

# OSLER LIBRARY NEWSLETTER

McGILL UNIVERSITY, MONTREAL, CANADA

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## THE LITERARY STYLES OF SIR WILLIAM OSLER\*



LIKE SAMUEL JOHNSON, Osler is probably better known through the medium of his encyclopædic biography than through his own writings. His scientific articles and his text-book have, of course, long been superseded; even medical historians have made only limited use of them, probably because Osler made few discoveries of importance. His non-technical efforts — the historical pieces, or the works of exhortation or reflection commonly called the “lay sermons” — have likewise gradually fallen

out of favour. Medical history has outgrown the celebratory and hagiographical approach of Osler's era, and the lay sermons, with their appeal to hard work, continuing education, or professional solidarity, might seem a little trite now, if only because Osler's ideals have become an ingrained element in the twentieth century medical ethos.

This would have surprised Osler's contemporaries, who saw him as a literary figure of some originality and merit. Indeed, the attractiveness of his writing style caused much comment in his own era, and is still being studied today.<sup>1</sup> However, most of these appraisals of Osler's style suffer from being too general and impressionistic. Only fairly recently has a medical historian, Dr. Charles Roland of McMaster University, attempted a more circumstantial analysis.<sup>2</sup> Roland's excellent article concentrates for the most part on the larger logical carpentry of Osler's prose; I would like to complement this approach by examining Osler's writing at closer range, that is, on the level of sentence structure.

Osler, like many of us, did not find writing easy or natural. As Cushing points out, he deliberately trained himself into that clear, flexible, unostentatious style that has come to be associated with good medical writing.<sup>3</sup> What he had to overcome was, first, a difficulty in organizing his material cogently, and secondly, a lamentable addiction to Victorian verbal crinoline. A brief excerpt from his McGill medical thesis (1872) illustrates some of the worst aspects of this early style: stagey rhetoric, unwieldy sentences, artificial use of quotations, and a tendency to become tangled in the toils of mixed metaphor:

In that Trinity of being — of body, mind and soul — which so marvellously make up the Man, each one has its own special ills and diseases. With the first of these — the body — have we here anything to do, leaving the second to be attended to by that class of men whose duty it is “to minister to minds diseased” i.e. the Psychologists [sic], while those of the third class beyond a Physician's skill seek aid elsewhere. Few indeed are permitted to end their days in a natural manner, by a gradual decline of the vital powers, till that point reached, where nutrition failing to supply the fuel necessary [sic] to keep the lamp of life alight; leaves decay to drag back the fabric to the dust.<sup>4</sup>

The consensus of Cushing and Roland is that Osler abandoned the flowery, impacted style of his youth for the crisp, simple prose of *The Principles and Practice of Medicine*, the true Oslerian style.

The more I read of Osler's writings, however, the less I am convinced by this tidy developmental analysis. The limp craftsmanship of *The Principles and Practice* was consciously cultivated, to be sure; but Osler never wholly abjured his older, more rhetorical voice. Indeed, he laboured to develop this voice as well, until he was as thoroughly in control of long, complex sentences as he was of short, plain ones, and until he could use metaphor and allusion in an apt and uncontrived way. Osler, in fact, had two quite distinct literary styles, and he almost never mixed them within the same piece of writing.

What differentiates the two styles is primarily the shape of the sentences. The first style uses long sentences of hypotactic structure, that is, with subordinate clauses expressing cause, condition, temporal relation and so forth. Sentences like this are inevitably accompanied by complex rhetorical patterns (for example, displaced prepositional phrases), as well as characteristic ornament, particularly metaphor and quotation, explicit or embedded. Where Osler uses short sentences of either simple or paratactic structure — that is, constructed of coordinate clauses — rhetorical inversions yield to a simple subject-verb-object pattern, while metaphor and quotation vanish.

A few examples will make the distinction more obvious. This is an illustration of Osler's “long hypotactic sentence” style, taken from his address on “The Importance of Post-Graduate Study”:

After all, no men among us need refreshment and renovation more frequently than those who occupy positions in our schools of learning. Upon none does intellectual staleness steal “with velvet step, unheeded, softly,” but not the less relentlessly. Dogmatic to a greater or less degree all successful teaching must be, but year by year, unless watchful, this very dogmatism may react upon the teacher who finds it so much easier to say to-day what he said last year. After a decade he may find it less trouble to draw on home supplies than to go into the open market for wares, perhaps not a whit better, but just a wee bit fresher.<sup>5</sup>

Notice the characteristic inverted sentence structure — “Dogmatic to a greater or less degree all successful teaching must be. . .” — as well as the literary tag (“with velvet step, unheeded, softly”) and the “home economics” metaphor in the last sentence.

The triumph of Osler's “short paratactic sentence” style is his famous text-book, *The Principles and Practice of Medicine*. Here is a taste:

The rash of typhoid fever is very characteristic. It consists of a number of rose-colored spots, which appear from the seventh to the tenth day, usually first upon the abdomen. The spots are flattened papules, slightly raised, of a rose-red colour, disappearing on pressure, and ranging in diameter from two to four millimetres. They can be felt as distinct elevations on the skin. Sometimes each spot is capped by a small vesicle.<sup>6</sup>

\*Based on a presentation by Dr. Faith Wallis at the Annual Conference of the American Medical Writers Association in Montreal, October 31st, 1985.

The initial letter on this page originally appeared in the *Schriften Atlas*, Stuttgart, 1889 and is reproduced here from Alexander Nesbitt (ed.), *Decorative alphabets and initials*, Dover Publications, Inc. 1959.

My initial reaction to this discovery was to link these stylistic differences to differences of subject matter, reasoning thus: when Osler is writing about technical matters, where metaphor and quotation would be inappropriate, he uses his “short paratactic sentence” style; in this, he is essentially standing in the tradition of natural history writing of the eighteenth and nineteenth century. But when his subject is speculative, hortatory or historical, questions of condition, cause or concession are in higher relief, and so he employs long sentences with subordinate clauses, while simultaneously unlocking his capacious store of allusion and analogy. However, on closer inspection this model began to break down. Osler’s paratactic style can be found in non-technical settings — his essay “Physics and Physicians as Depicted in Plato”<sup>7</sup> is a good example — while the hypotactic style is not entirely foreign to his technical writing. For instance, Osler opens his paper on diffuse scleroderma with a sentence like this:

Though studied and described by neurologists and dermatologists, the diffuse form of scleroderma is perhaps more often seen by the general physician, whom the victim consults for rheumatism or disability.<sup>8</sup>

and continues in this vein:

In its more aggravated forms diffuse scleroderma is one of the most terrible of human ills. Like Tithonus, to “wither slowly;” and like him to be “beaten down and marred and wasted” until one is literally a mummy, encased in an ever-shrinking, slowly contracting skin of steel, is a fate not pictured in any tragedy, ancient or modern.<sup>9</sup>

Notice the embedded quotations, as well as the striking image of the “ever-shrinking skin of steel” with its fine alliteration.

Perhaps Osler, influenced by the highly textured “metaphysical” style of his favorite writers, Sir Thomas Browne and Robert Burton, chose the hypotactic mode when handling historical material? Here again, distinctions based on subject matter are misleading. The text-book after all, is larded with medical history — for instance, Osler’s main authority for the symptoms and progress of smallpox is Sydenham, whose observations he integrates into his text in a delightfully unaffected manner.<sup>10</sup> And yet there is no question that the text-book is overwhelmingly paratactic.

Did Osler write hypotactically when he wanted to be formal and serious, paratactically when he wished to conjure up a relaxed and casual mood? The answer is that he did neither. The text-book is a formal didactic piece of writing in a paratactic style, while “Nurse and Patient”<sup>11</sup> one of Osler’s most light-hearted and humorous — even feisty — lay-sermons, is heavily hypotactic.

Finally I was reduced to guessing that perhaps Osler used the paratactic style for oral addresses and the hypotactic style for pieces intended for silent reading. This hypothesis foundered, too, against the rock of *The Principles and Practice of Medicine*, which is obviously for private perusal; moreover, almost all his non-technical addresses are in the hypotactic style.

Why Osler sometimes wrote one way and sometimes another plainly has no relation to content, tone, or medium of communication. However, reflecting on the question of medium eventually yielded what I believe is the key to the whole problem. In his book *The Well-Tempered Critic*, Northrop Frye observes that most of us, when conducting everyday conversation, do not speak in prose, the Bourgeois Gentleman notwithstanding. Rather, we communicate in associative fragments, and even when expressing causality or concession, we do so paratactically.<sup>12</sup> Which of us would say to friend or spouse: “Because John irritated me beyond endurance, I punched him in the nose, although I regretted it later?” Would we not say instead: “John irritated me beyond endurance, and I punched him in the nose, but I regretted it later.” The only circumstance under which we could produce the first version of the sentence would be to write it; the second version is the product of speech.

The clues began to fall into place when I came across a published transcription of one of Osler’s clinical classes at Johns Hopkins. It was plainly taken down by stenography, and if we deduct the semantic filler that pads out ordinary speech, the residue is the simple, limpid, paratactic prose of the text-book:

Let me first call your attention to this drawing, which was made by Mr. Broedel, of the heart in situ, in which you see that almost the entire exposed portion was made up of the right auricle and ventricle; only a small portion of the apex of the left ventricle is apparent. It was noted particularly, too, that the auricular appendix of the left auricle was not visible. The heart, as you see, presents the usual anatomical features associated with an extreme grade of mitral stenosis.<sup>13</sup>

The last piece of the puzzle was Osler’s own account of how he wrote *The Principles and Practice of Medicine*, recorded on the flyleaves of his own interleaved copy. “Three mornings of each week,” he says, “I stayed at home and dictated from 8 a.m. to 1 p.m. On the alternate days I dictated after the morning Hospital visit, beginning about 11:30. The spare hours of the afternoons were devoted to correction and reference work. Early in May I gave up the house . . . and went to my rooms at the Hospital. The routine there was: 8 a.m. to 1 p.m. dictation . . .” and so forth.<sup>14</sup> In short, Osler did not write his text-book, he uttered it, and in this respect the book was child to the man, for Osler was first and foremost a teacher of medicine, and one who taught, not by pre-written didactic lectures — at least not after his first days at McGill — but in an informal, spontaneous manner. In short, Osler’s choice of style is based, I believe, on the medium — not the medium of communication, however, but the medium of composition.

Wishing to test this notion, I took a single volume of his *Collected Reprints*, the Fourth Series, covering 1887-1902, and classified the articles according to subject (technical or non-technical), medium of communication (for oral delivery or for reading), and style (hypotactic or paratactic). I found articles that were technical, oral, and paratactic; non-technical, oral and paratactic; technical, for reading, and paratactic; non-technical, oral, and hypotactic; technical, for reading, and hypotactic; and non-technical, for reading, and hypotactic. The only combinations which did not emerge were non-technical, for reading, paratactic, and technical, oral, hypotactic. In other words, assuming my sample is representative, and with due allowance for negligible intrusions of one style into a piece predominantly in the other style, I conclude that when Osler talked about technical medical matters, he never used the complex hypotactic style, and when he wrote about non-technical matters, he never used the unassuming paratactic style. Can we say that Osler never dictated a non-technical paper or never wrote out a technical address? While Osler’s paratactic style was honed by his experience of and predilection for teaching, I suspect there are deeper forces at work here.

In order to fully understand the implications of such stylistic choices, we must bear in mind that Osler came from a religious background where the paratactic style has strong associations with the sacred. Subordinate clauses are notoriously rare in the Bible, dominated as it is by a characteristic Hebraic rhetoric based on parallel clauses, probably the most radical of paratactic devices. Classical Greek and Latin prose, on the other hand, is characterized by a hypotactic style grounded on the logical patterns of the subordinate clause, which produces a kind of depth-perception within discourse. Classical rhetoric supplies the relationship between things and ideas; Biblical rhetoric juxtaposes things and ideas, and the act of connecting them is left to the religious imagination. Hypotaxis is the language of reason; parataxis of revelation. This is why the paratactic style has, consciously or unconsciously, been favoured by Christian writers since the days of the evangelists.<sup>15</sup>

One of the aspects of Osler's thought and influence that has hitherto escaped adequate analysis is the way in which he transposed to his medical vocation much of the energies of his earlier, unfulfilled calling to the Anglican priesthood. It might be argued that this is Osler's most significant and portentous contribution to the modern medical profession, for he really saw health as a new gospel and doctors as a modern priesthood. This vision leaps out of the pages of his non-technical writings to any eye alert to Biblical allusion, but it is even more profoundly implanted in the paratactic voice of his text-book and its cognates. It is interesting that W.W. Francis always referred to *The Principles and Practice of Medicine* as "the Bible"; on the surface, he may have simply meant that it was a standard reference work, but Billy Francis was too close to Willy Osler himself not to have drunk in, if only unconsciously, Osler's obsession with religion.

This, I believe, is the source of the text-book's undoubted literary charm. Its rhetoric went beyond the detached and reasonable style of natural history writing; it was paratactic and Biblical, at once the oracle of a prophet and the preaching of a new apostle, and that was what the medical profession of Osler's day was at last ready to hear. That is also the reason why Osler always addressed his medical colleagues in the oral, paratactic style when speaking aloud to them. If I read the signs aright, Osler was somewhat sceptical about the ultimate value of writing medicine down on paper; even his exhortations to his colleagues to read the current literature are geared towards extracting from the page what is vital and useful, in short translating the written as swiftly as possible into the existential. He wanted his colleagues to hear the word and do it, to see first, read later: "Let the word be your slave and not your master!"<sup>16</sup>

Osler's manipulation of the various styles at his command forms an integral part of the story of his impact on the medicine of his generation, both as a body of knowledge and as a professional ethos and world-view. Medical writers and editors, to say nothing of the scientists who actually design the information contained in technical articles, would do well to be aware of this, for style is far more than cobbling words into comprehensible units of meaning. Style, in the last analysis, is inseparable from substance, and to alter modes of expression is to make fundamental changes in what is being expressed.

Faith Wallis

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## OSLER DAY – 1986

Osler Day this spring falls on Friday, May 23rd. The Osler Lecturer is to be James P. Grant, Executive Director of UNICEF.

As is customary, the Osler Banquet will be held on the evening of Osler Day. Mr. Grant will be the honoured guest at the banquet and will respond to questions from the floor about his Osler Lecture delivered that afternoon.

During 1986, Osler Day is being shifted from the spring to the autumn. As a consequence, there will be a second Osler Day in November 1986. Further details of this will appear in the June *Osler Library Newsletter*. Our attempt to make this shift during 1985 failed because plans to have a second Osler Day in November 1985 had to be cancelled. (see *Newsletters* nos. 48 and 49).

## RE-ERECTION OF THE VERNON PLAQUE IN OXFORD

One of the highlights of the "Osler Revisited" conference which took place in Oxford during 1984 (see *Osler Library Newsletter*, no. 45) was the ceremonial unveiling of the Vernon plaque of Sir William Osler, which had not been on view at Oxford for several years. Dr. Nicholas Dewey, the organiser of the conference, discovered the plaque in an administrative office, lying on the floor! It had been removed from its original home in the University Museum, where it had been placed shortly after Sir William's death.

The new site chosen for the plaque is on the stairway of the Academic Centre (University Medical School) in the John Radcliffe Hospital. The unveiling itself was carried out by Dr. A.M. Cooke, one of the two surviving Oxford pupils of Osler's days, in the presence of the presidents of the American Osler Society and the Osler Club of London, Drs. K. Garth Huston and Alex Sakula, together with many other Oslerians. Unfortunately, the other Osler pupil (whose ward rounds with the Regius were carried out in isolation from the male medical students!) was unable to be present. She is Dr. Cicely Williams of "Kwashiorkor" fame, whose lifelong work in the treatment of tropical disease was guided by Osler's precepts and example.

Nicholas Dewey  
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*Editor's Note:* Readers interested in the story of the Vernon plaque are referred to Henry Barton Jacobs' foreword to Maude E. Abbott, *Classified and annotated bibliography of Sir William Osler's publications*, Second edition, McGill University, Montreal, 1939.

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