

Autopsy on the body of Sir William Osler, Bt. on  
30.xii.19 at 2.30 p.m. at Norham Gardens, Oxford.

The body is that of a well-made man not markedly emaciated. Superficial fat present in moderate amount. Rigor mortis is well marked. An old scar is present on the middle of the R. tibia at the site of a slight projection on the anterior border.

A recent granulating operation wound along the line of the 9th rib a portion of which has been removed. The wound about 6" long extends forward to the posterior axillary line.

A recent small sutured incision over the left basilic vein (intravenous saline).

Hypostasis is present in the dependent parts of the body.

#### Cavities.

Except in the region of the wound the lung is in contact with the parietal pleura. A few slight adhesions between the base of the left lung and pleura which otherwise lies naturally.

The pericardium is normal and contains about 2 cc. of clear straw-coloured fluid.

The right lung is free as regards the upper two-thirds of the upper lobe and the pleurae both visceral and parietal are natural. There are some oedematous adhesions between the upper lobe and the pericardium.

Oedematous and highly vascularised adhesions lie for a considerable distance above the empyaema cavity. These are easily broken down between thoracic wall and lung, but those between lung and diaphragm are much firmer and in attempting to separate the lung a small cavity in the lung was opened up containing about 2-3 cc. of thick creamy pus. More posteriorly the diaphragm had to be removed with the lung.

Abdominal cavity - natural except for a left inguinal hernia admitting the finger for about 2 inches.

#### Lungs.

Left: some recent slight fibrinous pleurisy on the diaphragmatic surface; a small pleural scar at the upper apex. Otherwise externally natural.

On section. Oedema of both lobes, no evidence of bronchitis or alteration in arteries, veins or bronchi, no enlarged glands.

Right: completely adherent to diaphragm but where separation has been effected is a small cavity with dark greyish brown walls,

The cavity explored by the finger extends upwards to the vertebral column - outwards to the mid-axillary line, downwards to the trochanters & afterwards for about 4 inches.

This is probably the cavity judging by its position & the thick pus in Dec 21.

suggesting a recent pyogenic membrane. A large pyogenic membrane with tags of lymph covers the greater part of the posterior aspect of the lower lobe. The lung has been cut in stripping it off from the vertebrae column to which it was firmly adherent. The upper boundary of the pyogenic membrane is practically the interlobar fissure of the lung. Haemorrhagic granulations extend upwards, and anteriorly from this line for a distance of 3" in some places. The middle lobe is not marked off from the upper lobe. Towards the base of the lung in the surface of the pyogenic membrane is a small haemorrhagic area  $1\frac{1}{2}$  cm. across, which does not seem to be connected with any large vessel.

On section, the upper lobe is normal except for slight oedema, and a small scar at the apex. The lower lobe shows numerous small abscesses from 5 mm. to 2 cm. across, some of which contain brownish thin pus, others in an earlier stage show a haemorrhagic infiltration without breaking down: a few of these cavities appeared to be smooth-walled. Many of the bronchi are dilated and show thickened walls. Creamy pus can be expressed from some of the bronchioles.

Dense adhesions bind together the two lobes.

The artery and vein are normal, the bronchus inflamed.

#### Heart.

Normal in size but very flabby. Pericardium normal.

Pulmonary and Tricuspid valves normal; Mitral admits 3 fingers, Tricuspid 4. Aortic valves thickened; mitral shows atheroma of the anterior leaflet. Endocardium everywhere normal. Muscle dark brown, soft, slightly friable; no fatty infiltration.

The anterior branch of the left coronary artery is atheromatous, calcified and narrowed. The right coronary is atheromatous but not constricted.

The base of the aorta shows some fatty infiltration of intima; there are two calcified plaques in the concavity of the aortic arch, elsewhere in the aorta, fatty infiltration only. Tongue, tonsils, pharynx and larynx normal. Some frothy mucus in the trachea which is reddish, increasing in intensity towards the bifurcation. Two medium-sized lymphatic glands at this bifurcation, one of which is sclerosed and the other anthracosed.

Thyroid small but normal.

#### Spleen.

Very flabby, about normal in size. A few pinhead thickenings in the convex surface of the capsule and one raised opaque tubercle which is not calcified. On section the pulp is diffuent.

No enlarged mesenteric or other abdominal glands.

Suprarenals.

Left: normal.  
 Right: medulla softened.  
 Cortex normal.

Kidneys.

Left: slightly smaller than normal. On section the cortex which is injected is not diminished. A small ischaemic patch is seen on the outer border and slight arteriosclerotic atrophy towards the lower pole. The capsule strips easily leaving a smooth uniformly granular surface with the exception of a few depressions from arteriosclerotic atrophy.

Right: About normal in size. On section paler than the left. The calices are slightly dilated and arteriosclerotic atrophy shows slightly. Scattered evenly in the cortex are pinpoint, buff-coloured uratic deposits. The capsule strips readily leaving a smooth granular surface.

Testicles: normal.

Liver: smaller and softer than normal; on section brownish red, dry, friable, lobules not easily distinguished. No gross disease no gall-stones.

Pancreas: normal.

Stomach: small and large intestines, normal externally; appendix retrocaecal, long and atrophic.

Brain:

The piaarachnoid is slightly adherent to the dura over the vertex and the arachnoid again to the calvarium. The falx cerebri and tentorium cerebelli thickened. Frontal lobes large, squarish in transverse outline. Atheroma of the basilar arteries and circle of Willis. No external abnormality. Preserved for further examination.

Interior of the cranial cavity natural.

R. pleural cavity. About 2 cm. below the external wound is a haemorrhagic area about 4 cm. x 3 cm. attached to which is some recent blood clot, No bleeding point found.

From above downwards the pleura shows the zones, normal, haemorrhagic, granulations and pyogenic membrane noticed on the external aspect of the lung.

Mayfair 4948.

Recd Sept 1933, with Autopsy report, from A. G. Gibson,  
W. W. F.

2.

82, Harley Street,  
W.

7. 1. 20

My dear Gibson

Many thanks for your letter & the enclosed report  
which I will consider confidential.

I think it is clear that the general infection  
of the R lung was beyond the reach of surgical  
treatment. But I am interested to hear that

was an abscess between the base of the Diaphragm  
which was the ~~one~~ place that I maintained  
it must be (if it existed).

Was there any evidence that the abscess cavity  
had been reached by the needle at the time

of Horder's puncture? Did you take a  
culture from it? Were you satisfied that

the haemorrhage came from the parietal  
pleura where the clot rested? Was there  
definite ulceration at this point?

Did you consider abscess as primarily pulmonary  
or primarily pleural?

Did you estimate the distance of the pulmonary abscess  
from the surface where the puncture was made?

I hope you don't mind being bothered with these  
questions. I am so intensely interested in the case &  
only wish we could have had better luck.  
I knew how much you must all feel the  
loss of one who was a father to all he  
worked with & whose work he was interested in.

With kind regards.

Yours truly,

Clarence Watson

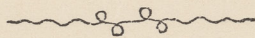
[Sir Charles GORDON-WATSON]  
who operated on W.O. on 22 Dec  
1919. See transcript of  
Mallock's diary in the Cushing  
Biography material (#8303)  
"1919 Oct 1st - Dec 31st" folder.

Rec'd from A. G. Gibson, Oxford  
in Sept 1933.

W.W.T.

W.W.T.

## DIRECTION FOR CREMATION AT DEATH.



I hereby place on record my earnest desire that my body shall be Cremated after Death.

Signature ..... *Wm Osler M.D. F.R.S.*

Address ..... *13 Norham Gardens*

..... *oxford*

Date..... *April 28<sup>th</sup> 1910*

A Witness is not necessary  
but is sometimes preferable

Witnessed by

Signature ..... *Anna Gwynne*

Address..... *13 Norham Gardens*

Occupation ..... *Spinster* *88020*

*It is important that intimation of this desire should also be made to the Executors and nearest relatives, or it may not become known until after the funeral.*

TO EXECUTORS AND OTHERS.—THE CREMATION SOCIETY OF ENGLAND, 324, REGENT STREET, LONDON, W., will willingly give information relative to Cremation, or advice in arranging. (TELEGRAMS: INCINERATE LONDON.)

*Becoming a life-member of the Cremation Society of England carries the privilege of Cremation at any British Crematorium without fee, and a Certificate is given to that effect. Any person approved by the Council may become a life-member of the Society by paying 5 guineas down, or 6 annual subscriptions of 1 guinea.*

N.B.—This Form should be deposited in an accessible place.

Carnation

4

SIR WILLIAM OSLER.

---

In Memoriam.  
Dec. 29th.

Now breaks a bond that bound us East and West,  
Now on the dying year a darkness grows,  
Tho' with bowed head 'The Lady of the snows'  
Mourns, and Columbia puts pained hand to breast  
They cannot grudge the tireless worker rest;  
But down drear meads a sobbing Isis flows,  
And thro' sad Oxford Halls a chill wind blows  
Of bitter loss for one beloved and best.

Farewell true Knight! made more compassionate  
Because with us you kept war's sorrowful tryst,  
Still as you walked the groves of Academe  
Ever of fairer worlds you dared to dream  
By International wisdom made more great,  
And seeking truth and life you followed Christ.

H.D. Rawnsley.

This contains letters  
pertaining to the autopsy on  
Wm. Osler performed by  
A. G. Gibson  
letter from Sir Charles Gordon-Watson  
who operated on Osler Dec 22/19  
letter from Dr. A. Malloch

This material was formerly kept  
with # 9379 which was  
withdrawn and was classified.

9379 has the call No.  $\left\{ \begin{array}{l} WZ \\ 100 \\ 082d \\ 1928 \end{array} \right.$

This material should be  
catlgd

# Influenza

8

Sin Wm Orler.

Began with a cold - stayed in  
the cough sometimes in paroxysms  
Tracheal rhonchial - Harmer -  
one rhonchial heard L side.  
slight dullness & deficient  
breathing L base at first -  
later L base cleared & R base  
became similar. - ~~the~~ no more  
deficient breath sounds no  
adventitious sounds.  
no rusty sputa.

Paroxysms of coughing once  
asthma. W. cough paroxysms  
late. got up & getting  
better

11.30 7<sup>th</sup> x 1. pain - uncomfortable

4.XII.19 Blood count,

White 27,700

Reds 5.415.000.

Hb = 76 %

Differential:

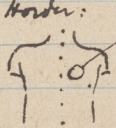
Polymorphs	89.35
Mononuclear	9.5
S. Lymph	.5
Traces.	.75

5.XII.19 Horder 3 XII 'clean' fluid  
Polymorphs + Pfeiffer no strep  
or pneumo

6.XII.19 fair night pulse non-rapid  
irregular in force no dilatation.  
murmured friction over whole of lower  
lobe R. breath sounds heard.  
Dullness as before. L lung behind  
has many creps but not dull.

12.XII.19 Dullness as before - creps in  
L side less.

21.XII.19 Horder:



hunchy  
site of pocket  
P = pneumothorax  
+ influenza

night 8.xl.19. Dullness ~~base~~

base on the friction below

left scapula. 6.30 9.xl.19

burst of coughing pain middle  
chest - more action.

Dullness almost gone  
friction present.

29.xl.19. moist sounds at

left base. not absolutely

dull at the base.

22. XII. 19 oper = removal of 3" of G

7th Rib - large cavity opened  
up containing blood stained thickish fluid  
with hair above. P = 120 & poor just  
before - rotten going under but improved  
Gordon Watson & A.P.P. operated.

th. she cannot move without agony.  
 B: v constipated, faeces had to be  
 removed by finger. Sordes on lips  
 foul tongue P=112

Grey powder cured eye could

B-x-20. Patches of swelling.  
 left it off for 6 wks. It had  
 patches in mouth before  
 Grey powder.

Granulomatous ulcer L inner  
 cheek with white fibrous radiating  
 submucous therefrom. There  
 also R side

W.

Previous attacks of  
Pneumonia

Baltimore ? 1905

Oxford 1918 French  
flu

" 1919 July. 2nd week of Oct

" 1919 Oct.

# Influenza

4

Su Wm Osler 16.XI.19

Hb = 82%

W.Bc. 29,700.

R.Bc 4,300,000.

Poly 88.0%

mono - - - - - 9.6

d.d. - - - - - .6

Trans .3

S.L. .3

lylozyte 1.0

27.XII.19

Leucocytes 38,600.

per c.mm

29.XII.19

Leucocytes 27,830. per c.mm.

27, BANBURY ROAD,

TEL. 3228.

OXFORD.

2 Sept. 1933

My dear Francis

I have been looking over  
some papers and I find  
there: Sir William's temperature  
chart, & a record of the P.M.  
I wonder if you would like  
to have them or if you think  
they ought to be destroyed  
I leave the decision in  
your hands

With kindest regards

Yours sincerely

A. G. Gibson.

Sheet WF. 3

Oster

Notes on his autopsies

" " " last illness

To be bound up with Donaldson, # 9379.

(about 7000)  
Oct. 44)

From A. G. Gibson 30. X. 33.

(removed 11. II. 39 from the "Nov. 1933" envelope)

Clinical notes



40

Others account of the beginning  
of his last illness

Major Gibson

27 Bankers Rd

Leeds

Drang 94) The battle began in earnest at (8<sup>20</sup>)

3 p.m. (2) T. rose to 107° in 13, NORHAM GARDENS, the  
second of the transverse dom, close to the semi-lunar ganglion, OXFORD.

3) Cough from about 3<sup>30</sup> to 5<sup>30</sup>, inspiration clear, first half  
14 per centum clear & then the irresistible tickle with the cough  
ranging from a inhibited gust to a fine baroque  
disorganizing 1 in 3<sup>4</sup> and in the hour and a half more  
came up than in all the week. 4 It was really a bitter-  
to indescribable Laryngo-tachard mucoid crisis in which  
I could feel the battle waging between the cells, the poly-  
morphs, a few lymphoid & most of all millions of  
dreadful cells, which were hundred up by the cubited  
epithelium. Turned from the middle lobe it only took 3 1/2"  
to reach the seat of battle. It is really remarkable how  
much more I brought up. 5 I steamed about 5<sup>30</sup> from  
no cough since and now 8<sup>45</sup> sweating & feet fever-  
less. 6) No local reaction, to speak of. 7 The pineal  
along the endocrine organs was disturbed. 8  
9 p.m. no cough since 5. W

19 May 1942

Dear Bill:

There are a number of things I should write to you about, but am far behind in other matters since our return from New Orleans (with an off-shoot to Charleston on the way down). I shall have to leave yours of 8 May aside this time and reply to those of the 12 and 16th — to narrow it down further, merely say something about Dr. Gibson's account of the autopsy. I cannot help wondering what "Aunt Sue" would say. Certainly, I should not let anybody have it until you hear from Gibson. I showed my copy to Dr. Parfitt the other day. I don't like the idea of anybody having it, but would prefer, if it has to come out, that you write the article about his illness and include the autopsy. On the other hand, if Dr. Gibson says yes, I think I should say yes too.

I have looked up Ficarra and find that he graduated from Georgetown in 1939.

To tell you the truth, I do not think that the autopsy was as thoroughly done as it might have been. I have not got my copy here, but did Gibson send you any account of microscopic sections? I think W. O. would like <sup>have</sup> to have had sections done of all the organs.

Glad to hear about Marian. Good luck to her!

Yours ever,

Archie

AM:D

P.S. Do the papers from Gibson contain a letter from me (I showed it to Wm. Hale White before I sent it) suggesting a white blood count or needling?

Has not Gibson somewhere written an acct. of W.O. as a patient — in his address before the Osher Soc. of London — or of Oxford?

I thought the attack of coughing suggested a collection of fluid.

W.F.3

9399

Before binding get  
Mallock's notes of W.O.'s  
last illness - from  
him or from Cushing  
material #303 -

L. W. F.

Mar 139.

Corresp. about the antiquary report  
& looked for by):

Miss Salomonson (Clerical Lib. Chic) &

Dr. B. J. Ficarre, Brooklyn, lost May '42.

mine to Dr Mallock 12-V-42.

9379.

Bird with the ventral with

this:

citronis autopsy report

1 filed with Olenina??

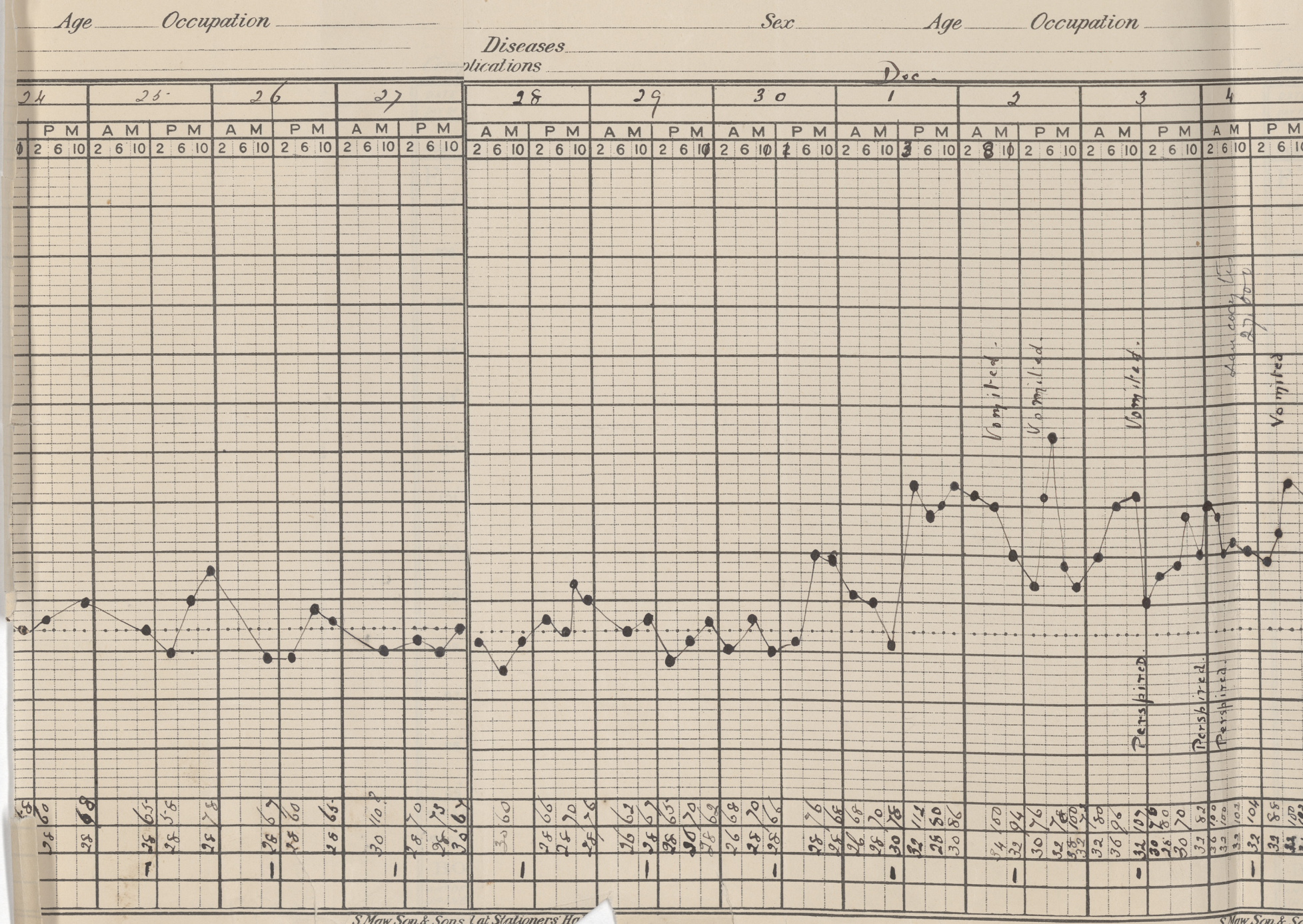
(in small drawer of chimney?)

When? here inserted,

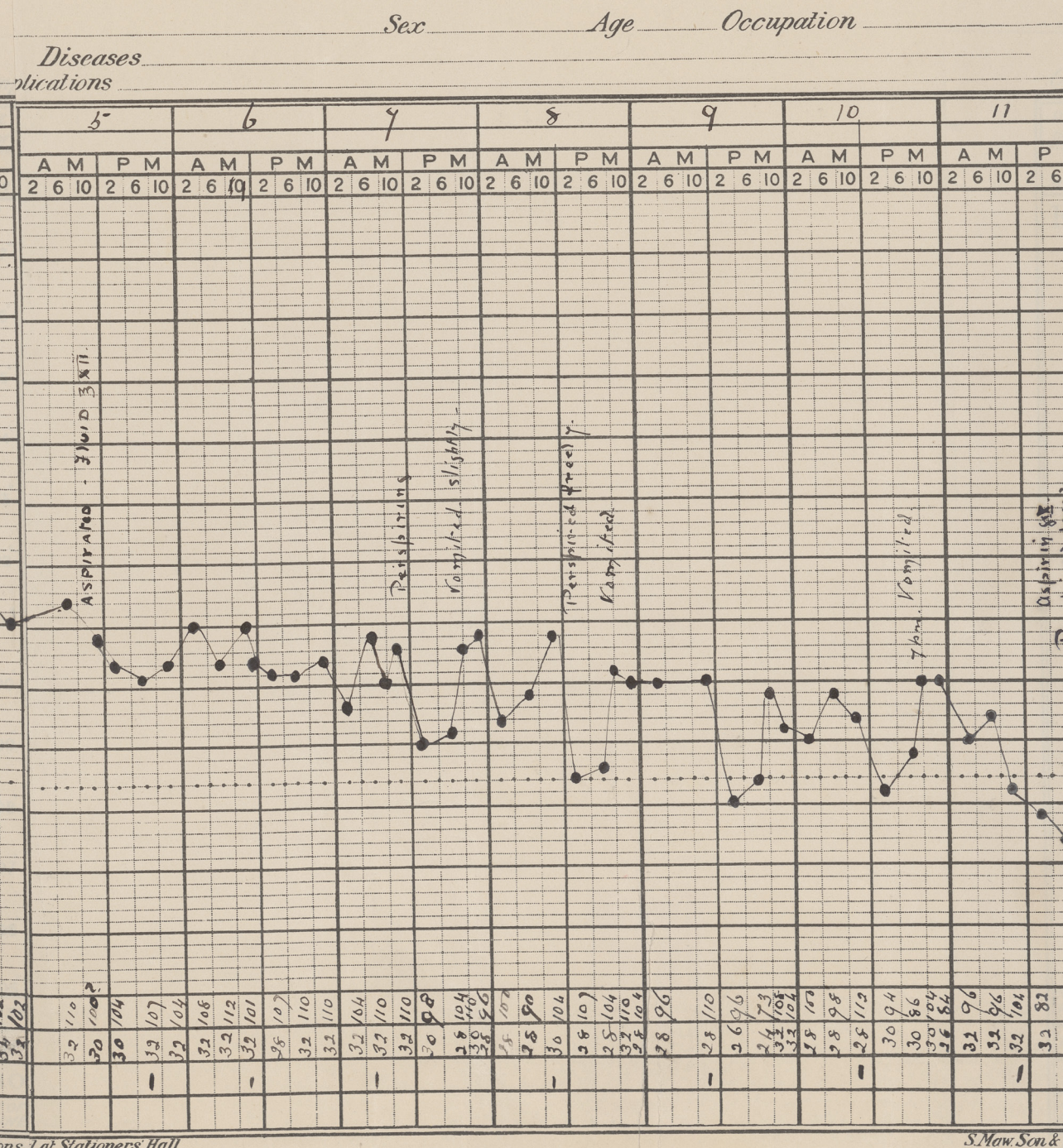
If will or in W.F.3.



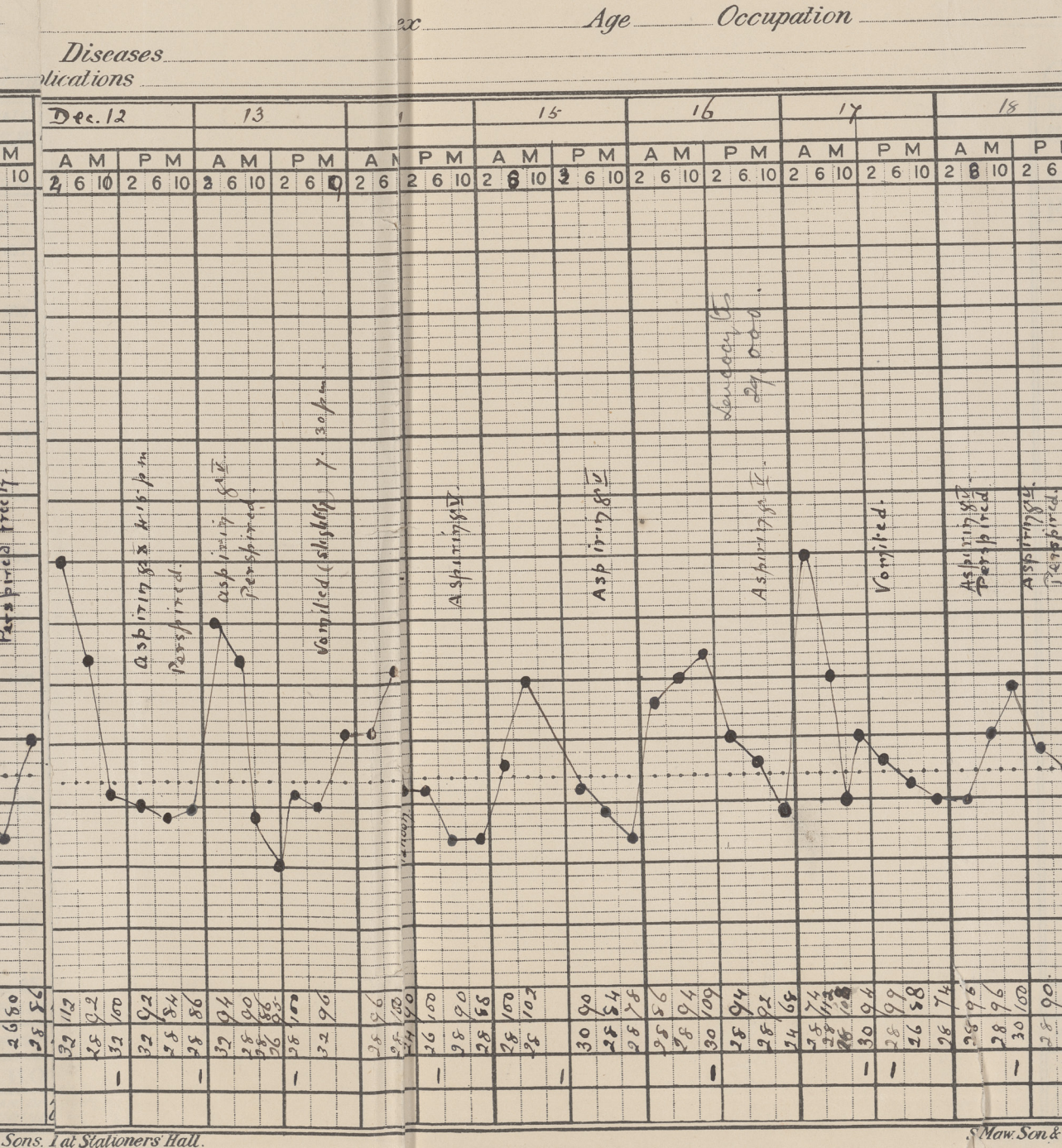
(7)  
DR MAW S  
CLINICAL CHART.



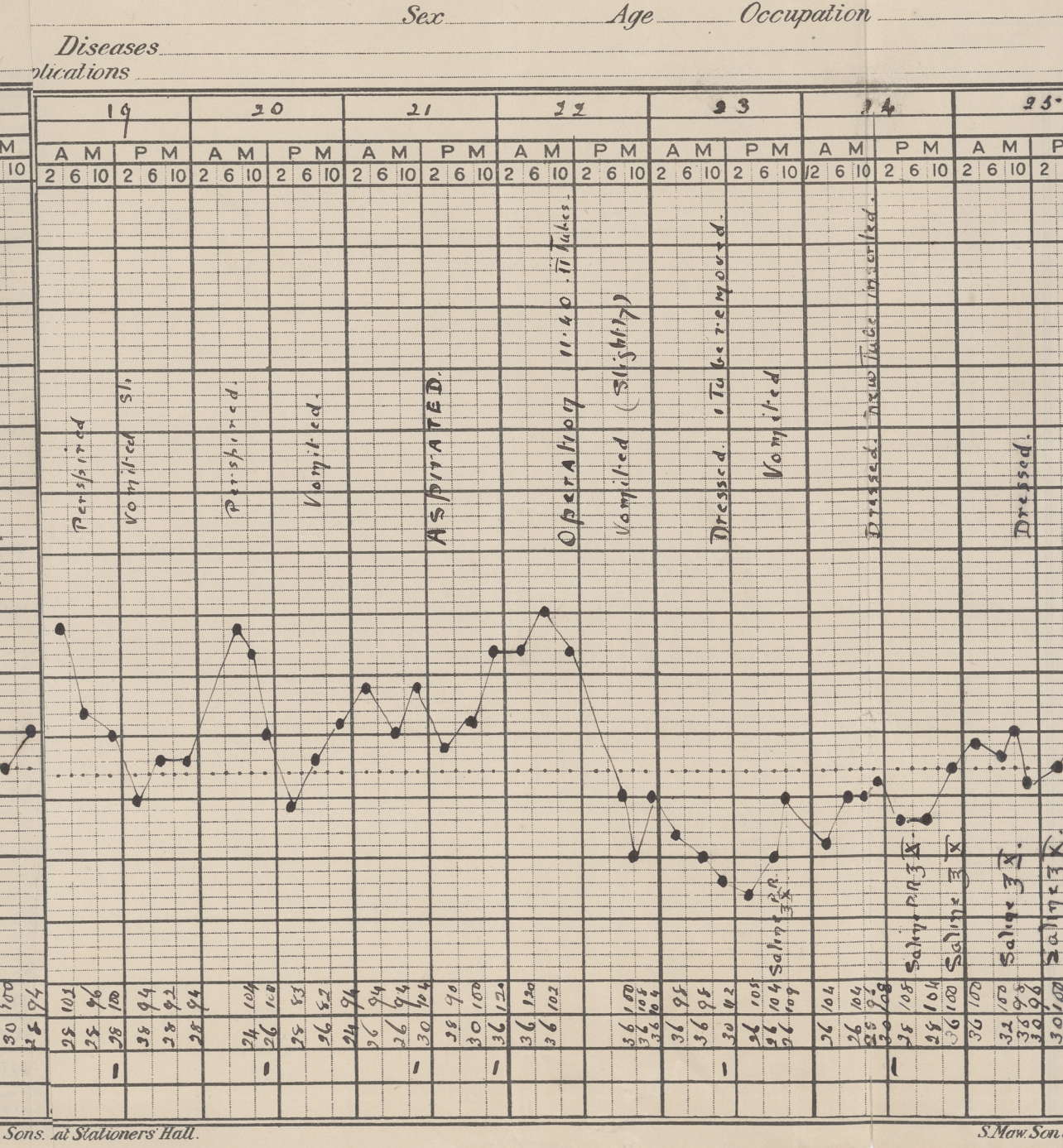
(8)  
DR MAW S  
CLINICAL CHART.



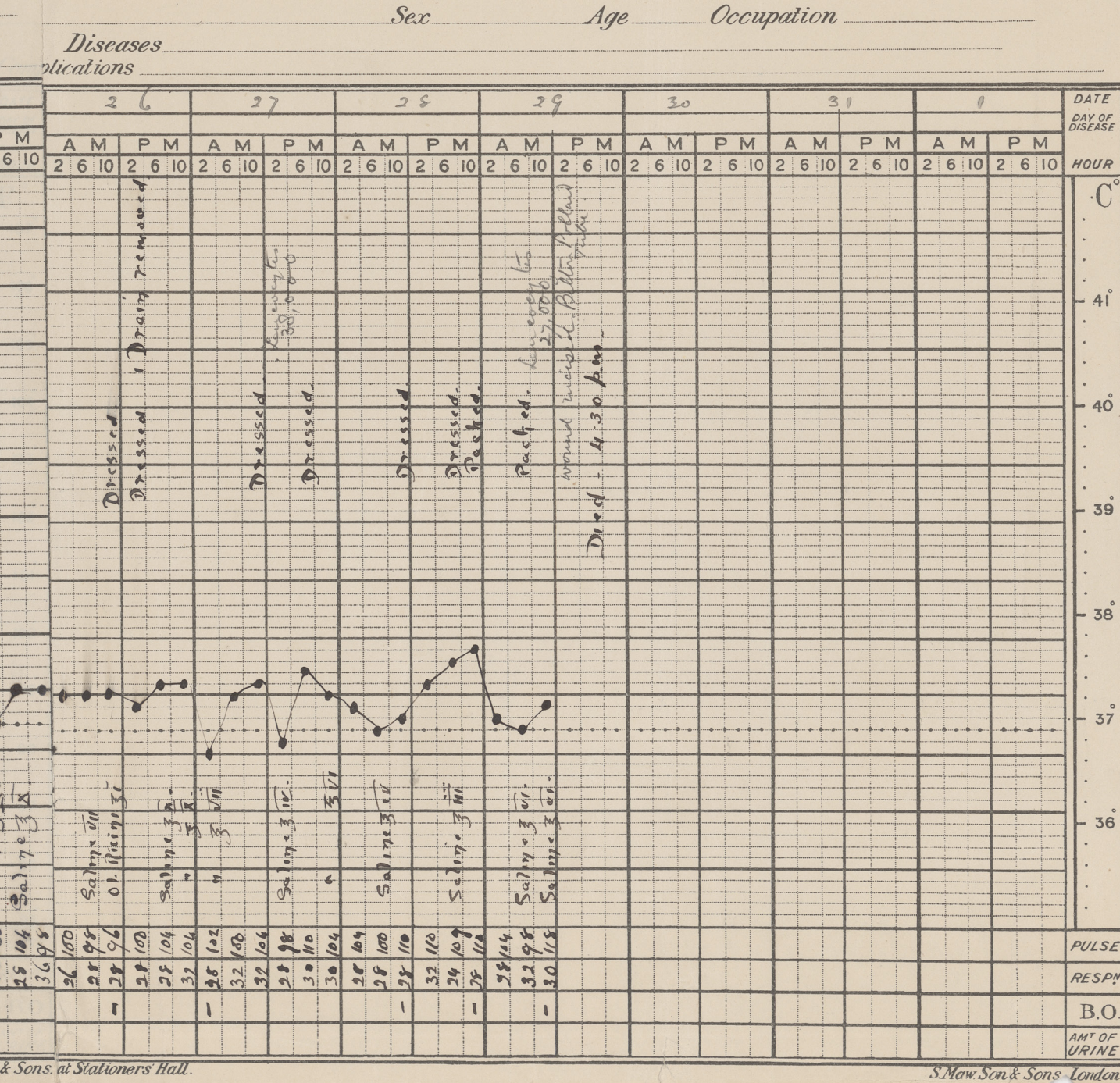
DR MAW S  
CLINICAL CHART.

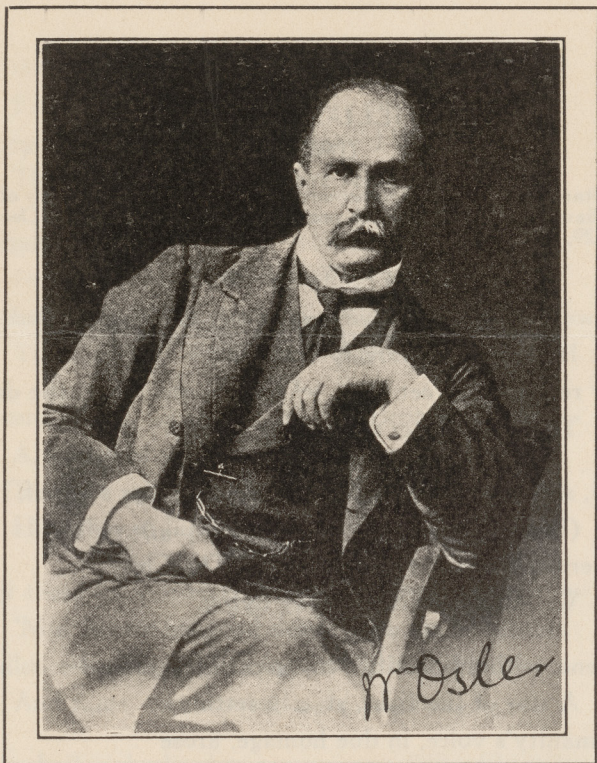


DR MAW S  
CLINICAL CHART.



DR MAW S  
CLINICAL CHART.





SIR WILLIAM OSLER, BART., M.D., LL.D., F.R.S.

"And the master-word is *Work*—a little one, as I have said, but fraught with momentous sequences if you can but write it on the tablets of your hearts and bind it upon your foreheads."—*Sir William Osler, in "The Master-Word in Medicine."*

SIR WILLIAM OSLER, Bart.

(1849-1919.)

[Stanzas written in commemoration of the first anniversary of Sir William Osler's death, which occurred at Oxford, England, December 29, 1919.]

By C. W. G. ROHRER

A twelvemonth has pass'd since thy brave spirit fled,  
    Its tenement, earthly, deserting  
For realms of sweet bliss, where the quick and the dead  
    To their Master's image, reverting.

Sad, sad grew our hearts when the message so brief,  
    (Both time and chill winter defying,)  
America, reach'd, that our hero, "The Chief,"  
    Within a land distant lay dying.

Serene, withal beautiful, thy great life's close,—  
    A star of the East, stately setting!  
Humanity's voice, in due homage, arose  
    Demise thine, untimely, regretting.

We miss thee, Sir William! Thy counsels divine,  
    Real tenets of action acquiring;  
The charm of thy voice and thy presence benign,  
    The best that was in us inspiring.

Welch, Osler, and Kelly, immortal each name,  
    With Halsted\*—redoubtable cluster!  
On Johns Hopkins school shedding excellent fame,—  
    Unfading, untarnishing luster.

Oh! thou wert the first of this world-famous band, †  
Full tribute to Dame Nature paying;  
Though cold be thy relics, unnerv'd be thy hand,  
Thy worth we, in vain, are essaying:

Of diagnosticians, "Prince;" clinics, "The Chief;" ‡  
In art and in science excelling;  
Attention quick gain'd, thy discourse e'en but brief,  
Thy splendor of diction compelling.

Beyond the St. Lawrence, its turbulent tide  
A wealth of wild grandeur disclosing,  
On Canada's soil—his lov'd birthplace, his pride,  
His ashes so fondly reposing;

Pray there let him rest, 'neath the dew and the snow,  
'Mid hearts his good deeds have made lighter;  
In silence he sleeps, yet his name it shall grow—  
And fame, too—increasingly brighter.

Then, hail and adieu! to our mentor, "The Chief,"  
His shining example extolling;  
Though long be the years and unbidden our grief,  
His tomb, hence—a Mecca consoling!

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\*Reference is here made to the justly celebrated portrait-group of the Four Doctors—William S. Halsted, Howard A. Kelly, William Osler, and William H. Welch, painted by the late John Singer Sargent, R. A., in 1905.

†Professor Halsted died September 7, 1922, aged nearly seventy years.

‡By reason of his eminent professional attainments, Dr. Osler was variously styled "the Prince of Diagnosticians" and "the Chief of Clinicians."

BALTIMORE, MARYLAND  
THE INDUSTRIAL PRINTING COMPANY

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Fourth edition, March, 1924  
Fifth edition, June, 1925  
Sixth edition, July, 1928  
Seventh edition, December, 1929

MEMORIAL EDITION,

*December 29, 1929.*

From Dr. A. G. Gibson, who performed the autopsy on W.O.  
So his lungs are probably in the Path. museum of the  
Raddcliffe Infirmary, Oxf.; his heart <sup>is</sup> here in the  
Oxley Library with his ashes. W.W.F. 1939.

His brain <sup>is</sup> in the Wistar  
Institute, Phila., to which  
he agreed, in his Phila. days,  
to leave it W.W.F.

27, BANBURY ROAD,

OXFORD.

TEL. 3228.

22 Sept

Dear Francis

Many thanks for  
letting me see this - it  
gives the cold light of  
science or nescience with  
a vengeance. [e.g. this report on his brain]  
W.W.F.

Yes I kept the lungs but  
the heart is where you

[\*] suggested.

Yours sincerely

A. G. Gibson.

[\*]

i.e. with the ashes  
W.W.F.

[1928]