26 January 2020: Choral Evensong with sermon, to commemorate the centenary of the death of Sir William Osler

The Third Sunday of Epiphany


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Sir William Osler, former Student of Christ Church and Regius Professor of Medicine (1849–1919) was a Canadian physician and one of the four founding professors of Johns Hopkins Hospital. Osler created the first residency program for specialty training of physicians, and he was the first to bring medical students out of the lecture hall for bedside clinical training. He has frequently been described as the Father of Modern Medicine and one of the "greatest diagnosticians ever to wield a stethoscope". Osler was a person of many interests, who in addition to being a physician, historian and author. And apparently a notorious practical joker. One of his many achievements was the founding of the Royal Society of Medicine, London.

For the record, I don’t believe in reincarnation. But if I did, and if I had to be reincarnated as an animal, I would come back as a St. Bernard dog. I have my reasons. First, I’d like to be a saint, and this is as about close as I’ll get. Second, I believe in searching for the lost. Third, everyone loves a good dog, so there is a chance of being both liked and gainfully employed, and you can rarely do both of these in the church – trust me on this. And finally, a rescue mission that involves a hip flask full of malt whisky can’t be all that bad. Indeed, find or lose your victim, it still ends with a well-deserved drink. (Even though I am tee-total).

Another saint of the same era as Bernard was Benedict: “Before all things and above all things, care must be taken of the sick; so that the brethren shall minister to them as they would to Christ himself; for he said: “I was sick and ye visited me.”” [Rule of St. Benedict]. Benedict had read his gospel: “Jesus went forth and saw a great multitude and was moved with compassion towards them, and he healed their sick” [Matthew 14:14].

Twenty-five years ago in 1995, I published an article on the healing miracles of Jesus which pressed the question, not about whether or not these miracles ever happened, but
what they meant to their audiences either as events, or as written narratives. It caused a bit of a storm – at least for theology. (That means about half a dozen letters from slightly miffed or curious correspondents).

The paper effectively argued that the healing miracles of Jesus were not in themselves particularly important, either as historical events or as plain narratives. Though I do believe they are both. What was more significant about the miracles were the political implications that flowed from them. I drew attention to the fact that in the forty or so healing miracles recorded we hardly ever learn the name of the person who is healed. This seemed to me to be in itself quite significant, pointing to the insignificance of the beneficiaries.

But, what was arguably more revealing about the nature of these miracles was the gospel writers’ willingness to tease the reader by naming the category of affliction: leprosy, mental illness, the lame, mute and blind; single mothers, people of other faiths, the elderly, and the handicapped. I could go on. Jesus hardly ever heals his friends, and rarely ever heals anybody with any significant social, moral or political status. In nearly every case, the healings of Jesus are directed towards those who are self-evidently on the margins of society, or who have been excluded from the centres of social, political, moral or religious life. Jesus is the body-language of God: his life is God’s bodily feeling for the unseen, unheard and untouched. The healings of Jesus are just an extension of God’s compassion for all of humanity – but especially for the alien and stranger.

But it is two things that stand out for me in relation to Osler. First, his work in extending healthcare provision. Second, his insistence that doctors got alongside their patients – the so-called ‘bedside manner’ – and learnt from that. In other words, Osler was not just extending healthcare and teaching his doctors. He was also teaching us that you learn from your patients. Medicine, like healing, is a reciprocal process. We have to listen – with compassion, empathy – and pay attention not only to the ailments that afflict others, but also to their pain and experience of illness and disease, and tune in to what has caused this. Sometimes the illness or disease is the “presenting symptom”. The deeper problem underlying – the cause – may be poverty, isolation, diet, unclean water, or social marginalisation and stigmatisation.

Let me illustrate the issue, and perhaps the same problem Osler faced, with an ancient local reference - local to me, anyway. Tucked away in a hidden corner of East Oxford,
behind the Cowley Road in the direction of what was once ancient marshland, is a house and chapel built for the seclusion of lepers.

The (St Bartholomew’s) Bartlemas chapel and the adjacent Bartlemas hospital was endowed by King Henry I back in 1126 so that the terrible threat of leprosy could be safely excluded from the city of Oxford. Infectious diseases of all kinds were common enough in mediaeval Europe, but the 12th and 13th centuries saw an unprecedented rise in leprosy right across Western Europe as crusading knights returning from the Holy Land brought newer and nastier threats to the public health of our island community.

The official response was a mixture of pity and horror. For all that some wealthy and influential patrons tried to ensure a minimum of decent care for the sick, there were many others who went along with those primitive feelings of disgust and revulsion that led to a systematic rejection of the most vulnerable members of the community – ostracised to beyond our margins.

You can find in the archives, the details of a special ritual which accompanied the process of social banishment. It was presided over by the church in a chilling liturgy called “The Mass of Separation”. The unclean person is led out to the leprosarium after the fashion of a funeral procession. Typically, the victim is then formally clothed with a set of leper’s garments, and given basic everyday utensils and a begging bowl. The priest then reads out the binding admonition that finally severs all links with the wider community:

I forbid you ever to enter a church, a monastery, a fair, a mill, a market or an assembly of people. I forbid you to leave your house unless dressed in your recognisable garb and also shod. I forbid you to wash your hands or to launder anything or to drink at any stream or fountain, unless using your own barrel or dipper. I forbid you to touch anything you buy or barter for, until it becomes your own. I forbid you to enter any tavern; and if you wish for wine, whether you buy it or it is given to you, have it funnelled into your keg. I forbid you to share house with any woman but your wife. I command you, if accosted by anyone while travelling on a road, to set yourself down-wind of them before you answer. I forbid you to enter any narrow passage, lest a passer-by bump into you. I forbid you, wherever you go, to touch the rim or the rope of a well without donning your gloves. I forbid you to drink or eat from any vessel but your own.
Osler would have not have approved. His life was devoted to health service, and enlarging its provision. In 1893, Osler was instrumental in the creation of the Johns Hopkins School of Medicine. His reputation as a clinician and teacher was evident, but he was a humanitarian who was interested in health being for everybody. In the hospital’s first year of operation, when it had 220 beds, 788 patients were seen for a total of over 15,000 days of treatment. Sixteen years later, when Osler left for Oxford, over 4,200 patients were seen for a total of nearly 110,000 days of treatment.

Half the task of healing – and of medicine – is getting alongside people with their afflictions, and treating them with kindness, empathy and compassion. I don’t know if it is quite so grand as being – as Jesus is – the “body language of God”. But good medicine is divine. It is about tuning in to the pain, detriment, illness and disease others suffer, and paying compassionate attention to the people suffering. It is about holding people who hurt.

Osler’s great contribution to medical education was his idea of clinical clerkship – having third-year and fourth-year students work with patients on the wards. And not just teaching the doctors, but getting the doctors to learn from their patients. He pioneered the practice of bedside teaching, making rounds with a handful of students. Soon after arriving in Baltimore, Osler insisted that his medical students attend at bedside early in their training. He reduced the role of didactic lectures and was, like Jesus, a ‘hands-on’ healer.

Osler points us to deeper things that lie at the heart of medicine and healing. It is not just about being right, but also about being good. Time with patients may be more healing than anything we prescribe. Compassion and empathy matter; and so does solidarity with those on the edges of society. He once said he hoped his tombstone would say only, "He brought medical students into the wards for bedside teaching." "I desire no other epitaph", he added, “than the statement that I taught medical students in the wards, as I regard this as by far the most important work I have been called upon to do.” His prescient vocation has born great fruit for us all, and we rightly celebrate his life today. Amen.