foundation for Osler’s diagnostic acuity and therapeutic skepticism. His ten years of intense study of clinical-pathologic correlations, as seen at autopsy, preceded his clinical expertise at Philadelphia and Johns Hopkins. It is quite apparent, from this review of Osler’s museum specimens and related activities, that an extensive familiarity with the morphologic chances in disease contributed significantly to his success as a practitioner of internal medicine, as well as to the expertise of his peers, successors and students.

Table 2
Oslerian Specimens Existing In 1939 But Not At Present

(Compiled from Abbott’s Bibliography of William Osler121)

**Heart Diseases**
Disease of coronary artery

**Blood Vessel Diseases**
Atheromatous Aorta
Aneurysm of Superior Mesenteric Artery
Cerebral Aneurysms
Aneurysm of Hepatic Artery with Multiple Abscesses of Liver

**Gastro-Intestinal Disease**
Intussusception
Foreign Body of Esophagus
Cancer of Esophagus
Sarcoma of Jejunum
Umbilical Hernia
Strangulated Inguinal Hernia
Cirrhosis of Liver in a Child
Gallstones in Bile Passages
Scirrhous Disease of Pancreas

**Respiratory Diseases**
Miner’s Lung
Epithelioma of Lung
Diphtheritic Disease of Larynx
Phthisis of Lung
Emphysema
Membranous Cast of Bronchi
Pneumonia

**Renal Diseases**
Stricture of Urethra, Chronic Cystitis, Surgical Kidney
Constriction of Ureter with Hydronephrosis in Cancer of Uterus

**Bone Diseases**
Glands in Head of a Horse
Syphilis of Skull

**Brain Diseases**
Pachymeningitis
Fibro-glioma of Brain

**Genital Diseases**
Hydatidiform mole of Chorion
Dermoid Cyst of Ovary

**Miscellaneous**
Ammonia Poisoning

Additional specimens listed by Abbott in 1935

**Congenital Heart Disease**
Premature Closure of Foramen Ovale
Tricuspid Stenosis
Pulmonary Stenosis
Pulmonary Atresia, Patent Ductus, Septal Defect

**Miscellaneous**
Liver in Amebic Dysentery
Suprarenals in Addison’s Disease
Congenital Cystic Kidneys
Staghorn Calculi in Pelvis of Kidney