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## Editorial

Research and consultation with senior physicians are important issues. William Osler provided a combination of research stating that in *Montreal General Hospital there were admitted from Dec. 14, 1873, to July 21, 1875, 260 cases of smallpox. Of these, 24 or 9.23 percent died of the haemorrhagic variety.* He also consulted Dr. Howard, the leading practitioner who confirmed the diagnosis. He demonstrated research and need for consultation with a senior physician.

The physician is supposed to satisfy the patient in a holistic manner or in other words, win the trust (1).

What is more important are the events associated with one of the patients. I quote verbatim from Osler's biography (2).

**In the autumn of 1875, he chanced to meet an attractive English young man, who was visiting Montreal on business. One evening, observing that he appeared ill, Osler questioned him, and suspicious of the symptoms, advised him to go to his room where the following morning, the diagnosis of haemorrhagic smallpox was evident. The young man died after an illness of three days.**

As there was no other relation or friend of the patient, Osler arranged and participated in the last rites of the patient and wrote a letter to the father of the deceased. It is a letter I have read several times in my professional career, and each time I have discovered a new dimension of the professional values. Let me share it with you :

*“My dear Sir, No doubt before this, the sorrowful intelligence of your son's death has reached you, and now, when the first shock has perhaps to a slight extent passed away, some further particulars of his last illness may be satisfactory. On the evening of Thursday 22nd & on the following day, I discovered unmistakable evidence of the nature of his disease. On Saturday in consultation with Dr. Howard – the leading practitioner of our city, his removal to the smallpox Hospital was decided upon. I secured a private ward & took him there in the evening.*

*He was easier on Sunday morning, but well aware of his dangerous state. He spoke to me of his home & his mother and asked me to read the 43rd chapter of Isaiah, which she had marked in his Bible. I spent the greater part of the morning talking and reading with him.*

*After 11.00 PM he began to sink rapidly & asked me not to leave him. He did not speak much but turned round at intervals to see if I were still by him. About 12 O'clock I heard him muttering some prayers, but could not catch distinctly what they were. Shortly after this he turned round and held out his hand, which I took, & he said quite plainly, 'Oh thanks'. These were the last words the poor fellow spoke. From 12.30 he was unconscious, and at 1.25 AM passed away, without a groan or struggle. Such my dear sir, as briefly as I can give them, are the facts relating to your son's death."*

Thirty years almost to the day after this letter was written, the newly appointed Regius Professor of Medicine in Oxford chanced to meet at dinner a Lady S\_\_\_, who, attracted by his name, said that she once had a young brother who had gone out to Montreal and been cared for during a fatal illness by a doctor named Osler, who had sent a sympathetic letter that had been the greatest possible solace to her parents : that her mother, who was still living in the south of England, had always hoped she might see and talk with the man who had written it. Later, on his way to Cornwall, Osler paid a visit to this bereaved mother, taking with him a photograph of her boy's grave, the request for which he had sent to Montreal to obtain.

Above narrative illustrates how a good physician combines excellence in clinical research, and a profound skill of communication.

*Emeritus Editor*

#### **References:**

1. Gupta P (2015). Assessment in Medical Education : Time to Move Ahead. *Ann Natl Acad Med Sci (India)* **51(4)** : 156-165.
2. Biography of Sir William Osler by Harvey Cushing. Vol. I, p. 136.