenburg line. What happened next is best told by those who were there at the time:

Thursday August the 30th [1917]... They were just beyond Pilkem, between Langemarck and St. Julien, two to three hundred yards this side of Hindenburg Trench, and were preparing to move the four batteries up to-day. Major Batchelor, Revere, and eighteen men were bridging over a shell hole in preparation for the move of the guns in their battery. It was about 4.30 in the afternoon and there had been no shelling. They were so busy they did not even hear the first shell—a direct hit which wounded eight out of the twenty. It was difficult to get back, but they finally were brought to the dressing station at Essex Farm on the canal—a 3000-yard carry, then a short distance on a narrow-gauge ammunition track—the advanced post of the 131st Field Ambulance in front of Canada Farm, then by ambulance to No. 47, which was "taking in"—a matter of four hours.²⁷

So wrote Osler's good friend Harvey

Williams Cushing, then serving as Chief Medical Officer with Harvard's Base Hospital No. 5. Members of the American Expeditionary Force had been called on to assist the British before the Battle of Passchendaele, and as Cushing came to be amongst those recruited, he had the unlikely opportunity to attend to his mentor's dying son in Belgium. Only ten days before the above written account in fact, Revere's mother Grace had written to Cushing telling him how: "Revere was safe on the 14th. How badly you would feel if you should see him brought in wounded; but what a mercy it would be for him."²⁸

Sadly, Grace's premonitions were to prove prophetic. With an apparent disregard for wartime censorship regulations,²⁹ Cushing wrote to Grace immediately requesting the whereabouts of Revere's unit "so that I could try and locate him among the millions."³⁰ Grace responded with Revere's approximate whereabouts on 29 August 1917 – the very same afternoon that her son was tragically wounded – but wartime censors had removed any identifying information from this letter. But this didn't matter, as at ten o'clock that same night, Cushing was summoned to an emergency with the following message: "Sir Wm. Osler's son seriously wounded at 47 CCS. Can Major Cushing come immediately?"³¹

Without delay, Cushing had his generals wire the bad news to Oxford: "Revere seriously wounded: not hopelessly: conscious: comfortable."³² A team of the American force's finest surgeons were assembled, and after receiving a direct blood transfusion from a less seriously wounded soldier, Revere was operated on around midnight. The pioneering surgeon, George Washington Crile (1864-1943), recorded what happened in his memoirs:

I looked at the field card of Lieutenant Revere Osler, R.A.F., and saw him cold and pulseless at C.C.S. 47, with shrapnel wounds through his lungs, abdomen, and thigh.... The boy's features were serene and a faint smile illuminated his face when he was told that his father's American friends were there.

Hemorrhage, shock, asphyxia! I had taken Eisenbrey with me, sensing that Revere might be in need of a transfusion. We gave him one which brought up his pulse so that he could be operated upon. Darrach and Brewer operated, Harvey held his pulse, a skilful nurse anesthetist gave ether and I continued the transfusion while the operation was proceeding. Large rents were found in the colon, much blood in the chest and a large wound in the thigh. Obviously all was lost.³³



Figure 3: On 13 May 1917, during his last visit home, Revere landed a record trout at Cornbury Park Lake. William Osler Photo Collection, CUS_091-003B_P and CUS_091-003_P

Revere died of his wounds before sunrise at around 7am on the morning of 30 August 1917, and was interred at the Dozinghem military cemetery shortly afterwards (Figure 4). Harvey Cushing and his friends attended the burial service.

A Sweeter Laddie Never Lived

The crushing news of Revere's death reached Osler in Oxford at 9pm on the same day. Earlier that afternoon, he had been working on the new edition of his *Principles*, when at about 4:15pm, he received Cushing's telegram notifying him that Revere had been seriously injured. Grief stricken, William Osler wrote in his private account book later that evening:

The Fates do not allow the good fortune that has followed me to go with me to the grave – call no man happy till he dies. The War Office telephoned at 9 in the evening that he was dead. A sweeter laddie never lived, with a gentle loving

nature. He had developed a rare taste in literature and was devoted to all my old friends in the spirit – Plutarch, Montaigne, Browne, Fuller, and above all Izaak Walton, whose *Compleat Angler* he knew by heart and whose *Lives* he loved. We are heart broken, but thankful to have the precious memory of his loving life.³⁴

So ended the life of Sir William Osler's only adult child. Not ready to give up the precious memory of their only



Figure 4: Second Lieutenant Revere Osler and his grave as it originally appeared at the Dozinghem Military Cemetery in West Flanders, Belgium. All wooden crosses were later replaced with rectangular granite headstones. William Osler Photo Collection, CUS_091-017_P and CUS_091-019_P.

child, Revere's parents endowed a special memorial fund in their son's name at Johns Hopkins University in October of 1918. Aiming "to encourage the study of English literature of the Tudor and Stuart periods,"³⁵ the Johns Hopkins "Tudor and

Stuart Club" was founded with Revere's own unique collection as its nucleus, and the addition of some of his father's non-medical books – "the Shelley's, Fullers, Keats etc." The library remains one of the only still accessible relics of Revere's short life and legacy; the other of course being his gravestone in West Flanders, Belgium.

"Fondly Remembered"

It was a dusky cold dawn on the morning of 30 August 2017 in the historical Belgian municipality of Poperinge. Just



Figure 5: Specially commissioned centenary photographs of Edward Revere Osler's grave at the Dozinghem Military Cemetery were taken between 07:20 and 07:45 on the morning of 30 August 2017 by Mr. Jorn Kestelyn, a professional Belgium based photojournalist. The custom made centenary floral piece is based on colours used in William Osler's coat of arms.

north-west of the town, and not far off from the village of Krombeke, lies the location of Revere's final resting place. Lush with green grass cut short, uniformly placed cold granite headstones,

and a breathtaking backdrop of beautiful Belgian woods, the Dozinghem Military Cemetery emanates memories of the First World War. There to be found in Row F of Plot IV is the unsuspecting headstone of "Second Lieutenant" Edward Revere Osler. Marked with both the Royal Field Artillery's regimental motto and coat of arms, the family title of OSLER – ever blessed be the name – stands out to those who know the significance of William Osler's contributions to the medical profession. Acting in solidarity with Revere's good father, one such admirer had a centenary floral piece placed by the grave exactly one hundred years after it was first dug out (Figure 5). Not long afterwards, members of Osler's extended English and Canadian family paid a more personal tribute to Revere – on a handwritten note pinned to a paper poppy wreath of the Royal British Legion, Revere is told how he is: "Fondly remembered by your family on both sides of the Atlantic."³⁶ In these gestures from distant lands, so sentimentally made in the memory of a young life lost a century ago, the poet's lines resonate still:

*I am borne darkly, fearfully, afar;
Whilst, burning through the inmost
veil of Heaven,
The soul of Adonais, like a star,
Beacons from the abode where the
Eternal are.*³⁷

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One of many images from Jean Galbert Salvage's 1812 book, *Anatomie du gladiateur combattant*. The Osler acquired this work upon the suggestion of long-time Osler supporter and researcher Allister Neher.

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