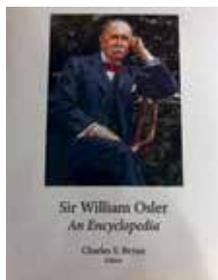


# Book reviews

David A. Bennahum, MD, and Jack Coulehan, MD, Book Review Editors



## Sir William Osler: An Encyclopedia

Charles S. Bryan, Editor  
Norman Publishing  
2020, 969 pages  
ISBN 0930405919, 9780930405915

Reviewed by T. Jock Murray, MD  
(AQA, Dalhousie University Faculty of Medicine, 1962)

In a 2016 poll of North American physicians, Sir William Osler (1849–1919) was voted “the most influential physician in history.” This might seem strange as he died more than a century ago, did not make a great medical discovery, and remained a generalist so did not advance a particular area of medicine. His guiding principle was simple—to do each days’ work as well as possible. He strove to be a humanistic physician to his patients, a thoughtful teacher and mentor to his students, and a philosopher of medicine to his colleagues. His influence continues because he remains the great role model, embodying the ideals of what a physician should be, and what medicine should be. These ideals don’t wane.

When he died, he was the best-known physician in the world, called by some “the father of modern medicine” and “perfect” by his admiring contemporaries. There are Osler clubs and societies around the world that regularly meet to discuss the principles he espoused and the interests he explored. At each annual American Osler Society meeting there are four days of scholarly papers on Osler, his era, and his areas of interest. Various compilations of Osler’s writings for medical students have appeared over the years and are still commonly distributed to students at white coat and graduation ceremonies. Hundreds of papers about Osler and his views appear every year and the interest in the man never seems to wane, sometimes referred to as “the Osler Industry.” It is more than the hero worship that commonly pervades medical history, as there are few clubs established for the other greats, or continuing interest in the personalities of other greats such as Harvey, Hunter, Pasteur, Lister, Banting, Salk, or the legions of Nobel Laureates in Medicine.

Just when the sagging shelves of Osleriana seemed full, a monumental volume of almost a thousand pages, *Sir*

*William Osler: An Encyclopedia*, documents in detail everything possible about the man, his life, interests, activities, and anyone connected with him. It contains hundreds of portraits and illustrations, including a new Tarleton Blackwell portrait of Osler on the cover. There is a helpful detailed chronology of his life, and a 52 page bibliography.

It is a remarkable work, and probably no one but Dr. Charles Bryan (AQA, University of South Carolina School of Medicine, 1992, Faculty) could have brought this all together. Bryan is the Heyward Gibbes Distinguished Professor of Internal Medicine Emeritus at the University of South Carolina, a prolific author and the leading Oslerian scholar. As the editor, he has recruited an army of 135 medical historians to cover everything and everyone related to Osler in a transformative era of medicine, from the mid 19th century to the early 20th century.

The hundreds of entries are extensively researched, well written but succinctly presented. The events and the people are freshly revealed, with some new and not documented elsewhere. (Full disclosure: I authored four items in the encyclopedia, and was on the editorial board. Most physicians who could comment on the breadth of Osler research were on the long list of authors.)

Osler went through trying times, the carnage of World War I, the death of his son on the battlefield, and the influenza pandemic, but described himself at the end of his life as a “despairing optimist,” and in these trying times, I think physicians are sharing that feeling.

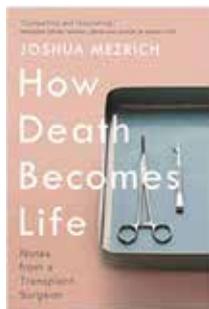
Michael Bliss, before writing a new biography of Osler to capture the scholarship since Harvey Cushing’s Pulitzer Prize winning biography in 1925, said he was aware of the image of Osler as a saintly physician, portrayed in Max Brödel’s drawing of Osler with angel wings, floating on a cloud in rays of light. Bliss, who sometimes wrote his biographies with a scalpel, expected this vision of Osler to crumble under the scrutiny of modern revisionist scholarship, but instead found, “His was a life that stands up almost too well to critical dissection, even microscopic scrutiny.”

This encyclopedia does not shy away from the more cynical observers who note some rust on Osler’s halo. There is pattern of presentism in some of the 30 recent critical comments about his practical jokes; high fees; Victorian views of women in medicine and society; greater interest in diagnosis than therapy; elitism in his membership in many clubs; and his procrastination over publishing a speech. Some of the jibes are too petty to mention;

however, they are a reminder that Osler was a man, not a saint, and he had failings. But he was a remarkable man, hugely influential as a physician, and a role model for physicians in any age.

This encyclopedia is more than just another book about Osler. It is a compendium of the important people and events at a time that saw the birth of modern medicine. It is a wonderful reference book, with items and research not found elsewhere. It is a terrific book to browse with interesting items on any every page—a treasure to own.

Dr. Murray is Professor Emeritus and former Dean of Medicine, Dalhousie University, Halifax, Nova Scotia, Canada. He is a past president of the American Osler Society, awarded their lifetime achievement award, and an honorary member of the Osler Club of London. His E-mail address is Jock.Murray@Dal.Ca.



### **How Death Becomes Life: Notes from a Transplant Surgeon**

By Joshua Mezrich  
Atlantic Books London, 2019, 71 pages  
ISBN 978 1 78649 889 2

**Reviewed by David A. Bennahum, MD (ΑΩΑ, University of New Mexico School of Medicine, 1984, Faculty)**

An engrossing book of remembered moments, *How Death Becomes Life*, brings together the emotional and technical experiences of the author, Joshua Mezrich, in his training and career as a transplant surgeon. He writes:

The following book is neither a memoir nor a complete history of transplantation. I am not old enough to write a memoir, and a few excellent complete histories of transplantation exist already. My goal is not to provide chronological depiction of my coming-of-age as a surgeon, but rather to use my experiences and those of my patients to give context for the story of the modern pioneers who made transplantation a reality.<sup>p1X</sup>

Mezrich begins with a description of flying through a Wisconsin thunderstorm in a small plane to remove an organ from a recently deceased donor, and to meet and

thank the donor's family. He describes his meetings with donor families:

This continues to be one of the most difficult, and at the same time, most rewarding aspects of my job. No matter how tired I am, the interaction with the donor family always reminds me of how wonderful and cathartic the donor process is. These people are going through the worst experience of their lives, as most donors die far too young and unexpectedly. Often, the family members have not even had the opportunity to say good-bye. Perhaps the one positive notion that family members can hold on to is this: with this ultimate gift, their loved one will save the lives of, and live on in, as many as seven other people. Their gift of life will be a legacy their families can cherish amid the brutal pangs of the loss they have to endure.<sup>p5</sup>

Mezrich goes on to describe the surgical process of removing and transplanting various organs. His love for the technical aspects of his art are clear. After transplanting her liver and then re-operating several times on Cindy, he writes:

Now the guilt was seeping in. You really have one shot at getting a surgery right on a sick patient, particularly one who is on immunosuppression. Once you have a complication, you're backpedaling.<sup>p18</sup>

Cindy subsequently developed renal failure, and needed a kidney. That was when her daughter stepped up and donated one of her kidneys. Mezrich writes:

That is why I love the field of transplant. Since I began taking care of sick people, I have noticed that one of the hardest things about getting sick, really sick, is that you are separated from the people you love. Even when families are dedicated to the patient, illness separates the well from the sick. The sick suffer alone, they undergo procedures and surgeries alone. Transplant is different. Transplant is all about having someone else join you in your illness. It may be in the form of an organ from a recently deceased donor, a selfless gift given by someone who has never met you, or a kidney or liver from a relative, friend, or acquaintance.<sup>p20</sup>

The book is enriched by the many aspects of the history of transplantation, and the major researchers and proponents of transplantation. Mezrich tells the story of Alexis Carrel the French surgeon whose difficult personality

and ideas—he advocated for spiritual healing—led him to immigrate to the United States where he worked at the University of Chicago with Charles Guthrie, MD (AQA, University of Pittsburgh School of Medicine, 1916), to devise the technique of vascular repair by suturing the ends of damaged vessels together rather than simple ligation. The two also experimented with transplantation in dogs in 1906.

Carrel later joined the new Rockefeller Institute in New York where he was awarded the Nobel Prize in 1912. Unfortunately, in the last 20 years of his life, after World War I he developed an affinity for eugenics and a friendship with Charles Lindbergh. He returned to France in 1939 where he supported the pro-Nazi Vichy Government. Sadly, his reputation was destroyed and his contributions to transplantation forgotten after his death in 1944.

The author also describes several of the innovators in transplantation providing the reader with wonderful historical information, but his main focus is on the patient. He describes his first transplantation as a medical student at Cornell Medical School:

As the case was ending, my resident told me to go scrub next door—it was about 2:00 a.m. now—where they were starting a kidney transplant. All I really wanted to do was to go to bed, but I went; and Dr. Studenbord was the transplant surgeon. I'll never forget the simple beauty of the kidney transplant, the feeling of wonder when the kidney turned pink. There was this remarkable sense in the room, in the middle of the night, with classical music playing and urine pouring onto our hands, that we were doing something miraculous. Someone who had just died had saved the life of someone he had never met, we were the ones who'd help make that happen. (Well not me really; I just watched.) How crazy was that? I wondered what other organs you could do this with. I really had no idea at the time, but I knew that I wanted to find out. I was hooked.<sup>p43</sup>

Mezrich also recounts the story of many of the pioneers including Willem Kolff who built the first dialysis machine during the World War II under the noses of the Nazis in occupied Holland. He continues with a description of the life and contributions to immunology of Peter Medawar who studied the problem of immune rejection and acquired immunological tolerance so necessary to transplantation.

Among those that he writes about are the innovative surgeons and teachers C. Walton Lillehei; Norman Shumway (AQA, Stanford University School of Medicine,

1966, Faculty); Joseph Murray who performed one of the first identical twin transplants; Christian Barnard; and Thomas Starzl (AQA, Northwestern University Feinberg School of Medicine, 1951). He also discusses the importance of immunosuppression and the development of Cyclosporine which would be crucial to the successful evolution of transplantation.

Another chapter discusses the central role of Henry Knowles Beecher (AQA, Harvard Medical School, 1932) in moving the discussion of the ethics of procuring organs from recently deceased, and not quite deceased, patients and the struggle to have the concept of irreversible coma accepted as a criterion for death.

This was a most compelling book. Charmed by the author's open and frank style and fascinated by his actual experiences, it has been a book that was hard to put down. This last experience as recounted by the author is a resounding conclusion.

And yet every time I meet a potential donor or begin a donor operation, I find myself amazed by the altruism and bravery of these heroes. I am not just awed that they are donating parts of their bodies; they are actually allowing themselves to become vulnerable patients, so their recipients don't have to suffer alone. To me, one of the worst parts of being ill is how it separates you from your loved ones, leaving you isolated from everyone and everything that matters to you. When you are really sick, dying sick, you have to accept that you won't get to watch your children grow up, get jobs, get married; that you won't get to be the person you might have become. Sure, your friends and family may mourn you for a while, they may think about you from time to time, but life will march on. Living donation allows a loved one (or a stranger) to take your hand and say, "Let's do this together."<sup>p300</sup>

There cannot be a better statement of the duties, the joy and the ethics of medicine.

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