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## Making the “Doctour of Physik”: New Manuscript Acquisitions and the Shaping of Academic Medicine in the Middle Ages

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The sign on her office door says “Doctor Jones”. The framed diploma on her wall declares that she is a fellow of the Royal College of Physicians and Surgeons of Canada. But Dr Jones and her patients are probably not aware that neither the word “doctor” nor the word “physician” has anything to do with medicine. “Doctor” is the Latin word for “teacher”; “physician” comes from the Greek word for “scientist”.

In western Europe in the twelfth century, medical professionals began to identify themselves as *doctores* and *physici*. It was not so before. The common Latin term for a practitioner of medicine was *medicus*, “a medic”. The new titles reflected a revolution in medical education that took off at this time. Medicine began to be taught formally in organized schools, and the best practitioners (in their own estimation) were those who were



Image 1. Note the descriptive title on the medieval binding of former Admont Manuscript 496, “Versus Egidij de vrina” (Gilles’ poem on urine).

taught this way by people who were instructors – *doctores*. The medicine they taught was a new kind of medicine grounded in “science” – the theory-based medicine of Galen, reinforced by the natural sciences of Aristotle, and amplified by the writings of Islamic scholars. Those who studied this medicine called themselves *physici* – students of *physica* or “natural philosophy”.<sup>1</sup>

Like other schools emerging at this time, devoted to theology, philosophy, or law, the medical schools taught by reading authoritative texts. Scientific medicine was medicine informed by the cumulative data-base of ancient and modern reflection and experience, as recorded in books. The *doctor* taught by reading a passage from the “text book”, and then explaining it to the students. This was the “lecture”. The students responded by engaging with the text, posing questions about its

meaning, identifying and debating doubtful points, and using it as a springboard to discuss various issues.

The Osler Library has recently acquired two medieval manuscripts created in and for this new educational milieu of *doctores* and *physici*. They were purchased through a generous donation in honour of a McGill teacher and scientist, Joseph G. Stratford

<sup>1</sup> See Danielle Jacquart, “Medical Education in the Twelfth Century,” in *A Companion to Twelfth-Century Schools*, Cédric Giraud, ed., (Leiden: Brill, 2020), 203-225, and especially Jerome Bylebyl, “The Medical Meaning of Physica,” *Osiris*, 2nd ser., 6 (1990): 16-41.

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(1923-2007), Professor of Surgery and eminent neurosurgeon. One was created in the early days of medicine's "academic turn", in the twelfth century; the other was written at the end of the thirteenth century, when Scholastic medicine was at its apogee.

The twelfth-century manuscript is only a bifolium, that is, a sheet of parchment folded in half to form four pages.<sup>2</sup> Leaves like this were stacked to form a gathering or quire, and quires were stitched together to form a book. Often a quire was formed of a stack of four such leaves, though our bifolium is quite small (141 x 094 mm) so there may have been more than four. In any event, our single sheet had others on top of it. We can tell this because the text on the front and back of folio A (A recto-A verso) is not continuous with the text on folio B recto-B verso, as if would have been if it had once been located in the middle of a gathering (image 2).

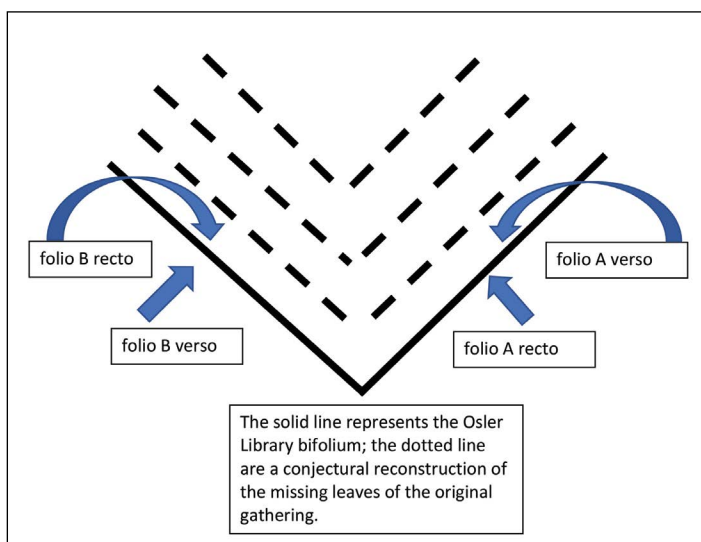


Image 2. Note the composition of a multi-page quire.

The text on Ar-v contains glosses on *Passionarius* or *Book of Diseases* by Gariopontus. Gariopontus lived in south-central Italy, possibly Salerno, in the middle of the eleventh century. His *Passionarius* synthesized the teachings of Galen available at the time, including Galen's *Therapeutics to Glaucon* in its early medieval Latin version, to create a manual of therapeutics containing descriptions and treatments for over 250 ailments. It is organized from head to foot, with separate books for whole-body diseases like fevers. Indeed, our bifolium contains glosses on Book 6, devoted to fevers.

One of the critically important things about the *Passionarius* was that it was from an early date used for formal teaching.<sup>3</sup> Our bifolium is evidence of this. The underlined words in the

<sup>2</sup> This manuscript has now been digitized at [https://archive.org/details/McGillLibrary-osL\\_bifolium-twelfth-century-manuscript\\_WB152B5911100z-21828](https://archive.org/details/McGillLibrary-osL_bifolium-twelfth-century-manuscript_WB152B5911100z-21828)

<sup>3</sup> Florence Eliza Glaze, "Prolegomena: Scholastic Openings to Gariopontus of Salerno's *Passionarius*," in *Between Text and Patient: The Medical Enterprise in Medieval and Early Modern Europe*, Florence Eliza Glaze and Brian K. Nance, eds., (Florence: SISMEL – Edizioni del Galluzzo, 2011), 57-86, and "Galen Refashioned: Gariopontus in the Later Middle Ages and Renaissance," in *Textual Healing: Essays on Medieval and Early Modern Medicine*, Elizabeth Lane Furdell, ed., (Leiden: Brill, 2005), 53-76.

text are the lemmata or phrases from Gariopontus that the teacher is going to expound; following this lemma is the gloss or exposition. These glosses focus on explaining unusual terms (especially Greek medical terminology, to which Gariopontus is partial), on "footnoting" the text to clarify the author's meaning, and on adding to the information available through the text. For example, on folio Ar (image 3), the glossator explains that "purged" (*solute*) refers to both emetics and enemas. A "double tertian" fever is a tertian fever (*i.e.* a fever with paroxysms every third day, counted inclusively) that arises from corruption of two humours, and differs in its periodicity from a simple tertian fever. *Vaporatione* means exhalation via the pores, and so on.

The text on fols. Br-v has not been securely identified yet, but signs point to it being glosses on the early medieval Latin translation of Galen's *Ad Glauconem* (*Therapeutics to Glaucon*). The glossator identifies the author as Galen, and refers to another text by the same author "de intellectualibus interioribus" (possibly Galen's *On Affected Parts*). *Ad Glauconem* was translated from Greek into Latin, with considerable modification, additions and excisions, in the 5th or 6th century.<sup>4</sup> Its two books cover fevers and apostemes, *i.e.* morbid swellings. This seems to align with the present text, which addresses fevers, but which also alludes to a second book. Interestingly, this was one of the texts which Gariopontus used to construct his *Passionarius*, so whoever made the book from which our bifolium comes was intent on re-constructing the basis of Galenic therapeutics.

This bifolium's small dimensions and lack of marginalia suggest that it was created for private study and reference, perhaps by a teacher. The second manuscript acquired in memory of Dr Stratford is very different.

“ The poem was, so to speak, the professor's PowerPoint bullets; the commentary was his lecture. This combination of student-friendly presentation and rich scientific context ensured *On Urines'* success.

This manuscript has an unusual history. Until the 1930s, it belonged to the library of the Benedictine abbey of Admont in Austria. The abbey sold it in the 1930s, when it was facing financial difficulties. The manuscript was divided into two parts, and one half is now in the Library of the Istituto Ortopedico Rizzoli, in

<sup>4</sup> Klaus-Dietrich Fischer indicates that this was a highly labile text that circulated in a variety of sub-forms and variant versions: "Die spätlateinische Übersetzung von Galen, *Ad Glauconem*," *Galenos* 6 (2012): 103-116; "Die vorsalermitanischen lateinischen Galenübersetzungen." *Medicina nei secoli* 25,3 (2013): 673-714.





Image 3. Bifolium fols Bv-Ar. See Solute, underlined, 8 lines from the bottom.

Bologna, Italy. This half remained within the original medieval binding, and after disappearing from view for a while, eventually came up for sale, to our great good fortune.<sup>5</sup>

The contents of this manuscript is inscribed on the front of the binding: “Versus Egidii de urina” – “The Poem on Urine by Gilles” (see image 1, p.1). The author was Egidius or Gilles of Corbeil (c. 1140-c.1224), the first person known to have taught medicine at the University of Paris (around 1200). Universities – indeed, organized schools catering to larger, ever-renewing bodies of students – just emerging at the time. Paris, where Gilles taught, was famous as a school of arts and philosophy, and Gilles talked his way in by successfully claiming that medical science was a form of philosophy – the branch of philosophy called “natural philosophy” or *physica*.

Gilles studied at Salerno in Italy, the probable home of Gariopontus, and the place where many of the earliest translations of Islamic and Greek medical writings into Latin in the 11th and 12th centuries were made. He returned to Paris around 1170, where he composed four works about medicine in verse for his students: one of these is *On Urines*. When the Faculty of Medicine was formally established in Paris with statutes in 1270, *On Urines* was on its official reading list, sealing its destiny as a standard textbook in medieval universities. Gilles’ *On Urines* survives today in over 300 manuscript copies.

<sup>5</sup> It has now been fully digitized (<https://archive.org/details/McGillLibrary-osl-versus-egidij-de-urina-WJ146G464v1200z-21946>), and even “virtually” returned to Admont, via the manuscripta.at website: <https://manuscripta.at/lib.php?libcode=AT1000> (under the shelfmark Cod. 496).

Urine inspection was thus a core diagnostic tool in the new scientific medicine of the day, and a showcase for “theory”, that is, scientific models of physiology, anatomy and pathology. But the perennial popularity of *On Urines* also owes much to its innovative form. Being in poetry, the text was easy for students to learn and remember. But Gilles also composed a lengthy prose commentary to accompany the poem, which unpacked every line, explaining its scientific rationale and elaborating on clinical applications. The poem was, so to speak, the professor’s PowerPoint bullets; the commentary was his lecture. This combination of student-friendly presentation and rich scientific context ensured *On Urines*’ success.<sup>6</sup>

Our manuscript shows the typical layout of a manuscript of *On Urines* (image 3). Unlike the Gariopontus manuscript, this codex is laid out in double columns, a format favoured for Scholastic texts because it enabled faster reading. Gilles’ poem is in the bold, large module script. Below it in smaller script is the commentary. This commentary is not Gilles’, but the one composed by the 13th-century master Gilbert the Englishman (ca. 1180-1250).<sup>7</sup> Students of Chaucer’s *Canterbury Tales* will recall that one of the party of pilgrims was a “Doctour of Phisik” (the designation is revealing!) who is proud to display his knowledge of the ancient authors “Ypocras” and “Galyen”, the Arabic scholars Rhazes and Avicenna, and the modern masters, including “Gilbertyn”, *i.e.* Gilbert the Englishman.

This manuscript is remarkable for its dense penumbra of readers’ additions in the margins and even between the lines. The text sometimes looks like scaffolding on which heavy draperies of

<sup>6</sup> On medieval urine science, see Laurence Moulinier-Broggi, *L’Uroscopie au Moyen Âge. “Lire dans un verre la nature de l’homme”* (Paris: Champion, 2012); Faith Wallis, “Latin Traditions of Uroscopy”, in *Henry Daniel and the Rise of Middle English Medical Writing*, Sarah Star, ed., (Toronto: University of Toronto Press, 2022), 17-37. On Gilles’ life and work, see Mireille Ausécache’s introduction to her edition of Gilles’ *Liber de virtutibus et laudibus compositorum medicaminum* (Florence: SISMEL/Edizioni del Galluzzo, 2017), esp. 11-15, and her “Gilles de Corbeil ou le médecin pédagogue au tournant des XIIe et XIIIe siècles”, *Early Science and Medicine* 3 (1998): 187-215. The *Carmen de urinis* was edited by Ludwig Choulant, *Aegidii Corboliensis carmina medica* (Leipzig: J.B. Hirschfeld, 1826), and reprinted with accompanying French translation by C. Viellard, *L’Urologie et les médecins urologues dans la médecine ancienne* (Paris: F.R. de Rudeval, 1903), 267-301. A modern critical edition is being prepared by Prof. Steven Livesey, University of Oklahoma.

<sup>7</sup> Klaus-Dietrich Fischer indicates that this was a highly labile text that circulated in a variety of sub-forms and variant versions: “Die spätlateinische Übersetzung von Galen, *Ad Glauconem*,” *Galenos* 6 (2012): 103-116; “Die vorsalermitanischen lateinischen Galenübersetzungen,” *Medicina nei secoli* 25,3 (2013): 673-714.

marginalia have been hung. At least six different annotating hands can be identified, so half a dozen students or more used this volume to study *On Urines*, transmitting their professors' lectures and incorporating their own reflections. The margins have become, in Erik Kwakkel's phrase, an "editorial space" where Scholastic teaching, at once highly structured and intensely dynamic, comes alive.<sup>8</sup>

The readers' responses take a wide variety of forms. They "highlighted" the text with "nota" signs and *maniculae* (marginal drawings of a hand, pointing), and flags such as marginal subject titles for each segment of Gilles' poem. They drew analytical tree-diagrams, such as the one at the foot of fol. 1v, to summarize "map" the principal points. This was a ubiquitous academic technique, typifying the Scholastic impulse to rationalize and clarify knowledge.<sup>9</sup>

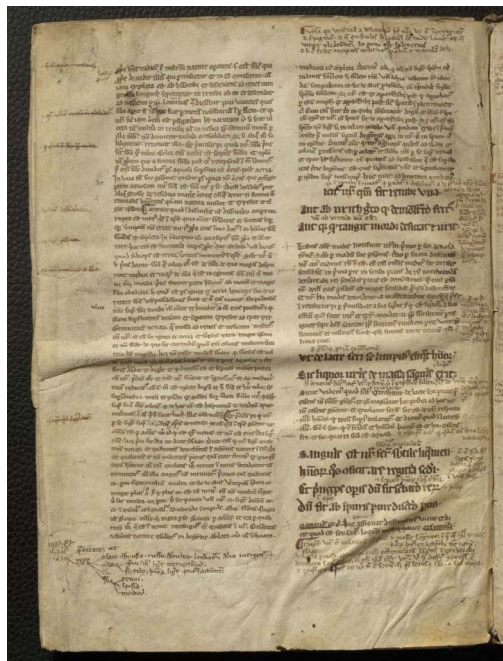


Image 4. Fol. 1v-2r. Gilles de Corbeil, *De urinis*.

The diagram on fol. 1v breaks down uroscopy into an interpretation of (a) the quantity and (b) the quality of the urine. Quality is subdivided into (a) colour, with the standard colours listed, (b) odour, further subdivided into "heave" and "fetid", and (c) substance, further branching into "thin", "thick", and "medium". Throughout the volume, readers have composed "footnotes" in the margins, corrected mistakes in the texts, supplied missing words, and provided what could be called hyperlinks by adding definitions and qualifications between the lines.

Above all, the swarm of annotations provides us with insight into the actual process of teaching medicine. Fol. 1v-2r can serve as our laboratory here (image 4). In the right-hand column of fol. 1v, the final bit of Gilles' poem reads roughly as follows:

Urine is a serum of blood, a finely-textured fluid  
Of the humours, which the force with directs the second operation  
Forms by filtration,  
When the pure part is separated from the impure.

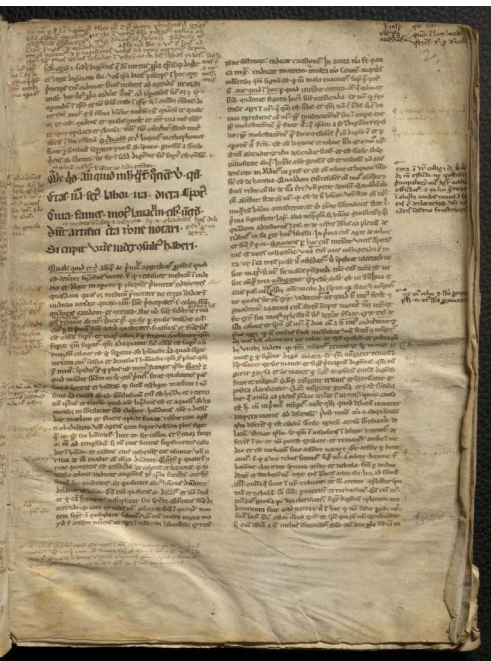
<sup>8</sup> "The Margin as Editorial Space: Upgrading Diocorides alphabeticus in Eleventh-Century Monte Cassino," in *The Annotated Book in the Early Middle Ages: Practices of Reading and Writing*, M.J. Teeuwen and I. Van Renswoude, eds., (Turnhout: Brepols, 2017), 323-341.

<sup>9</sup> Ayelet Even-Ezra, *Lines of Thought: Branching Diagrams and the Medieval Mind* (Chicago: University of Chicago Press, 2021).

(*Sanguinis est urina serum subtile liquamen:  
Humorum quos conficit ars regitiua secundi.  
Et principis operis dum fit scribatio rerum  
Dum fit ab impuris pure discretio partis.*)

The reader's annotations between the lines almost shout out the students' questions. The pure part of *what?* (above the line: "the humours"). What does "filtration" mean? (above the line: separating the humours as if putting them through a sieve). Where does the separation take place? (above the line: "in

the liver"). In the margin beside the poem, a reader notes that the definition of urine here is quite similar to the definitions found in other authorities on the subject, such as Theophilus and Isaac the Jew. Another hand helpfully copies out Theophilus' and Isaac's definitions in the lower margin.



In the upper margin of fol. 2r, an annotator supplements Gilbert's commentary by adding some physiological detail. The "second operation" is the "second digestion", when food is transformed into the four humours in the liver. The first humour to be produced is phlegm, which is then carried off to the lungs to be converted into "true phlegm". Cholera or yellow bile goes to the gall bladder, and black bile or melancholy to the spleen. Blood remains in the liver and is purified. The watery part is drawn off as urine to the kidneys, and thence via narrow channels is "sweated" into the bladder, from whence it exits. In short, this reader has used the text as a springboard for additional anatomical and physiological teaching.

These two new acquisitions are both modest manuscripts – a twelfth-century "pocket" collection of glosses for private study; a scruffy and heavily used thirteenth-century student copy of a standard textbook. But they are material traces of the process by which medicine became a "learned profession", based on formal schooling, embedded in the prestigious institution of the University, and endowed with a data-base of ancient and modern scientific writing. They allows us to watch "medics" becoming "doctors" and "physicians".



# When machines first hurt humans: searching for early evidence of repetitive-stress injuries (RSI) in information workers in the early 20th century

## Recipient's report: Dr. Dimitrije Pivnicki Award in Neuro and Psychiatric History

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For as long as people have been working with machines, they've been hurt by them. Or, at least, they've been worried about being hurt by them.

This has been the case with everything from mining metals to making things as well as “office” tools such as printers, keyboards and even mice. But while the association between injury and machinery may seem to be something from the 20th century, according to at least one 19th century author, “white-collar” labor was the most dangerous of all:

*Contemplation and desk business are also said to dry the brain and extinguish natural heat... the stomach and liver are left destitute of their due support, and thence comes crude and half-prepared blood ... Deskers are therefore often lean, dry, ill-coloured, lose their wits, and many times their lives, and all through immoderate study.*<sup>1</sup>

Desk work—the kind of work that involves processing information—was regarded by many doctors as bad for you, right into the last century (and arguably down to the present moment, as the many TikTok videos and YouTube channels on how to get good posture in an office chair attest).

For my project, I am trying to trace the media history of repetitive strain injury (sometimes called repetitive stress injury, and in either case abbreviated as RSI), as experienced by office workers and especially journalists in the 1970s through the 1990s.<sup>2</sup> This era saw the introduction of computers and other digital devices to newsrooms, and thus there is significant

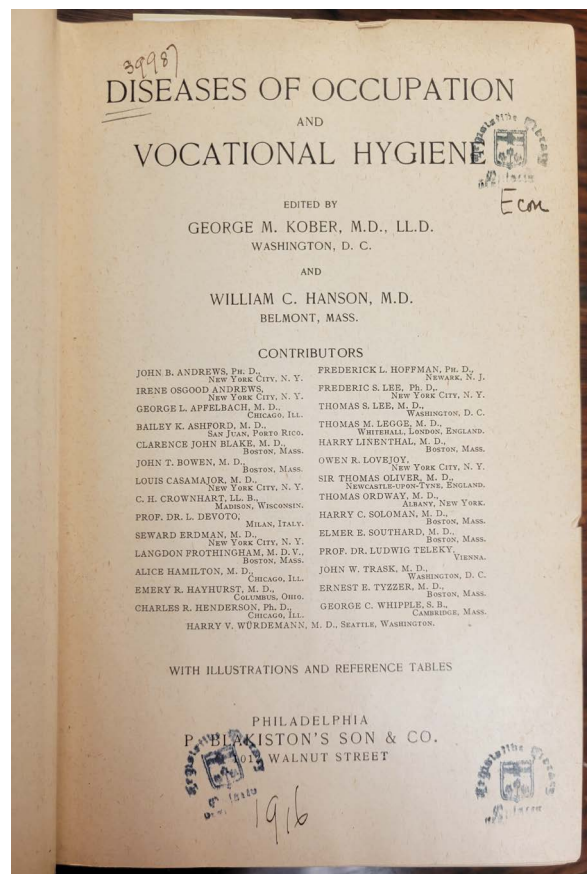


Image 1. Title page of Kober and Hanson's book, showing an extensive list of expert contributors.

discourse in the Canadian and American trade press surrounding the presence of RSI—linking it to the use of computers to do labor such as layout, editing, and story input.

In one of my recent books, *A Short History of Disruptive Journalism Technologies: 1960-1990* (Routledge, 2019), I briefly discussed this phenomenon, but I was left with the strong feeling that there was much more to the story.

Hence my visit in July to the Osler Library.

With ingenious help from Mary Yearl, I was after any and all hints to a precursor phenomenon among office and telegraph workers. This was known as “glass arm,” and had supposedly similar causes (awkward or nonexistent ergonomic considerations for new information technologies).<sup>3</sup> I thought that the Osler collection, with its focus on neurological disorders and injuries, would contain important early

research on this particular phenomenon.

### What am I looking for, exactly?

I knew from the first few moments of searching that I had a harder task ahead of me than I had hoped. First of all, RSI and other late-20th-century medical terms simply did not exist before about the 1960s or perhaps the 1950s. Some of the first instances we think of it, in relation to overexertion with office machines, appeared to Canadian and American doctors in the midcentury and was called carpal tunnel syndrome, but even that term took some time and controversy to develop.<sup>4</sup>

That left me looking for parallel or predecessor terms or descriptors, and there were...many. Among others: “cumulative trauma disorders” or CTD), but also older ideas and terms, including telegrapher’s or writer’s “cramp,” “neuroses,” “neurasthenia,” “Dupuytren’s Contracture,” “Raynaud’s Phenomenon,” “occupational hand disorder,” “industrial welfare,” “hygiene,” and “health,” with the latter two in conjunction with “industry” or “industrial,” along with “miner’s diseases.” There was also “cellulitis,” “bursitis,” “tenosynovitis,” “de Quervain’s disease,” the aforementioned “carpal tunnel syndrome” (developed by Dr. George S. Phalen at the Cleveland Clinic, though too dismissively aimed at stay-at-home mothers), “median neuritis,” “tendonitis,” “ganglion cyst of [the] hand,” “epicondylitis,” “myositis,” “thoracic outlet syndrome,” “musculoskeletal disorders” (or “injuries” or “ailments”), “repetitive trauma,” “cumulative trauma,” “repetition strain injuries,” “occupational stress,” and “nervous fatigue.”<sup>5</sup>

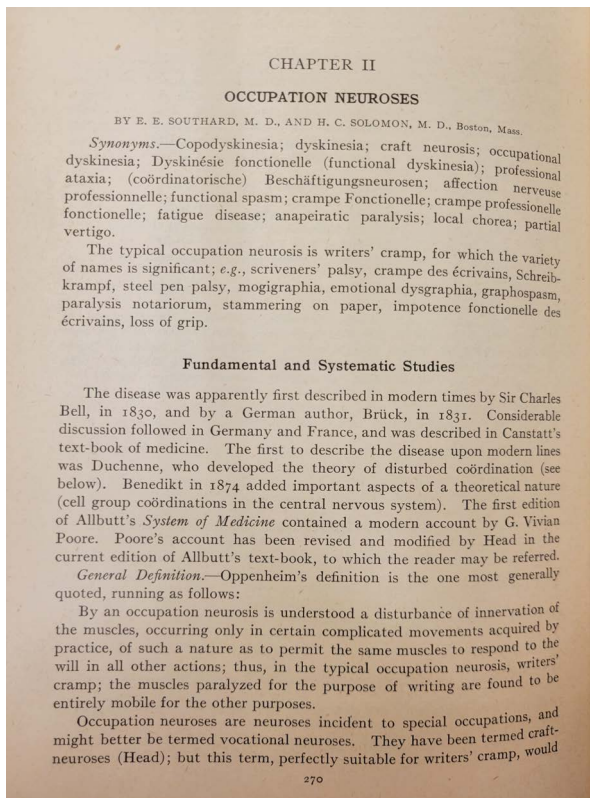


Image 2. Detail from Kober and Hanson’s work, which takes a scientific look at “occupational neuroses”.

Faced with a list like this, I searched the catalog as thoroughly as I could before settling on variations of “writer’s cramp,” and later “typewriters’ cramp” and “telegrapher’s cramp.” It was these three related conditions—plus the creative suggestions from Mary to look for topics *around* them (office work), and just directly for them (specific discussions of typewriters), that led me to late 19th-century and early 20th-century medical handbooks on workers’ injuries. These large compendiums were used as reference texts but also contained detailed case studies and descriptions of symptoms.

Two such guides in particular, from 1892 and 1916 (image 1), respectively, documented the slow and then more rapid rise in clerical workers’ injuries from the use of typewriters, which were, in fact, originally used to help ease the strain on wrists that had initially caused writer’s cramp (from writing for hours in longhand).<sup>6</sup> It is fascinating to see doctors observe new machine-related injuries in near real-time, using the best knowledge then available (even today, it is unclear whether machines cause these injuries) (image 2).

As the 1916 medical case book put it, “Writers’ cramp is still the most frequent form of occupation[al] neurosis, although the number of cases has appreciably diminished since the advent of typewriters, which has of course entailed (but apparently in smaller numbers) a new form of occupation[al] neurosis.”<sup>7</sup>

Most previous research on this phenomenon has focused exclusively on its later manifestation with computer keyboards, mice and other peripherals, and has not yet looked for the long path of diagnosis and case studies that came before. I am excited to include this and other observations in my research and writing.

### And some paths not taken (but which were still interesting!)

Mary had also pointed me toward the many “physical culture” magazines of the early 20th century, including Osler’s extensive collection of Bernarr MacFadden’s *Physical Culture* (c.1904-1957). This rather unusual publication was perhaps the best example of the era’s focus on fitness, health and self-improvement. It connected anxieties about the role of men and the male-identifying gender and “manliness” (as well as femininity and women’s bodies) with concerns about technology, especially vaccines, “traditional western medicine,” diets and the supposedly destructive impacts of office work on the human body.<sup>8</sup>

The magazine was lavishly illustrated, and contains ads for a variety of medical devices and programs that would perhaps not quite pass muster today (among other examples: heating lamps, back braces, and strange meal plans that involved reducing caloric intake down to zero as part of a “cleanse,” though the latter probably wouldn’t sound so strange to self-proclaimed online health gurus today).

While I did not find much in *Physical Culture* about the dangers of the typewriter, I nonetheless read a number of essays about posture, eyesight and exercises one could do while at a desk or otherwise inside (image 3).<sup>9</sup> This larger context helps me situate later narratives about the use of machines in office work, including for reporters and editors.

Other publications and reports at Osler discussed the use of the electric light and electricity, which helps me as a media historian to place the typewriter in a richer milieu of office tools and one not just standing apart, but rather a part of, the 20th century office-work experience.



The material at Osler helped me make connections I had not thought of, including the idea that worries about what machines were doing to workers appeared at a much earlier point in the century, to a time before computers and desk work as we know it. As scholars such as Laine Nooney have pointed out, computer-inflicted pain has a pre-history all its own.<sup>10</sup>

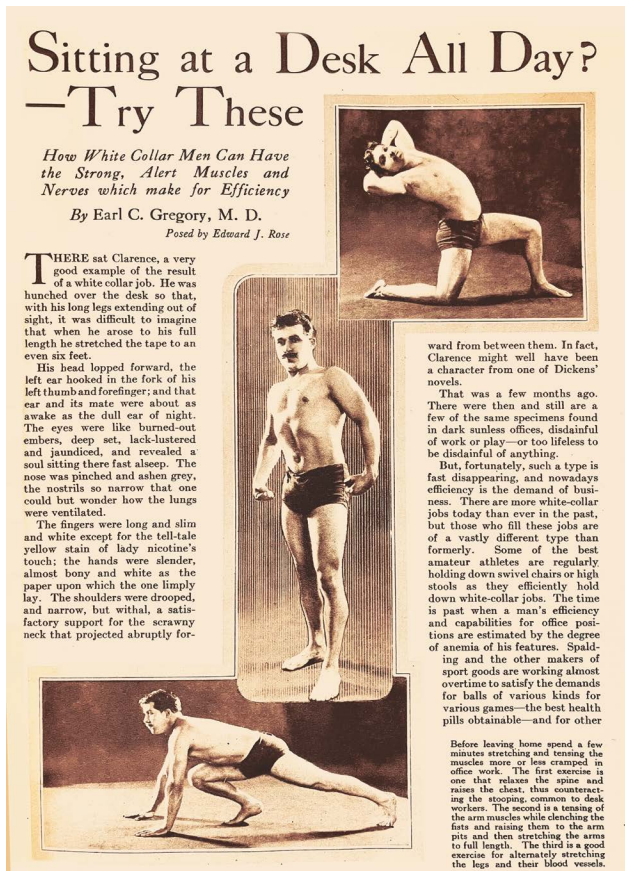


Image 3. The first of a multi-page spread from *Physical Culture*, suggesting that men do office workouts to counteract the negative effects of white collar work.

Some of the archival work I did this summer is helping with another project I am working with a colleague at the Université de Montréal, Juliette de Maeyer, on some of the ways this pre-history appeared in physical form—in other words, how real work objects caused both nostalgia and frustration for news workers.

Maybe by understanding how our forebears engaged with these challenges we can better understand our own current fears and hopes. After all, neither the most optimistic nor the most dystopian predictions of *Physical Culture* materialized—by this point people were supposed to be either nearly immortal and perfect or their bodies reduced to WALL-E levels of gooiness—and yet here we are, in the messy middle of things.

**Acknowledgements:** My sincere thanks are due to the staff of the Osler Library of the History of Medicine for their support during my visit, including with the Dr. Dimitrije Pivnicki Award in Neuro and Psychiatric History.

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- Proper posture was a huge concern for physical culturalists, as they called themselves. See, for example, “A career girl needs good posture as portrayed by Gwen Caldwell -- ‘Good Posture Girl for 1950s’” *Bernarr Macfadden’s Health Review*, July-Aug. 1950, 24-25.
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# Osler's Influence on Australian Medicine

By Milton Roxanas, MD

I am a product of Osler's influence on Australian medicine.

I first heard of Sir William Osler in 1965 when I attended my first lecture in clinical medicine. The professor, Ralph Blackett mentioned the name Osler in an appealing way, so much so that after the lecture I went to the library and found Edith Gittings Reid's book *The Great Physician*. It appealed to me greatly and I got to know the ten items Osler advised as bedtime reading and started reading them.<sup>1</sup> I had read the Bible many times but I now started reading Oliver Wendell Holmes' series, "The Autocrat of the Breakfast Table," Sir Thomas Browne's *Religio Medici*, etc. and before long I was quoting Osler in class, which raised the eyebrows of some students and teachers.

I gradually started collecting books mentioned by Osler, autographed books by Osler. I even hoped that one day I would be able to buy the first edition of Vesalius and was annoyed with both Osler and Harvey Cushing who had bought every first edition of Vesalius that came into the market and pushed the price up so much. Eventually, I gave up chasing the first edition and settled for the second.

When I graduated I tried to apply some of Osler's principles and teachings to my medical practice viz. art of detachment, wide reading (I wondered how William Osler could read so much, but realised that he travelled to Europe frequently and had time to read on the ship, although he probably had to read fewer journals than the large number that we now have). He had a healthy cynicism of pharmaceuticals, which is relevant now as there are so many drugs in medicine and especially in psychiatry - some of those can do more harm than good with a polypharmacy which is now rampant. I appreciated his wisdom of advising to write up unusual cases which I did.

It was my interest in Osler that led me to meet such interesting people such as the late Richard Golden, the late James Goodrich, Charley Bryan, Rolando and Pam Del Maestro, John and Ruth Ward, etc. and of course The American Osler Society which enriched my life enormously. These experiences stimulated my writings on Osler.<sup>1,2</sup>

William Osler had cousins in Australia, including one that Cushing refers to as looking very much like Osler himself. One of their descendants is now a general practitioner in Tasmania, whom I attempted to contact without success.

Osler was bound to have known about his relatives in Australia. Osler's first mention of Australia occurred in 1897 in the annual

British Medical Association Conference when he had the foresight to say that at some time in the future it might take place in Australia.<sup>3</sup> He must have been reading Australian medical journals as he said that "there was monotonous similarity of the diseases of the antipodes to those of Great Britain...". He also mentioned the frequency of reports of parasitic infections and snake bites in Australia.

The first recorded Australian doctor that Osler met was Dr Henry Newland (1873-1969) who was sitting four chairs away at the Royal College of Surgeons Centenary celebrations in July 1900. On discovering that Newland was interested in neurosurgery, Osler advised him to study under Cushing, which he did, and then practised surgery and neurosurgery in Adelaide. In 1909 while Osler was travelling in Rome he was called to treat an Australian doctor who had a fatal anaphylactic reaction and wrote him up in *The Lancet*.<sup>4</sup>

In April 1913 Osler was invited to give the Silliman lectures at Yale University and he said that medicine grew out of magic and indicated that he knew about Aboriginal Australians when he said "... among native Australians today it is still deliberately cultivated". He had obviously read about traditional Aboriginal medical practices. Three years later he met Leslie Cowlshaw (1877-1943) who was already a medical historian and book collector. The two men struck a close friendship and Osler labelled him the "bibliophile from the bush". The two continued correspondence after Cowlshaw returned to Australia and there are six letters from Osler to Cowlshaw in the library of

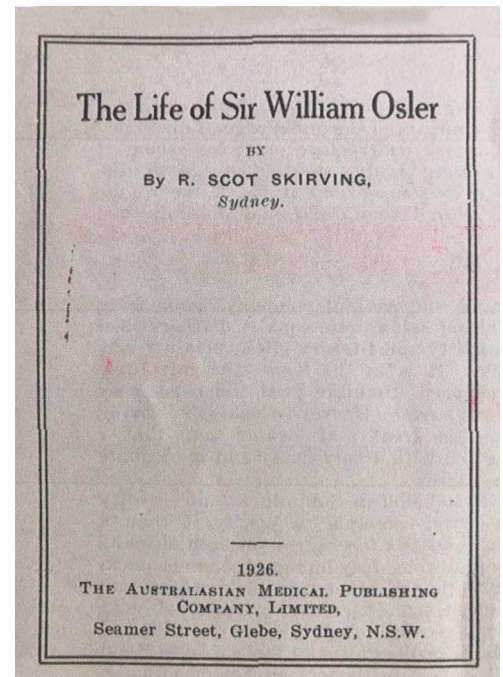


Image 1: Scot Skirving's booklet on *The Life of Sir William Osler* in the library of The Royal Australasian College of Physicians

<sup>1</sup> Editor's note. Osler offered the following ten authors/titles/works as being essential: Old and New Testaments, Shakespeare, Montaigne, Plutarch's *Lives*, Marcus Aurelius, Epictetus, Thomas Browne's *Religio Medici*, Cervantes's *Don Quixote*, Ralph Waldo Emerson, and Oliver Wendell Holmes's "The Autocrat of the Breakfast-Table" essays.



the Royal Australasian College of Surgeons. Osler thanked Cowlshaw for sending him a book and for correcting an article he wrote. Osler offered him hospitality saying “come when you can-- give a few days’ notice as I am much away.” In another letter Osler said “I am devastated to miss you...do come to us direct your next leave.” Cowlshaw wrote a scholarly account about early printing presses and Thornton<sup>5</sup> credits him for finding the first English book of medicine, printed in 1485 by the ‘Bishop of Arusiens’ [sic].

Another Australian of note was Hugh Cairns (1896-1952) who was introduced to Osler by the master of Balliol College, Oxford. Cairns was given an appointment to the Radcliffe Infirmary and then advised to obtain a Bachelor of Science in surgical pathology before sitting for the FRCS and working with Cushing. Cairns continued to visit Lady Osler after Sir William’s death. Cairns was responsible in persuading Lord Nuffield (who was previously Osler’s car mechanic) to donate money to establish Nuffield chairs in Oxford.

Robert Scot Skirving (1859-1956) was a Scot who came to Sydney and became a senior physician at the Royal Prince Alfred Hospital in Sydney. He reviewed Osler’s *Principles and Practice of Medicine*<sup>6</sup> and Cushing’s biography.<sup>7</sup> He praised the textbook, writing “absolutely sane, without faddism and with a perfect blending of scientific facts with their practical application...” he later wrote a little book *The Life of Sir William Osler*<sup>8</sup> (image 1).

There is a physical connection between the birthplace of Osler and Australia in the form of a gavel donated to the Royal Australasian College of Physicians (image 2). The wood came from the birthplace of Osler and was donated to the college by Dr William Gibson, a neuroscientist who worked with Sir John Eccles.

The University of Sydney gave a copy of Osler’s *A Way of Life* to every graduating student for many years as evidence of the high esteem Australian academics had of Osler’s advice on the practice of medicine and philosophy of life. This lay sermon was written by Osler, on a steamer, on the way to Yale University, to deliver the ‘Silliman Lectures’. He wrote in the preface that it was derived from notes he had been jotting down for a month.

Further evidence of Osler’s influence on Australian medicine comes in a series of articles on “clinching the diagnosis” by J.P. Isbister who writes, “in the Oslerian sense it will be a collection of problem-oriented reviews...”<sup>9</sup> Isbister’s grandfather James L. Isbister appears to have met Osler in 1908 when travelling around England. He may well be responsible for attributing the saying “listen to the patient; he is telling you the diagnosis” to Osler, as it has not been found in any of Osler’s writings.<sup>10</sup>

In 1996 Dr Alec Preda privately printed 500 copies of a book he wrote *The Master-word of Dr William Osler*.<sup>11</sup> This author edited many speeches of Osler, giving them modern, relevant titles, removing gender-specific language and adding notes to

abide with Osler’s wishes e.g. adding a Sanskrit poem by the Indian Kalidasa to any future reprint of the address.

Professor Michael O’Rourke wrote an editorial in the *Medical Journal of Australia* titled “William Osler a model for the 21st century” in 1999<sup>12</sup>, mentioning that inside a copy of Cushing’s biography, Scot Skirving mentions that Dr James L. Isbister met Osler twice and was very impressed by his character and influence on the young. Professor O’Rourke reminded us that among the pressures of modern medical life we need to sit back, reflect and weigh knowledge as Osler taught and practised.

The late Dr Richard Golden found a letter from Osler to D. Appleton & Co, the publisher of his magnum opus dated 18 February 1898, saying “I would like... to issue special editions of my text book in those countries....I have so many friends in both places, many of them in official and teaching positions that the book would be adopted in the schools—as indeed it has been at Sydney”.<sup>13</sup> A special 8th edition of the textbook for Australia was printed in 1913. At that time Osler did not identify who his Australian friends were but it could be that Scot Skirving was one of them.

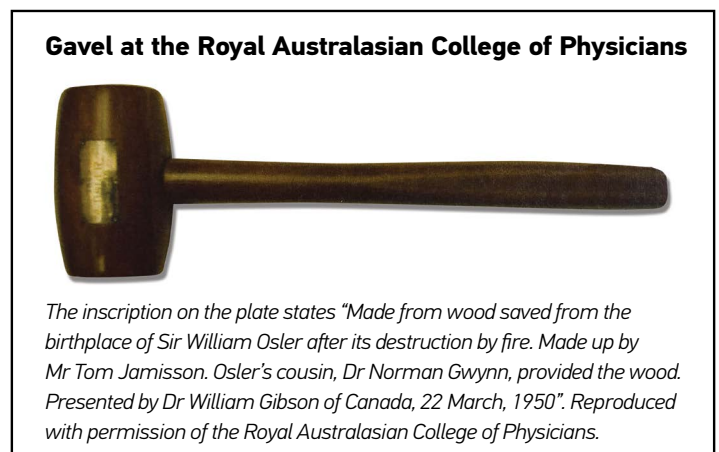


Image 2: Gavel donated to the Royal Australasian College of Physicians by Dr William Gibson Canadian neuroscientist who worked with Sir John Eccles.

Australians are continuing to be stimulated by Osler. A young physician Nadeem Toodayan became interested in him in Medical School, over 10 years ago. He collaborated in writing with Charley Bryan, the foremost author on Osler, presented at American Osler Society meetings, attended the Osler centenary meeting in 2020 in Oxford and has written about him.<sup>14-16</sup> He was also the driving force behind the starting of The William Osler Society of Australia and New Zealand (WOSANZ) and initiated the society’s journal *Osleriana*.

It was Nadeem Toodayan who introduced the book by Fiddes on *The Myth of William Osler* to Charley Bryan, who subsequently reviewed it in *The Oslerian*. Bryan perceived a new insight about Osler from the book, viz. “Osler’s relative inattention to medical history-taking”, although it must be remembered that Osler strongly stressed listening to the patient who would suggest his diagnosis to the doctor. The book is a

► *Continued on page 11*

# Osler Day activities, 2023

Osler Day has become a celebration that now takes place across multiple days. This year, we started with the Medical Student Research Symposium on 31 October and concluded the festivities with the return of the banquet, on 1 November.

The Medical Student Research Symposium opened with presentations by finalists for the Pam and Rolando Del Maestro Family William Osler Medical Student Essay Awards. Each year, the selection committee judges all of the essays in advance, then assigns a final score based both on the strength of the essay itself and on the presentation. When the committee met following the essay presentations, they decided upon the following order:

1st place: **Meygan Brody**, “Mortality in Medicine: How Palliative Care and Euthanasia Reframe Our Relationship with Death”

2nd place: **Amina Moustaqim-Barrette**, “The Opioid Overdose Crisis in British Columbia: Towards a Sociopolitical Reckoning”

3rd place: **Emmanuel Adams-Gelinas**, “The Biological Psychiatry of Islamic Medicine: an Antidote to Misconceptions about Medieval Madness”

Next up at the Research Symposium were this year’s three recipients of the Molina Foundation Osler Library Medical Student Research Awards:

**Neevya Balasubramaniam**, “The Central Nervous System in the 18th Century Japanese Dissection Scrolls: Art of Observation and Dissection”

**Paris Dastjerdi**, “Restoring Avicenna’s Tomb - A Historical Analysis of William Osler’s Efforts”

**Yoel Yakobi**, “An Army of the (Illustrated) Dead: The Use of Style in Andreas Vesalius’s Skeleton and Muscle Men in Deposing Galen as the Emperor of Anatomy”

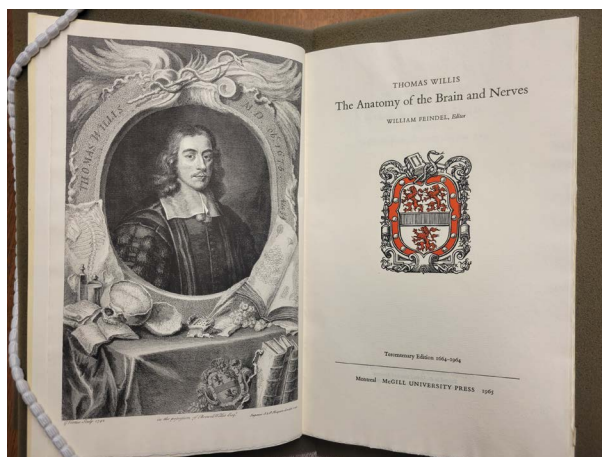


Rolando and Pam Del Maestro discuss their commitment to the annual medical student essay awards.

Following each group of student speakers, Dr. Chris Feindel presented members of the trio with a copy of the facsimile edition of Thomas Willis’s *The Anatomy of the Brain and Nerves*, which his father, Dr. William Feindel, had carefully recreated as a tercentenary edition in 1965.

In addition to the student speakers, the audience was treated to a special guest appearance by Dr. Milton Roxanas, who spoke on “Early auscultation and the glass stethoscope.” A recording of the symposium is available to view at: <https://www.youtube.com/live/BwT-EkgvTvI>

The following day, Osler Day, had its full run of activities for the first time since 2019. For the Board of Curators, the events began with the annual board meeting. In the evening, Gordon Guyatt delivered the 46th Annual Osler Lecture, “How evidence-based medicine has – and has not – changed the world,” sponsored by the Department of Social Studies of Medicine. This year’s lecture took place in the Redpath Museum Auditorium, which is fitting for its design that is reminiscent of an early European anatomical theatre.



Frontispiece and title page of the facsimile edition of Willis’s *The Anatomy of the Brain and Nerves*, which Dr. Chris Feindel gave to each of the six medical student speakers.

After the Osler Lecture, the festivities continued at the Faculty Club, where





Dr. Mario Molina with Paris Dastjerdi, one of the 2023 Molina Foundation award recipients.



The Del Maestros with the McGill Medical Student Osler Society co-presidents at this year's banquet. L-R: Pam Del Maestro, Lilly Groszman, Rolando Del Maestro, Neevya Balasubramaniam.

members of the Osler Society had organized the first banquet since 2019, and the 99th overall. There were some changes this year. Osler Society co-presidents, Lilly Groszman and Neevya Balasubramaniam, worked with other society members to create a banquet that would provide a meaningful experience for their fellow students. They established a seating chart that made sure there would be a mix of students and non-students at round tables

around the ballroom. The loving cup, meanwhile, was used to hold Osler quotes that doubled as raffle tickets, which participants could draw on their way into the hall. After so many years without a banquet, this year's events provided an opportunity to think about how best to run such an event in a way that reflects and respects today's medical student body. We look forward to working with the Osler Society on this and other activities in the future.

► Continued from page 9 "Osler's Influence on Australian Medicine"

thorough, detailed and erudite analysis of what Osler said and wrote, as befits a PhD thesis (for Monash University in Melbourne) and is worth reading to balance the other hagiographic literature about Osler. Fiddes writes about other interesting pieces of medical history, including early dissections, autopsies, etc.

Osler's influence on Australian medicine was the same as it has been in other countries. His way of teaching and practising, by adding meat to the skeleton of medicine (in the form of history, philosophy, literature), makes it more interesting and easier to remember. Osler's pithy sayings have had a strong impact on teachers and students alike, which endures to the present.

**Acknowledgements: I wish to thank my daughter Emma Roxanas for editorial assistance, my son in law Dr Daniel Yardley for computer help and Dr Vivien Lane for stimulating discussions on Osler.**

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# Reflections by the finalists in the 2023 Pam and Rolando Del Maestro Family William Osler Medical Student Essay Awards

## Reflective Piece

By **Meygan Brody**

McGill MD, CM Class of 2026

I had not expected writing the Osler essay to be this much fun. Over the past many weeks, I realized that I had really missed the process of writing an academic paper. I missed coming up with a thesis, going down a research rabbit-hole, putting my thoughts on paper, and spending hours making endless tiny edits to my writing.

I was first introduced to palliative care about two years ago, and over the last year I had the opportunity to shadow a few palliative care physicians and participate in palliative care workshops. My interest for the discipline grew; I was inspired by its emphasis on honest, compassionate communication and deeply touched by the meaningful moments I got to witness at the end-of-life of many patients. Over the same period of time, as a result of a humanities class I took, I developed a parallel interest in euthanasia programs like Medical Assistance in Dying. I began to wonder about the impact of both fields on medicine's understanding of death, and about whether they could ever be reconciled. The thesis of my essay was born. The scope of my subject was extremely daunting; I did not know quite how I would be able to cover the history of both disciplines, the entire field of medical ethics, religion, the meaning of death—to name but a few themes relevant to the discussion—in only three thousand words. I knew I wanted to find a particular lens through which to frame the subject, and I have always found that bringing in an interesting historical figure's perspective is a useful narrative tool. I was initially struck by Balfour Mount's life story and impressive intellect—and I even read his entire, gigantic autobiography—but I ended up deciding that his history is a bit too contemporary. Through Dr. Mount's story, I was introduced to Cicely Saunders, widely considered the founder of palliative care. I was enamored by her: a smart, tough, compassionate woman who was a deep thinker, a strong writer, and an amazing physician. I had found my voice. I read many of her papers and letters as compiled in secondary sources, but I found it difficult to find the same writings in their original form, because most of her archives are compiled in British libraries overseas. However, I did manage to find quite a few primary



Meygan Brody presenting on “Mortality in Medicine: How Palliative Care and Euthanasia Reframe Our Relationship with Death.”

articles across different platforms, and they really enriched my research. Although the secondary compilations are entirely credible and accurate, they come with a certain detachment. When I found old, photocopied, illustration-filled articles, I felt so much closer to Dr. Saunders—almost as if I was time-travelling and speaking directly to her. Those experiences motivated me to get much more familiar with the library archives that we have access to, and to use more primary resources in a future project.

Throughout my project, I struggled with what I imagine to be a classic research dilemma; what makes an idea original? In this age of information overload, it seems almost impossible to come up with an entirely innovative thesis. The question of whether euthanasia can be seen as an extension of palliative care has definitely been raised but has not been very widely discussed. Plus, most of the debates I read centered around the pragmatic distinctions between the two, rather than the more fundamental ideas that connect them. I had also never seen any pieces focused on Cicely Saunders' original, historical vision of palliative care and her direct criticisms of euthanasia. I had an original idea! I have also been interested for a long time in the concepts of suffering and autonomy in medicine, so I knew I wanted to explore those themes in the essay. I was deep into my research when I came across a fairly obscure research paper titled “The ethics of palliative



care and euthanasia: exploring common values”. Its authors tragically identified the same two values as I had, and aimed to prove some of same points I did. I was dejected. I considered simply pretending that I had never seen the paper, but instead I reflected some more on what makes an idea original. To be clear, my essay is very, very different from that paper; it has much more historical context and addresses the ideas in different ways. Plus, those ideas do already show up elsewhere in the debate around euthanasia, especially the question of patient autonomy. I realized on the one hand that all ideas are essentially derivative, and that I am early enough in my professional and personal growth to accept that I need help in guiding my thinking. I appreciated that paper’s take on “the good death” and expanded on their point in my essay, and duly referenced it. On the other hand, I realized that what truly makes my essay unique is my own voice and my position as a medical student. I want to understand what medicine truly is, I want to know what makes a good physician, I want to question the traditional way of doing things—and I tried to include those reflections in my essay.

There are many things I would do differently in my research process. I would have wanted to get an earlier start, and I would have liked to ask for more help in navigating the digital databases and archives that I used. I recognize my essay’s flaws; its scope is way too broad, it tries to answer too many questions, it leaves out some important arguments, and its historical narratives are too rushed. With that being said, I loved its process. I loved having the opportunity to just think, and to challenge myself to explore some fundamental medical concepts. I thank the essay competition and everyone involved in it for giving me the time and space to come up with all these questions, even if I have no real answers to them yet.

## Reflective Piece

By **Amina Moustaqim-Barrette**

McGill MD, CM Class of 2026

Advisor: Dr. Nicholas King

For four years before medical school, I worked as an epidemiologist in Vancouver. I began my career in overdose and harm reduction work, and was shifted into the world of COVID-19 after the pandemic began. I loved my work, but it did not often consist of thinking or strategizing about the larger social and economic factors leading to the epidemics we worked on. It was also very much based in quantitative assessment and understanding, and less often drew on my own passion for sociology and social theory. The Osler essay is the product of many years of fragmented thoughts and reflections I had while working on the overdose epidemic in Vancouver. It represents an attempt to critically assess my work and role in building a healthier society, and to understand what



Amina Moustaqim-Barrette speaks about “The Opioid Overdose Crisis in British Columbia: Towards a Sociopolitical Reckoning”.

theoretical framework could be borne out by evidence and used to explain the phenomenon occurring in our society.

I felt excited approaching this essay with McGill’s library resources on hand. Over time I have realised just how lucky we are as students to have access to such a rich network of resources, and I really feel that I would be hard pressed to find a resource that I cannot access through McGill. From every academic journal imaginable, to digitized newspaper archives dating back to the inception of the print newspaper itself, to the hottest fresh-off-the-press cookbook I have been curious about buying, I have rarely come across a book or resource unavailable to me through the McGill Libraries.

The Osler essay allowed me to further test the theory. After speaking with an old colleague about my essay, she suggested reading a book published in the late 19th century that had been given to her years ago by a mentor, though she warned that ‘you might not be able to find a copy anywhere’. To my delight, a 30 second search on McGill’s library website produced a scanned copy of the book in full. Any published work that seemed interesting to me – whether from an old reference list or search engine suggestion – was readily available for me to access and read in full.

The process of writing the essay also reminded me how much the library staff represents a distinct and incredible resource when writing a paper or doing research generally. There are so many resources available through the McGill Libraries that it is often difficult to know where to start, or what hidden gem one might be missing out on. The staff is incredibly enthusiastic and generous with their time, and always willing to go above and beyond to think through your problem and find solutions with you. I would like to extend my sincere thanks to the staff I drew upon at different McGill library buildings, who played an integral role in my writing and thinking process. I would also like to take the opportunity to

thank my mentor, Dr. Nicholas King, for his guidance and for inspiring me with his own writings on the topic of overdose prevention and harm reduction. Reading his philosophical reasoning provided me with the tools to tackle this subject deductively and methodically.

The topic I chose for my essay is highly politicized in our and other societies, and is one that very reasonably invokes a lot of emotion from impacted individuals. It is a topic I felt passionately about since I began living in British Columbia, and one that I continue to think about constantly while in medical school. I would like to thank all the people – from colleagues to individuals directly impacted – who generously took the time to educate and share their stories with me. The overdose crisis has persisted for far too long, and we in the medical community have not done nearly enough to advocate for action on this issue. Through this essay, I hoped to begin to understand the historical and social underpinnings of the ongoing crisis, to ultimately help me become a more effective advocate. However, I also recognise that theorising about an issue does not represent any actionable change for those affected, and so I am committed to continue thinking, advocating, and especially acting where I can in support of impacted communities.

## Reflective Piece

By **Emmanuel Adams-Gelinas**  
McGill MD, CM Class of 2024

Although I have already had the chance to explore some of McGill's librarial resources when I was an undergraduate student in Literature and Philosophy, researching for the Osler essay this past summer allowed me to discover two establishments in which I had not yet set foot during my seven years at the university. The first was, of course, the Osler Library, which, revealing itself to be a sanctuary of antiquarian and artful books nestled in a corner of the stately McIntyre Medical Sciences Building, offered precious solace amidst the edifice's sterile, technological aesthetic. Visiting the library and losing myself in-between its bookshelves brought a feeling similar to the one summoned in me as I spent Sunday mornings working on my essay: escapism from the rigidity of medical training and relinquishment into the creative intoxication of the humanities.

Since the theme of my essay was on mental illness in the medieval Islamic world, I also had the chance to make use of McGill's Islamic Studies Library, where I fell upon Michael Dols' *Majnūn: The Madman in Medieval Islamic Society*, which proved to be an invaluable secondary source on the clinical and intellectual history of psychiatry during the Islamic Golden Age. The Islamic Library is itself a local architectural wonder, boasting

a beautiful octagonal reading room in which, one quiet summer afternoon, I sat down to peruse my selections on medieval Islamic medicine in a warm bath of sunlight. By combining the general medico-historical resources I found at the Osler Library with the specialized Islamic sources from the Islamic Studies Library, I was able to accumulate a body of knowledge to produce a trans-culturally poignant argument regarding the historical trajectory and philosophical underpinnings of psychiatry.

Researching for the Osler essay allowed me to explore topics outside of my siloed comfort zones of either clinical medicine or western literature and philosophy. The project tasked me with the responsibility to merge these two academic modalities into a singular and cohesive idea, investigating the relationship between philosophical principle and the production of scientific knowledge. In doing so, I have fortified my belief in the necessary relationship between the



Emmanuel Adams-Gelinas engages the audience on "The Biological Psychiatry of Islamic Medicine: an Antidote to Misconceptions about Medieval Madness."

two— the truth-value of scientific and medical knowledge will always depend on the soundness of its philosophical underpinnings. For this reason, the historical study of medicine is indispensable in continuing our progress in clinical research and practice. Our contemporary worldviews ought to be repeatedly challenged by contrasting them to belief systems from the past, and especially by broadening our culturally enshrined perspectives toward viewpoints held outside of European thought. I have grown as a researcher most significantly in better appreciating the contribution and continued relevance of ancestral scholarship. In this regard, I have learned to better incorporate both current and older belief systems from a variety of disciplines and cultures into a cohesive, perennial argument that resonates with implications for the present and future of medicine and psychiatry.



# Discovering William Wright through Digitization

Mary K.K. Hague-Yearl, PhD, Osler Librarian

There are a few things one commonly hears about William Wright:

- He was an early graduate of the McGill Medical Faculty, receiving his degree in 1848
- He was of mixed African and English heritage
- He taught at McGill from 1850 until he was forced to resign in 1883<sup>1</sup>
- He became an ordained minister during the years he taught at McGill, and it was to this calling that he shifted his attention after he resigned his professorship
- When Wright died in 1908, William Osler joined with Fr. Edmund Wood to solicit funds to create a memorial window in Wright's memory, which exists today at St. John the Evangelist

Looking within the holdings of the Osler Library, one achieves a more intimate understanding of Wright. By looking at the notes that students took during lectures, for instance, one might gain insight into the lessons delivered by Wright and his colleagues. Among the student notes the library has digitized is one kept by William

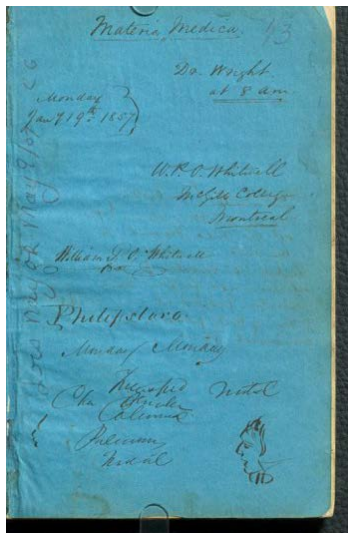


Image 1. William Whitwell's notes from William Wright's 1857 lectures on materia medica.

Whitwell (MD, CM 1860), who attended William Wright's Materia Medica class at 8am starting from January 19<sup>th</sup>, 1857 (image 1).<sup>2</sup> Among our artifact collections, one can see medical instruments that Wright may well have used during his three decades as an attending physician and surgeon at the Montreal General Hospital (image 2).<sup>3</sup>

Some of the most personal pieces of information about Wright come from a folder held in the Medical Library Archives, which contains a number of testimonials.<sup>4</sup> First,



Image 2. Obstetrical kit from the estate of William Wright.

the testimonials tell us the Dr. Wright followed the path of many other ambitious and precocious medical graduates from North America in the mid-19<sup>th</sup> century: he went to Europe to study for two years before returning to McGill as an instructor.

When Wright applied for a position at the Montreal General Hospital in 1852, he had enthusiastic support from his former professors. Founding professor Dr. Andrew Holmes wrote in September 1848, that Wright had "passed his final Examinations in a manner highly honourable to himself, and creditable to the school; that he discharged the duties of Curator to the entire satisfaction of the Faculty, who regret his resignation" (a resignation, Holmes had explained, that was given in order to visit Europe). Dr. Bruneau, meanwhile, wrote, "Je certifie de plus, par la connaissance personnelle que j'ai de ce jeune Monsieur, que pendant tout le temps qu'il fut élève du dit Collège [sic], il fut remarqué par ses talents, par son zèle à être utile, par un travail constant et suivi à l'étude, et par une bien bonne conduite."<sup>5</sup>

Wright received similarly glowing testimonials from doctors he visited with as part of his education in Europe, one of whom described him as 'most likely to advance the science of his profession.' The same folder of testimonials contains other evidence of Wright's achievements: letters of appointment, his medical licence, and medical association memberships. It also contains a copy of the indenture he signed when he became a medical student at McGill. These final pieces of information have not yet made it into broader narratives about Wright, but we expect that the accessibility that digitization provides will help add depth to the story of Rev. Dr. William Wright at McGill.

<sup>1</sup> Joseph Hanaway and Richard Cruess, *McGill Medicine Volume I: The First Half Century* (Montreal, 1996), pp. 97, 165-166. As the authors point out, in a time when medical education was changing, students complained that Wright's lectures on Materia Medica were outdated and did not prepare them for provincial exams. This sort of student revolt was not unheard of at this moment when medical standards were changing.

<sup>2</sup> Notebook, 1857, P47, William Peter Olcott Whitwell Fonds, Osler Library Archives. See the notebook: [https://digitalarchives.library.mcgill.ca/OSLER/P47/osl\\_william-olcott-whitwell-fonds-P47\\_wright-notebook.pdf](https://digitalarchives.library.mcgill.ca/OSLER/P47/osl_william-olcott-whitwell-fonds-P47_wright-notebook.pdf).

<sup>3</sup> His obstetrical kit has been digitized and is available here: [https://public-content.library.mcgill.ca/digitization/osl\\_medical-artifacts-obstetric-kit.pdf](https://public-content.library.mcgill.ca/digitization/osl_medical-artifacts-obstetric-kit.pdf).

<sup>4</sup> 38-65-Z-17 (Wright testimonials), P205, Medical Library Archives, Osler Library Archives. The folder has been digitized: [https://digitalarchives.library.mcgill.ca/OSLER/P205/osl\\_P205\\_261812\\_medical-archives\\_ref-38-65-Z-17.pdf](https://digitalarchives.library.mcgill.ca/OSLER/P205/osl_P205_261812_medical-archives_ref-38-65-Z-17.pdf).

<sup>5</sup> Testimonials from Drs Holmes, Bruneau, Hall, Campbell, et al., 28 August 1852. 38-65-Z-17 (Wright testimonials), P205, Medical Library Archives, Osler Library Archives.

# P226, the Charles Drew Fonds: a finding aid takes shape

By Anna Dysert and Mary Hague-Yearl

When a collection arrives for the Osler Library Archives, several steps must be taken before it is accessible to researchers. Whereas a rare book may well require hours of research and consideration to create an adequate description for the catalogue and to assign an appropriate call number, an archival collection typically requires weeks or months of processing time.

Steps include an appraisal of the collection (e.g. decisions about whether to retain multiple copies of article reprints), arrangement (including whether there is an original order to be maintained), and description of the contents. On the public-facing side, the work done to make an archival collection accessible comes together in a finding aid, a guide to the collection. Typical components include a biographical (or institutional) sketch, scope and content notes, notes about provenance, etc., and finally a contents list.

For the Charles Drew collection, here is what the biographical sketch looks like:

Charles Drew, Sr. was born on June 3, 1904, in Washington, D.C.

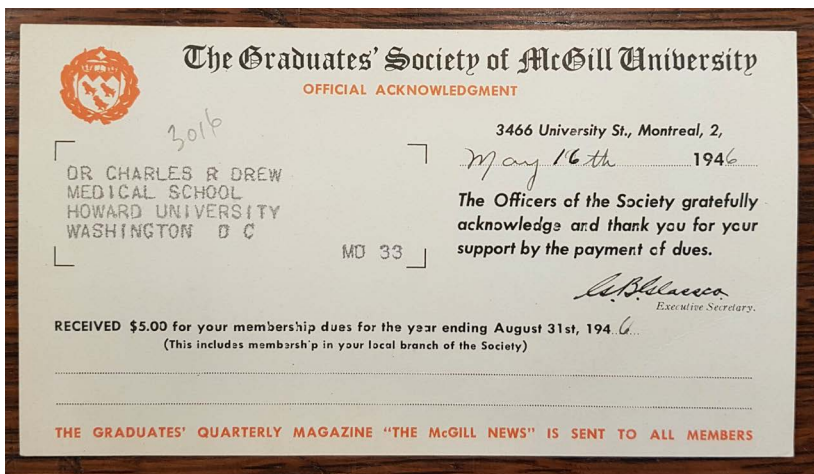
He was a pioneering blood plasma scientist, surgeon, and teacher. He graduated from McGill University Medical School in Montreal (Doctor of Medicine and Master of Surgery, 1933), ranking second in a class of 137. During a two-year fellowship at Columbia University's medical school (1938-1940), he researched blood banking, setting up Presbyterian Hospital's



first blood bank. He became the first African American to receive the Doctor of Science degree. Drew served as medical director of the Blood for Britain Project in 1940 and a 1941 American Red Cross pilot project involving the mass production of dried plasma. Drew's work proved pivotal to the success of the Red Cross's blood-collection program, a major life-saving agent during World War II.

In 1941, he became chairman of Howard University's department of surgery and chief surgeon at Freedmen's Hospital, where he worked tirelessly to build Howard's surgical residency program. Between 1941 and 1950, he trained more than half of the black surgeons certified by the American Board of Surgery. In 1944, he was awarded the Spingarn Medal by the NAACP for his work on the British and American projects. He was given an honorary Doctor of

Science degree, first by Virginia State College in 1945 and then by Amherst in 1947. During the war years, Drew had spoken out against the Red Cross's blood segregation policy. When he died at the age of forty-five after an auto accident in North Carolina, a legend sprang up that he had bled to death after being turned away from a whites-only hospital. Although the legend was false, persisting medical discrimination against African Americans perpetuated it. Throughout his career, Drew was committed to making medical care and training available to citizens of all races and economic levels. In 1981, the United States Postal Service issued a 35¢ postage stamp in its Great Americans series to honor Drew.





In 1939, he married Minnie Lenore “Nanny” Robbins (1911–1992), a professor of home economics at Spelman College in Atlanta, Georgia. He died on April 1, 1950, in Burlington, Alamance County, North Carolina.

The scope and contents notes are in process, but indicate that the fonds consists of McGill records and memorabilia from Charles Drew’s career as a student at McGill University medals, including as a student athlete (track meet program, medals, etc), tributes and honours, letters to his wife and sister, and reprints of articles. The contents list is intended to help researchers identify the files that are most likely to contain useful information. In order to balance the time required to process with the need to provide good information, most collections these days are described at the file level rather than item level, though in a relatively small fonds like the Charles Drew Fonds, item level is feasible. Thus, among the tributes and honours, we have a relatively high level of detail: printed tributes as well as materials related to schools, lectures, etc. named in honour of Drew, including the Charles R. Drew Postgraduate Medical School; recognition of student athlete achievements (McGill Athletics) and his medical career; two letters to Drew’s sister and wife recalling his achievements and friends’ reminiscences.

In addition to the papers and medals and track jersey that form the Charles Drew Fonds, we also received several



of Drew’s medical school textbooks as part of the donation. While those will not be part of the archival collection, their inclusion will be noted in the finding aid, and we will catalogue those books (with a donation note) as part of our rare books collection. The linking of these notes is an important part of the process, as those studying Charles Drew may be interested to see the books he used as a McGill medical student. Similarly, an important part of a finding aid is to highlight related collections in other

repositories; Howard University, where Drew spent much of his career, has a much more extensive Drew collection, described in their finding aid: [https://dh.howard.edu/finaid\\_manu/63/](https://dh.howard.edu/finaid_manu/63/).

Even prior to this collection being fully described, we have had multiple researchers come in to consult the Charles Drew Fonds. We are thankful to the Drew family for sending Charles Drew’s McGill-related material to the Osler Library.

## THE OSLER LIBRARY IN NUMBERS

### Numbers of “things”

Titles/items at Osler, according to WorldCat.....	126,244
Unique titles held at McGill.....	4,737
Osler items in the archives catalogue.....	25,494
Osler digital objects in the archives catalogue.....	5,880
Items in the Osler Internet Archive collection.....	1,092
Artifacts.....	969

### Collections breakdown

Almanacs.....	561
Circulating books.....	35,148
Journals (regular collection).....	4,687
Items in the Osler Niche.....	1,067
Rare titles published post 1840.....	45,526
Osler Room rare titles (pre-1840).....	9,691

### Services, Fiscal Year 2023

Reference interactions.....	1,694
Rare books consulted.....	600
Archival collections consulted (1 item = box).....	262

### Digital interactions

Internet Archive, total collection views.....	228,428
Internet Archive, views in FY2023.....	53,187

You may wonder, from the views of our digital collections, what are people looking at? The item with the highest total page views is the *Bibliotheca Osleriana* (3,187 views as of writing). After that, the twelve (large!) volumes of *Polk’s Medical Registry and Directory of North America* dating from 1890-1917 have some of the highest views (2,918 for the most popular version). Admittedly, these titles were added in 2015 and thus have had time to accumulate those views, but ten volumes of Polk’s have been viewed more than 1,500 times and six of those have item views that exceed 2,000. Another of our popular items is Margaret Brooke’s *sketchbook of anatomical drawings*, which we purchased in 2018 (1,846 views) and is a clear study of Charles Monnet’s *Études d’anatomie à l’usage des peintres*, purchased in late 2017 (519 views). The Middle Eastern languages works have also attracted an impressive number of views, with many items having been viewed hundreds of times, with nine being among our most viewed (>1,000 hits). The most popular of those to date are *Mujarrabāt-i Ḥakīm ‘Alavīkhān Dihlavī, mawsūm bih Khulāṣat al-tajārib* by Muḥammad Hāshim ‘Alavī Khān (7th most popular, with 2,089 views) and *Kitāb fi al-adwiya al-mufrada*, the famous 13th-century illustrated herbal by al-Ghāfiqī. Rather appropriately for the times, Jules Tissot’s 1948 book, *La catastrophe des vaccinations obligatoires* comes in at number fifteen (1,706 views).

# Year-end roundup of the Head Librarian

By **Mary K.K. Hague-Yearl**, PhD, Osler Librarian

A bit over a year ago, we reopened the Osler Library in the McIntyre Medical Sciences Building. Though we still feel like we are re-establishing ourselves after four years out, in reality all appearances indicate that we are firmly and definitively back. Students have rediscovered our space such that there are stretches when every single seat is occupied. Our air of invitation and welcome is evident from the number of students who ask if they can visit the Osler Room (the original Osler Library) and look on with enthusiasm at the historical books we pull out to show them. The past year has been busy and exhilarating in all our areas of activity: acquisitions, digitization, conservation, and outreach.

We are excited about a number of items that came to the Osler this year: a Japanese scroll depicting the famous 1783 dissection of Heijiro; Manuela Anierte's *Arte del dentista* (1873, first book on dentistry by a woman); To-yŏn Hwang's *Chungjong Panyak happ'yon* (1885, an important Korean vade mecum); and a Sammelband of five works presenting eyewitness accounts of the 1830-31 outbreak of and medical response to cholera in Russia. Another item of note, which we purchased a year ago in honour of Lily Szczygiel upon her retirement, is Govert Bidloo's *Anatomia humani corporis* (Amsterdam, 1685).

If we are allowed to express favourites, we would highlight the two medieval manuscripts acquired with donated funds. In each case, we were working with an anonymous donor who wished to purchase works of pre-modern medicine, in memory of Dr. Joseph G. Stratford,



Image 1. A second glass stethoscope from Dr. Roxanas's collection.

MD,CM,FRCS(C), Professor of Neurosurgery, McGill University. The first manuscript we selected is a simple bifolium from the 12th century, probably written in France. Part of the appeal of this fragment is its mystery: it calls out for further analysis by medieval scholars. The second medieval manuscript, Gilles de Corbeil's *De urinis*, including Gilbert the Englishman's commentary thereon, comes with a significant history. We envision both manuscripts as being of interest to scholars of medieval medicine, but they are also wonderful additions to our educational repertoire, as each can be used as an excellent illustration of the evolution of medical teaching, and how medieval scholars (students in their own right) interacted with medical knowledge. You can learn more about both manuscripts in Faith Wallis's article on pages 1-4 of this issue.

We were pleased to present both manuscripts to the Board of Curators during our recent Osler Day meeting. Also at that meeting, we were thrilled to reveal the large glass stethoscope that Dr. Milton Roxanas brought with him – undamaged – from Australia (see Dr. Roxanas demonstrating use of this stethoscope in image 2). He gifted the stethoscope to the library the previous day, and has promised another to the library in the future (image 1). His presentation on stethoscopes was a fitting and fascinating conclusion to our annual Medical Student Research Symposium, featuring participants in the [Del Maestro Family Essay Awards](#) and the [Molina Foundation Research Awards](#) (see focus piece on p. 10-11).

Other aspects of our regular operations are conservation and digitization. In honour of long-time Curator Eve Osler Hampson, we selected





Image 2. Dr. Roxanas demonstrates the use of the glass stethoscope he donated to the Osler library.

for restoration a book from the early years of colour printing. French anatomist Joseph Guichard Du Verney collaborated with printer Jacques Fabien Gautier D'Agoty on one of the earliest colour printed works of anatomy (that is, colour printing using the four intaglio plate method of printing), *Essai d'anatomie en tableaux imprimés* (1745, 1746, 1748) (image 3). This is a set of three separate works printed together (general anatomy, anatomy of the head, and muscles). The cover had become detached, there had been misguided repairs in the past, and insects from centuries ago had nibbled on the paper. We have also hired a conservator to repair the spine of Jean-Galbert Salvage's *Anatomie du gladiateur combattant* (Paris 1812) and we're having a custom box made for the aforementioned 13th-century *De urinis* manuscript that came to us via donation earlier this year.

We continue to reach ever-wider audiences via digitization. Many of our readers will be pleased to hear that the digitization of letters from the [Harvey Cushing Fonds](#) has made tremendous progress. These are the typescripts of letters that Harvey Cushing collected when he was working on his biography of Sir William Osler; they have long been some of the most-requested items at the library, and soon they will be available online via our archives catalogue. As of writing, there are nearly 5,700 digitized items. Another project that is drawing to a close is the digitization of our East Asian languages materials. Our [Internet Archive collection](#) is approaching 2000 items, which include volumes in English (404), Chinese (158), French (135), Persian (136), Arabic (83), Latin (71), Japanese (48), and other languages in diminishing numbers. The current balance of languages is related to our attempt to digitize items in non-European languages that are unrepresented in peer digital repositories.

In terms of local outreach, we had a busy year with classes and informational tours: the Head Librarian taught a 4th-year medical student selective on "Representation in Medicine"

and hosted a variety of classes from McGill, Concordia, and Marianopolis. The groups for whom we hosted tours included the Canadian Chief Residents Conference (Internal Medicine), the Ste Anne de Bellevue Historical Society, and the staff of the Jewish Public Library. As noted in the spring newsletter, we were thrilled to see the [Larose-Osler residency](#) return after a pandemic pause. We celebrated "An evening with Ana María Gómez López, Michèle Larose - Osler Library Artist-in-Residence" in April 2023, and then over the summer and through this autumn current artist-in-residence, photographer Stéphan Ballard, has been working with us and already has some of his work is already on display as part of the [Islamic Medicine](#) exhibit.

This year also marked the full return of our research travel grant programme, with researchers coming in from the UK, Sri Lanka, US, and Germany.

Before the fiscal year is out, we hope to welcome other awardees from Australia, Kazakhstan, The Netherlands, and Russia.

As we look to the coming year, we have plans to continue and expand our activities. On a more practical level, we are examining our space to see where we can increase seating. Our student employees are currently working on a shifting project within our circulating collection, which will allow for the addition of at least one large study table.

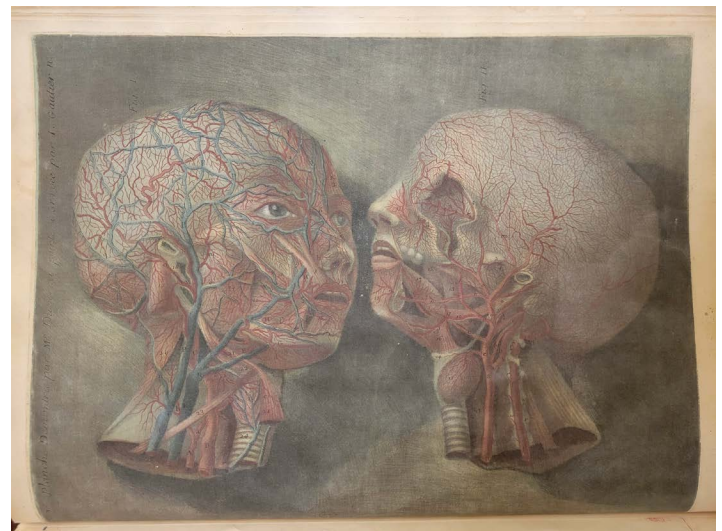


Image 3. Detail from Du Verney and Gautier D'Agoty, *Essai d'anatomie* restored in honour of Eve Osler Hampson.

The Osler Library has had a tremendous first year back in its home location. The warmth and enthusiasm with which we have been greeted is encouraging. It is no exaggeration to say that our achievements are thanks to the Osler Library's generous supporters: all of our initiatives are paid for by donated funds. Thank you all!

# Sixteenth-century self-care: the medical recipe collection of François II de Rohan, archbishop of Lyon (1501–36)

## Recipient's report: Dr. Edward H. Bensley Research Travel Grant

By **Elma Brenner**, PhD, Wellcome Collection

Medical recipes and advice texts were a key feature of knowledge exchange in the aristocratic circles of late medieval and early modern Europe, and shed light on the ailments, health strategies and lifestyles of members of this sector of society. In 2019 the Osler Library acquired an exceptional French manuscript rich in textual and material information about these processes of medical knowledge transmission.<sup>1</sup> This parchment volume, shelfmark WZ 240 F825m 1515, contains medical recipes and health regimens in the French vernacular commissioned c.1515–25 by François II de Rohan, archbishop of Lyon (1501–36) for his brother Charles de Rohan-Gié (1478?–1528), whose arms are painted in elaborate colours on the first page (image 1). While François de Rohan was a leading French prelate, he was also a member of one of the kingdom's most prominent noble families, and the manuscript contains information intended for use in the secular sphere, since Charles de Rohan-Gié, the eldest of three sons, did not himself pursue an ecclesiastical career.

In early 2020 I was privileged to receive a Dr. Edward H. Bensley Research Travel Grant to spend two weeks at the Osler Library studying the new acquisition. Like so many other researchers across the world, however, my work was delayed by the pandemic. When I finally saw the manuscript in person in late 2022, as access to library collections around the world was still only just opening up, the object's deluxe material features

were especially apparent to me. In contrast to many vernacular medical recipe manuscripts of the end of the Middle Ages, written on paper with little or no decoration, François de Rohan's recipe collection is recorded on high-quality parchment with illuminated initial letters and decoration in vivid gold, blue, red, grey, white and green paint. Perhaps most strikingly, it has a contemporary binding of wooden boards covered in claret-coloured velvet, worn away at the edges and on the spine to reveal densely woven burgundy-hued cloth (image 2). Holes on the velvet mark the sites of ties or furniture that are no longer present. The metal furniture adorning another French sixteenth-century crimson velvet binding, that of Rouen, Bibliothèque municipale MS Leber 141 (Latin Book of Hours with calendar),<sup>2</sup> gives a sense of how François de Rohan's manuscript may have originally appeared.

The silk velvet of the Osler manuscript's binding was no doubt produced and marketed in Lyon itself, which was synonymous with the silk industry from the second half of the fifteenth century. Lyon's print and manuscript trade, rivalling that of Paris in the first decades of the sixteenth century, would have supplied the expertise in binding, calligraphy and illumination that combined to produce this luxury object. Several of the remedies and advice texts in the volume, attributed to named physicians, surgeons and prelates, also reflect the local environment of Lyon, as well as connections to Paris and further afield. Maître Bernard, who appears frequently, may well have been a personal



Image 1. The elaborate folio 1v of the François II de Rohan manuscript, including Charles de Rohan-Gié's coat of arms.

<sup>1</sup> Editor's note: this manuscript was acquired thanks to a generous donation that covered much of its cost.

<sup>2</sup> Collection Leber. *Horae, cum calendario* | Gallica (bnf.fr).





Image 2. Spectacular silk velvet binding of the manuscript, produced in Lyon.

physician to François de Rohan within the archiepiscopal household. Maître Denis, physician of Lyon and Maître Bertou, physician of Paris are among the other practitioners named, alongside François d'Alais and André Briau, both physicians to King François I of France (1515–47),<sup>3</sup> Petrus de Montagnana, professor of surgery at the University of Padua, and Maître Francisco, physician to Frederick of Aragon, king of Naples.

These elite attributions reveal a network of learned male medical practitioners and the high-status male consumers of their expertise. While a few recipes are linked to aristocratic female sources, such as a potion for colic and the stone linked to 'la Contesse tonnaire venue de thoulouse', male authorities dominate and treatments for health issues specific to female bodies, or indeed for the medical needs of infants, are absent from the volume, arguably reflecting the specific setting of François de Rohan's celibate ecclesiastical household. At the same time, however, the vast majority of the health concerns addressed, from blocked nostrils to plague, were equally relevant to women as to men. Strategies to prevent and overcome digestive problems are especially prominent, such as a list of ointments to warm and comfort the stomach, powders to take after meals to improve digestion, and detailed instructions regarding diet in a regimen personalised for the archbishop's use. Such treatments point towards a plentiful and potentially excessive diet, as well as a lifestyle that incorporated the time and opportunity to pay careful attention to one's digestion over the course of the day.

This comfortable picture contrasts sharply with that conveyed by another recent Osler Library acquisition from sixteenth-century Lyon, a publication produced by the prominent printer Sébastien Gryphe in 1539 describing the relief and medical care available to Lyon's poor in the 1530s, as well as how poverty was policed in the city (image 3).<sup>4</sup> Indeed, poor relief was a major concern at this time, following failed harvests in the 1520s that had caused serious food shortages and elevated grain prices. After the Grande Rebeayne uprising (1529) the municipal government introduced a regulated system of alms distribution in 1531. Archbishop François de

<sup>3</sup> Ernest Wickersheimer, *Dictionnaire biographique des médecins au France au moyen âge* (Paris: Droz, 1936), pp. 23 (Briau), 151 (d'Alais).

<sup>4</sup> *La Police de l'aulmosne de Lyon* (Lyon: chez Sébastien Gryphus, 1539). Osler Library WZ 240 A925p 1539.

Rohan was noted for his own gifts of alms to the poor of Lyon and support for its hospitals;<sup>5</sup> nonetheless, the disparity between the standard of bodily health envisaged in his recipe collection and that experienced by the city's starving population is striking.

While François de Rohan's manuscript embodies elite experiences of healthcare, it also evokes the domestic setting for medicine that was shared across the social spectrum. In fitting with the volume's silk-velvet binding, several of the treatments reveal the medicinal use of textiles, through a range of different applications. An ointment to warm up the stomach, for example, is to be applied to the stomach morning and evening under the cover of a warm bed sheet. Similarly, a method to encourage digestion in the morning involves wrapping a crust of bread that has been made as hot as possible in a piece of cloth and applying this parcel to the stomach. In the case of a bad winter cold, the patient should place textile fibres with incense in their night bonnet when going to bed, to overcome the cold symptoms within their brain. A drink to combat kidney-stones attested to by the guardian of the monastery of Longchamp outside Paris involved the straining of a plant-based through a fine muslin cloth.



Image 3. Frontispiece from *La Police de l'aulmosne de Lyon* (1539), whose image of poverty and disparity contrasts with the rich contemporary manuscript commissioned by the Archbishop of Lyon.

These treatments reflect an approach to health that prioritised self-care within the home, both to prevent illness and to deal with health problems as and when they arose. While François de Rohan and his brother Charles de Rohan-Gié had access to the expertise of the most learned physicians in the kingdom of France and beyond, the knowledge that François intended to share with his elder brother remained rooted in everyday medical practices and materials that intersected with other aspects of domestic life such as cookery and sleeping arrangements. Above all, this luxurious but well-worn manuscript conveys to us the vulnerability and frailty of the human body in the early sixteenth century, as well as its resilience.

<sup>5</sup> A. Péricaud, *Notice sur François de Rohan, archevêque de Lyon et administrateur de l'église d'Angers* (Lyon: Imprimerie d'Aimé Vingtrinier, 1854), pp. 8, 11.

# Ascension & influence de la médecine dans le Monde islamique

Une exposition co-organisée par G. Ghanavizchian, M. Hague-Yearl, et A. Salamon accessible du 11 septembre au 22 décembre 2023 à la [Bibliothèque d'études islamiques](#) (BEI) et la [Bibliothèque Osler d'histoire de la médecine](#).



**Anaïs Salamon**, Chef, Bibliothèque d'études islamiques

**Ghazaleh Ghanavizchian**, Commis de bibliothèque principal, Bibliothèque d'études islamiques

## À propos

Penser à la manière dont le savoir a jadis émergé et s'est développé au fil du temps est absolument fascinant. Ce sentiment grandit dès lors qu'on explore les étagères d'une bibliothèque pour retracer les fils du réseau de connaissances créées et partagées au cours de l'histoire.

Voilà le genre de réflexions et de questions qui ont amené à la création de l'exposition *Ascension & influence de la médecine dans le Monde islamique* accessible aux visiteurs durant l'automne 2023. Ce qui était une simple idée au départ est devenu une exposition multidisciplinaire et multidimensionnelle, donnant à voir une grande diversité de matériels issus des collections des Bibliothèques de McGill. Cette exposition met en relief le cheminement remarquable des connaissances transcendant les frontières géographiques, linguistiques et temporelles.

L'influence significative et durable de contributions culturelles et intellectuelles issues d'une région ou attachées à une époque a spécialement retenu notre attention. De même que le fait que le partage de savoirs mène généralement à de nouvelles avancées ainsi qu'à la conservation et à la transmission des connaissances aux générations suivantes.

C'est le thème même de l'exposition — l'évolution et le parcours des savoirs — qui nous a amenées à élargir nos recherches au-delà des collections de la Bibliothèque d'études islamiques et à collaborer avec la Bibliothèque Osler d'histoire de la médecine.

L'exposition issue de ce partenariat illustre l'arrivée des sciences médicales dans le Monde islamique, leur développement pendant des siècles et leur exportation vers d'autres endroits du monde. Nous avons sélectionné des livres de la BEI, ainsi que des manuscrits, lithographies et instruments chirurgicaux de la Bibliothèque Osler. Les manuscrits contiennent les écrits de savants non-musulmans et musulmans en langues originales, tandis que les livres de la Bibliothèque d'études islamiques consistent essentiellement en des traductions et commentaires publiés à une époque plus récente.

*Ascension & influence de la médecine dans le Monde islamique* marque une étape importante car il s'agit de la première collaboration de la Bibliothèque d'études islamiques et de la Bibliothèque Osler pour le montage d'une exposition. Le hasard a fait que le lancement de l'exposition coïncidait avec la semaine de la culture scientifique de McGill (18-24 Septembre 2023) : elle

en est, du coup, devenu un des événements officiels. Mais une autre coïncidence heureuse a donné encore davantage d'intérêt et d'importance à cette réalisation. Au moment de la planification, Stéphan Ballard, récipiendaire 2023 du prix [Michele Larose – Osler Library Artist-in-Residence](#), était en train de photographier les instruments chirurgicaux que nous souhaitions exposer. Et il a gracieusement accepté que certaines de ses photos imprimées en grand format soient affichées aux côtés de l'exposition.

La préparation de cette exposition nous a apporté de nombreux moments d'émerveillement, quant aux parcours non seulement des savoirs mais aussi des livres, manuscrits et objets à travers les âges. Les collections uniques des Bibliothèques de McGill nous ont permis d'explorer le contexte historique de l'évolution des connaissances médicales et de prendre conscience de l'importance de cet héritage encore vivant aujourd'hui.

## Points forts

*Ascension & influence de la médecine dans le Monde islamique* retrace treize siècles de sauvegarde, de partage et de production des connaissances médicales dans le Monde islamique. Entre le 6<sup>e</sup> et le 19<sup>e</sup> siècle de notre ère, en plus de traduire des textes médicaux anciens en arabe et en persan et d'organiser ce vaste corpus de savoirs pour faciliter sa dissémination, les scientifiques à l'œuvre dans les terres islamiques ont réalisé des avancées et des progrès qui ont eu un impact durable et significatif sur l'évolution de la médecine moderne.



*Tashrīh-i badan* [Anatomy] par Maṣūir ibn Muḥammad ibn Aḥmad ibn Yūsuf Faqīh Ilyās  
16e siècle. B.O. 7785/75

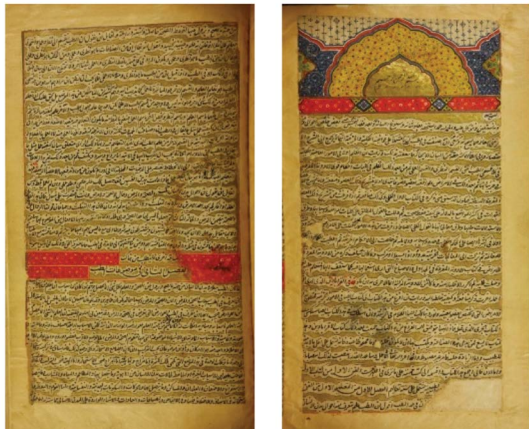
Bibliothèque Osler d'histoire de la médecine.

Avant la révélation islamique (632), les pratiques thérapeutiques au Moyen-Orient s'inspirent essentiellement de médecins mésopotamiens, égyptiens, persans, indiens et grecs. Après l'avènement de l'Islam, un nouveau genre de médecine basé sur les Hadīth [rapports du Prophète Muhammad] émerge. À compter du



9<sup>e</sup> siècle, les efforts portent sur la traduction de textes étrangers en arabe et persan : de nombreux médecins arabes ont d'ailleurs été traducteurs avant de devenir auteurs de leurs propres travaux. Les textes les plus couramment traduits sont le *Compendium on materia edica* de Dioscoride<sup>1</sup>, ainsi que les aux d'Hippocrate<sup>2</sup> et de Galien<sup>3</sup> sur la théorie des humeurs. À la fin du 9<sup>e</sup> siècle, cette théorie devient d'ailleurs une référence dans la région. Néanmoins, la médecine prophétique est devenue très populaire et les deux approches coexistent jusqu'au 14<sup>e</sup> siècle, étant souvent combinées pour traiter les patients. Entre la Bibliothèque Osler et la Bibliothèque d'études islamiques McGill possède une collection de vingt-huit traductions des ouvrages de [Dioscoride](#), [Hippocrate](#) et [Galien](#).

Au 10<sup>e</sup> et 11<sup>e</sup> siècles, c'est la compilation et l'organisation de ce qui était alors devenu un imposant corpus de connaissances qui deviennent la priorité. Ainsi, des encyclopédies complètes et influentes telles que *Le Canon* de la médecine d'Avicène<sup>4</sup> sont composées. Quatre manuscrits originaux du *Canon d'Avicène* ainsi que plusieurs commentaires en arabe et persan copiés entre le 15<sup>e</sup> et 19<sup>e</sup> siècles se trouvent à la Bibliothèque Osler. La Bibliothèque d'études islamiques, quant à elle, possède une douzaine de traductions et commentaires du *Canon* en différentes langues.



*Al-Qānun fī al-ṭibb* par Ibn Sīnā, 17th siècle.  
B.O. 462. Bibliothèque Osler d'histoire de la médecine.

<sup>1</sup> **Dioscoride -ou Pedanius Dioscorides d'Anazarbos-** (Grèce, actif au 1er siècle de notre ère) était médecin, herboriste, et l'auteur de *De materia medica* qui constitue la base de la tradition pharmacologique dans le Monde islamique classique.

<sup>2</sup> **Hippocrate** (Grèce, après 460-approx. 379 avant J.C.) est considéré comme "le père de la médecine" dans le Monde islamique comme en Occident. Le Corpus Hippocraticum compte 70 titres. L'attribution de plusieurs d'entre eux à Hippocrate est discutée depuis l'Antiquité, mais il y a consensus autour du fait qu'il a dessiné les premiers contours de la théorie des humeurs.

<sup>3</sup> **Hippocrate** (Grèce, après 460-approx. 379 avant J.C.) est considéré comme "le père de la médecine" dans le Monde islamique comme en Occident. Le Corpus Hippocraticum compte 70 titres. L'attribution de plusieurs d'entre eux à Hippocrate est discutée depuis l'Antiquité, mais il y a consensus autour du fait qu'il a dessiné les premiers contours de la théorie des humeurs.

<sup>4</sup> **Ibn Sīnā -ou Avicenne-** (Iran, 980-1037/370-428) est connu essentiellement comme philosophe et médecin mais a également contribué à l'avancement de l'astronomie, la musique, la politique, la religion, la poésie, etc. Son *Qanun*, divisé en cinq livres (1. Généralités, 2. Pharmacologie, 3. Pathologie spéciale, 4. Traité, 5. Pharmacopée), est une compilation claire et ordonnée de tout le savoir médical disponible à l'époque, augmenté de ses propres observations. Le *Qanun* a servi de référence pour l'enseignement et la pratique de la médecine pendant sept siècles.

Rapidement, l'ophtalmologie, la pharmacologie et la chirurgie émergent comme des spécialités dans la région.

Dès le 9<sup>e</sup> siècle, les travaux ophtalmologiques montrent des connaissances très avancées. Fondées sur les théories héritées du Monde hellénique, elles incluent des procédures chirurgicales délicates pour soigner des maladies communes telles que la cataracte. Un des traités les plus connus de la période ancienne est *Mémorandum des oculistes* par 'Alī ibn 'Īsā<sup>5</sup> (11<sup>e</sup> siècle). La Bibliothèque Osler en héberge une collection unique de [cinq manuscrits originaux](#) copiés entre le 16<sup>e</sup> et le 19<sup>e</sup> siècles, ainsi que de nombreuses traductions et commentaires.

En pharmacologie, les 500 substances référencées dans le *Compendium* de Dioscoride sont communément utilisées en plus de drogues utilisées en médecine indienne et persane inconnues des Grecs et des Européens. Au 12<sup>e</sup> siècle, al-Ghāfiqī<sup>6</sup> compile une liste de substance médicinales classée alphabétiquement intitulée *Le livre des drogues simples* dont la Bibliothèque Osler possède un manuscrit du 13<sup>e</sup> siècle magnifiquement illustré.



*Kitāb al-adwiyā' al-mufradah* par al-Ghāfiqī, 1256.  
B.O. 7508. Bibliothèque Osler d'histoire de la médecine

La chirurgie est une autre discipline qui séduit de nombreux praticiens dans le Monde islamique médiéval. Un des plus célèbres chirurgiens, al-Zahrāwī<sup>7</sup> (11<sup>e</sup> siècle), compose une encyclopédie en trente volumes intitulée *L'arrangement du savoir médical pour celui qui ne peut compiler un livre lui-même* qui sera citée plus de 200 fois par le chirurgien français, Guy de Chauliac, dans *La grande chirurgie* (14<sup>e</sup> siècle).<sup>8</sup> La Bibliothèque Osler a récemment acquis une [collection de 32 instruments médicaux](#) (scalpels, spatules, cuillères,

<sup>5</sup> **'Alī ibn 'Īsā al-Kahhāl.** (Irak, mort en 1038 ou 1039/429 ou 430) était l'ophtalmologiste (*kahhāl*) arabe le plus connu. Son œuvre, *Tadhkirat al-Kahhālīn*, est l'écrit le plus ancien qui a survécu dans sa forme originale. Ce traité exhaustif a été traduit en hébreu et en latin au 15<sup>e</sup> siècle.

<sup>6</sup> **Al-Ghāfiqī.** (Espagne, 12<sup>e</sup> siècle / 6<sup>e</sup> siècle) était reconnu comme le meilleur expert en plantes médicinales de son temps..

<sup>7</sup> **Abū al-Qāsim al-Zahrāwī -ou Abulcassis-** (Espagne, 936-1013 / 324-404) était un médecin, chirurgien et chimiste innovant dont l'influence au-delà des frontières du Monde islamique a perduré pendant des siècles

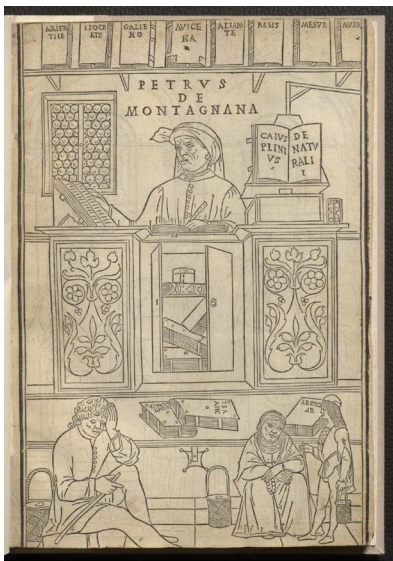
<sup>8</sup> **Guy de Chauliac** (France, 1300-1368) était un médecin et chirurgien célèbre pour son *Chirurgia Magna* traduit dans de nombreuses langues et utilisé comme référence pour l'enseignement et la pratique jusqu'au 16<sup>e</sup> siècle.



Collection d'instruments médicaux (3 boîtes). 10<sup>e</sup> siècle, Méditerranée orientale. Bibliothèque Osler d'histoire de la médecine.

pincettes, marteaux, etc.) fabriqués en Méditerranée orientale vers le 10<sup>e</sup> siècle.

Vers la fin du 16<sup>e</sup> siècle, les théories et techniques médicales ainsi que les thérapies médicamenteuses européennes commencent à filtrer dans le Monde islamique. Dā'ūd al-Antakī<sup>9</sup>, par exemple, écrit une *encyclopédie médicale* en trois parties incluant les descriptions de plus de 3,000 substances minérales, animales végétales d'Égypte,



Johannes de Ketham, *Fasciculus medicinae*. [1500].

B.O. 7448. Bibliothèque Osler d'histoire de la médecine.

d'Europe, d'Inde, de Chine, du Levant, d'Afrique du Nord et d'Asie mineure. Au 17<sup>e</sup> siècle, Ibn Sallūm<sup>10</sup> inclut la traduction de plusieurs écrits de Paracelse<sup>11</sup> en latin dans son *La culmination de la perfection dans le traitement du corps humain*. Réciproquement, les Européens sont intéressés par les pratiques médicales courantes dans le Monde islamique. Une copie imprimée du *Fasciculus medicinae* (1500) de Johannes de Ketham à la Bibliothèque Osler cite comme source du savoir médical Avicenne, Razhès et Averroès, parmi d'autres.

<sup>9</sup> **Da'ūd al-Antakī**. (Égypte, 16<sup>e</sup> siècle/10<sup>e</sup> siècle) était un médecin et pharmacien aveugle qui a composé une encyclopédie médicale en trois parties incluant la description de plus de 3,000 plantes médicinales et aromatiques.

<sup>10</sup> **Šālīh b. Naşrullāh Ibn Sallūm al-Ĥalabī**. (Syrie, mort en 1670/1081) était le médecin en chef de l'Empire Ottoman dont les écrits ont joué un rôle clé dans l'introduction de la renaissance médicale européenne au Moyen-Orient.

<sup>11</sup> **Paracelse** (Suisse, 1493-1541) était médecin, alchimiste, théologien, philosophe, et l'un des premiers à introduire la chimie en médecine préconisant l'utilisation de sels non-organiques, minéraux et métaux à des fins médicales. Au lieu des quatre humeurs de la médecine hellénistique, il croyait qu'il y en avait trois: le sel, le sulfure et le mercure représentant respectivement la stabilité, la combustibilité et la liquidité.

Vers le milieu du 18<sup>e</sup> siècle, la médecine traditionnelle islamique semble incapable de combattre l'épidémie de peste à Istanbul. Le sultan Ottoman Mustafa III ordonne alors que deux traités de **Hermann Boerhaave**<sup>12</sup> soient traduits en turc. Ces traductions, achevées en 1768, tentent de réconcilier et d'harmoniser les idées de Boerhaave avec la médecine traditionnelle islamique. Mais à partir de là, l'expertise médicale européenne devient la référence, et l'enseignement de la médecine dans le Monde islamique observa des chamboulements profonds. En 1825, l'armée égyptienne embauche un français **Antoine-Barthélémy Clot**<sup>13</sup> comme chirurgien en chef. Quelques années plus tard, Clot Bey établit une École de médecine près du Caire dans laquelle les professeurs sont français, italiens et allemands. Ailleurs, La maison des arts, une école de médecine militaire fondée à Téhéran (Iran) en 1850 offre des enseignements en français basés sur des textes médicaux européens traduits en persan.

Néanmoins, certains aspects de la médecine islamique traditionnelle continuent d'exister aux côtés de la médecine européenne moderne. À la fin du 19<sup>e</sup> siècle, des traités médiévaux comme ceux d'Avicenne et Ibn al-Bayṭār sont toujours imprimés aux *Presses Bulaq* au Caire, car ils représentent une tradition toujours vivante.



Collection d'instruments médicaux (3 boîtes). 10<sup>e</sup> siècle, Méditerranée orientale. Photographiée par Stéphan Ballard (2023). Bibliothèque Osler d'histoire de la médecine.

## Crédits

Nous souhaitons tout d'abord remercier Mary Hague-Yearl d'avoir accueilli chaleureusement notre proposition de collaboration. Nous lui sommes aussi reconnaissantes du temps et des efforts investis dans le montage de cette exposition.

Sa collègue, Bozena Latincic, Technicienne en documentation principale à la Bibliothèque Osler, a joué un rôle clef dans la composition des étiquettes accompagnant les ouvrages et objets exposés. Évidemment, nous remercions Stéphan Ballard, artiste en résidence Larose-Osler 2023, pour sa généreuse contribution artistique à l'exposition.

Enfin, toute notre gratitude va à un proche collègue, Charles Fletcher, Commis de bibliothèque en chef à la Bibliothèque d'études islamiques, pour ses compétences éditoriales inestimables.

Pour plus d'informations, nous vous invitons à lire le blog sur l'exposition (en anglais): <https://blogs.library.mcgill.ca/islamicstudieslibrary/the-rise-influence-of-medicine-in-the-islamic-world/>

<sup>12</sup> **Hermann Boerhaave** (Pays Bas, 1668-1738) était botaniste, chimiste et médecin ; il est considéré comme le fondateur de l'enseignement clinique et de l'hôpital universitaire moderne et parfois qualifié de «père de la physiologie».

<sup>13</sup> **Antoine-Barthélémy Clot -ou Clot bey-** (France, 1793-1868) était un médecin et professeur de médecine qui a passé la majeure partie de sa vie en Égypte.



# The Rise & Influence of Medicine in the Islamic World

An exhibition co-curated by G. Ghanavizchian, M. Hague-Yearl, and A. Salamon; displayed from September 11<sup>th</sup> to December 22<sup>nd</sup>, 2023 in the [Islamic Studies Library](#), and the [Osler Library of the History of Medicine](#).



By **Anais Salamon**, Head, Islamic Studies Library  
**Ghazaleh Ghanavizchian**, Senior Library Clerk, Islamic Studies Library

## About

**T**hinking about how knowledge has developed and spread over time, especially in ancient times, is truly fascinating. This is amplified when we explore library shelves, trying to find those threads that trace the web of created and shared knowledge throughout history.

Such reflections and questions led to the creation of *The Rise & Influence of Medicine in the Islamic World* exhibition, displayed in the Fall of 2023. What started as a simple idea developed into a multidisciplinary and multi-dimensional showcase, incorporating a wide-range of materials. This exhibition sought to explore the remarkable journey of knowledge and how it transcended boundaries, such as geography, language, and time.

We became particularly interested as to how cultural and intellectual contributions of one region or era influenced other parts of the world, which led to both new contributions, and to the preservation and dissemination of knowledge to future generations and to scholars from different backgrounds.

To curate this exhibition, much like the very theme it explores — the evolution and journey of knowledge — we saw the need to expand beyond the limits of the collections housed at the Islamic Studies Library (ISL). This search for answers led to our collaboration with the Osler Library of the History of Medicine.

The resulting exhibition explores how medical science traveled to the Islamic world, developed for centuries, and then spread to other parts of the globe. We selected books from the Islamic Studies Library, as well as manuscripts, lithographs, and ancient surgical tools from the Osler Library. The manuscripts contain the works of early medical non-Muslim and Muslim scholars, while books from the ISL collection consist of translations, and expansions of these works recently published.

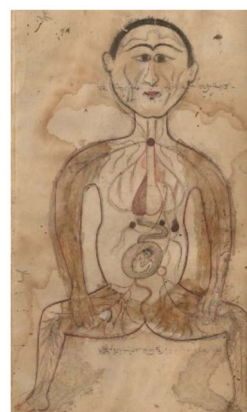
*The Rise & Influence of Medicine in the Islamic World* is significant to us because it is the first time the Islamic Studies Library and the Osler Library have collaborated to curate a display. Interestingly, the launch of our exhibition coincided with McGill's Science Literacy Week (September 18-24, 2023), adding to its overall value. Another fortuitous coincidence made this exhibition even more interesting and meaningful. While planning the exhibit, we met Mr. Stéphan Ballard, the 2023 recipient of the [Michele Larose – Osler Library Artist-in-](#)

[Residence](#) award, who was photographing the old surgical tools that we wanted to feature. He graciously allowed us to use some of his photos printed on large panels, displayed alongside the exhibit.

Preparing for this exhibition has brought us many moments of awe, both in terms of the journey of knowledge and the journey of books and manuscripts from the ancient world to the modern era. The invaluable resources of the McGill libraries allowed us to explore the historical context behind this exhibition, and to appreciate the legacy of the wisdom that still resonates today.

## Highlights

*The Rise & Influence of Medicine in the Islamic World* illustrates how medical knowledge came to the Islamic world, circulated and developed within the region, before reaching Europe. Over the course of thirteen centuries (6<sup>th</sup> to 19<sup>th</sup> centuries C.E.), in addition to translating antique medical texts into Arabic and Persian and organizing this large body of knowledge to facilitate dissemination, physicians who practised in Islamic lands achieved advancements and innovations that have had a lasting and significant impact on the evolution of modern medicine.



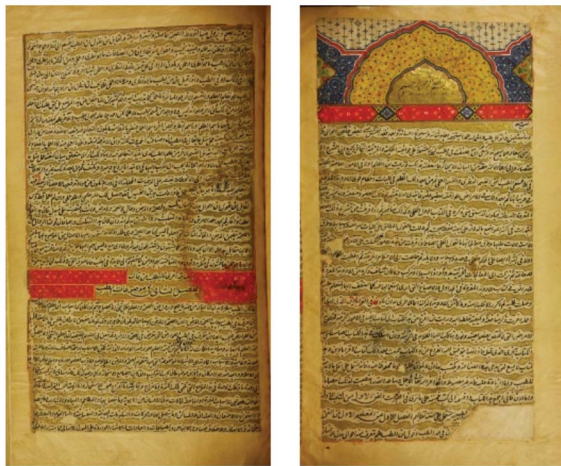
*Tashrīh-i badan* [Anatomy] by Manşūr ibn Muḥammad ibn Aḥmad ibn Yūsuf Faqīh Ilyās  
16<sup>th</sup> century. B.O. 7785/75

Osler Library of the History of Medicine.

Before the revelation of Islam (632 AD), therapeutic practices in the Islamic World primarily came from Mesopotamian, Egyptian, Persian, Indian, and Greek physicians. After the rise of Islam, a new type of medicine drawn from the Ḥadīth [Reports from the Prophet Muḥammad] emerged. From the 9<sup>th</sup> century onwards, efforts went primarily to the translation of foreign texts into Arabic and Persian, and many Arab physicians started as translators before composing their own works. The most

commonly translated texts were the *Compendium on materia medica* by Dioscorides<sup>1</sup>, as well as the works of Hippocrates<sup>2</sup> and Galen<sup>3</sup> on humoral medicine. By the end of the 9th century, humoral medicine had become prominent in the region. However, prophetic medicine had gained in popularity, and both approaches co-existed until the 14th century, physicians often blending them together to cure patients. Together, the Osler Library and Islamic Studies Library own a collection of twenty-eight Arabic translations of Dioscorides', Hippocrates', and Galen's works.

In the 10th and 11th centuries, compiling and organizing what had become an extensive body of knowledge became the priority. Thus, comprehensive influential encyclopaedias such as *The Canon of Medicine* by Avicenna<sup>4</sup> were composed. Four original manuscripts of Avicenna's *Canon* in addition to commentaries in Arabic and Persian copied between the 15th and 19th century can be found in the Osler Library, while the Islamic Studies Library owns a dozen translations of and commentaries on the *Canon* in various languages.



*Al-Qānun fī al-ṭibb* by Ibn Sīnā, 17th century.  
B.O. 462. Osler Library of the History of Medicine.

Quickly, ophthalmology, pharmacology and surgery emerged as medical specialties in the region.

Ophthalmological works from the 9th century already show very advanced knowledge: grounded in theories inherited from the Hellenic world, they included intricate surgical procedures to treat common eye diseases like cataracts. One of the most renowned ophthalmological treatises from the early period is *Memorandum of the Oculists* by 'Alī ibn 'Isā<sup>5</sup> (11th century). The Osler Library of medicine owns a unique collection of five original manuscripts copied between the sixteenth and nineteenth century as well as numerous commentaries and translations.

In pharmacology, physicians in the Islamic world commonly used the 500 substances described in Dioscorides' *Compendium* in addition to drugs used in Indian and Persian medicine that were unknown to Greek and European physicians. In the 12th century, al-Ghaffiqī<sup>6</sup> compiled a list of medicinal substances ordered alphabetically entitled *The Book of Simple Drugs* of which the Osler Library has a beautifully illustrated 13th-century manuscript.



*Kitāb al-adwiyā' al-mufradah* by al-Ghaffiqī, 1256.  
B.O. 7508. Osler Library of the History of Medicine

<sup>1</sup> **Dioscorides -or Pedanius Dioscorides of Anazarbos-** (Greece, active in the 1st century C.E.) was a physician, herbalist, and the author of *De materia medica* that formed the basis of the pharmacological tradition in the classical Islamic world.

<sup>2</sup> **Hippocrates** (Greece, born after 460, died circa 379 B.C.E.) is considered in both the Islamic world and the West as "the father of medicine." *The Corpus Hippocraticum* comprises about seventy titles. The authorship of many of them has been a matter of dispute since antiquity, but there is consensus around the fact that he drew the first extant outlines of humoral medicine.

<sup>3</sup> **Galen** (Turkey, 129-circa 216 C.E.) was a Greek-speaking physician. His vast work (more than 20,000 pages in a standard 1821 edition) deals with all fields of medical science (anatomy, physiology, therapy, pharmacology, surgery), and also extends to philosophy, logic, ethics, etc.

<sup>4</sup> **Ibn Sīnā -or Avicenna-** (Iran, 980-1037 C.E./370-428 AH) was known primarily as a philosopher and physician, but also contributed to the advancement of astronomy, music, politics, religion, poetry, etc. Divided in five books (1. Generalities, 2. Pharmacology, 3. Special pathology, 4. Treatises, 5. Pharmacopeia), his *Qanun* is the clear and ordered sum of all the medical knowledge available at the time, augmented from his own observations. The *Qanun* served as a reference for seven centuries of medical teaching and practice.

Surgery appealed to many physicians in the medieval Islamic world. One of the most famous practitioners, al-Zahrāwī<sup>7</sup> (11th century), authored a thirty-volume encyclopaedia entitled *The Arrangement of Medical Knowledge for One Who is Not Able to Compile a Book Himself* that would later be quoted over 200 times by French surgeon Guy de Chauliac in *La grande chirurgie* (14th century).<sup>8</sup> The Osler Library recently acquired a collection of 32

<sup>5</sup> **'Alī ibn 'Isā al-Kahhāl.** (Iraq, died 1038 or 1039 C.E./429 or 430 AH) was the best known oculist (kahhāl) of the Arabs. His work, the *Tadhkirat al-Kahhālīn*, is the oldest Arabic work on ophthalmology that survived in the original. A comprehensive treatise, it was translated into Hebrew and Latin in the 15th century C.E.

<sup>6</sup> **Al-Ghaffiqī.** (Spain, 12th cent. C.E./6th cent. AH) was regarded as the best expert on medicinal plants of his time.

<sup>7</sup> **Abū al-Qāsim al-Zahrāwī -or Abulcassis-** (Spain, 936-1013 C.E./ 324-404 AH) was an innovative physician, surgeon and chemist whose influence continued for centuries and extended far beyond the frontiers of the Islamic world.

<sup>8</sup> **Guy de Chauliac** (France, 1300-1368 C.E.) was a physician and surgeon famous for his *Chirurgia Magna* translated in numerous languages, and a reference for teaching and practice until the 16th century.



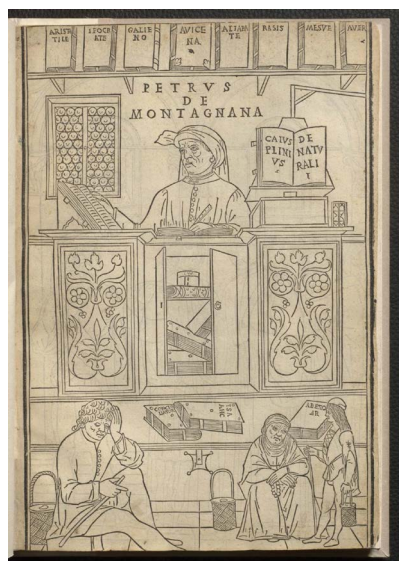


Collection of medical instruments (3 boxes), Eastern Mediterranean, 10th century. Osler Library of the History of Medicine.

**medical instruments** (knives, spatulas, scoops, tongs, hammers, etc.) manufactured in the eastern Mediterranean around the 10th century.

In the latter half of the 16th century, early modern European medical ideas, techniques, and drug therapies started filtering into the Islamic world. Dā'ūd al-Antakī<sup>9</sup>, for example, authored a three-part **medical encyclopedia** including the descriptions

of over 3,000 mineral, animal and plant substances from Egypt, Europe, India, China, the Levant, North Africa, and Asia Minor. In the 17th century, Ibn Sallūm<sup>10</sup> included the translations of several Latin writings by Paracelsus<sup>11</sup> in his *The Culmination of Perfection in the Treatment of the Human Body*. Conversely, Europeans became interested in learning of the medical practices then current in the Islamic lands. The Osler Library's copy of *Fasciculus medicinae*



Johannes de Ketham, *Fasciculus medicinae*. [1500].

Osler Library of the History of Medicine.

<sup>9</sup> **Dā'ūd al-Antakī**. (Egypt, 16th cent. C.E./10th cent. AH) was a blind physician and pharmacist who authored a three-part medical encyclopedia that included descriptions of over 3,000 medicinal and aromatic plants.

<sup>10</sup> **Šālīḥ b. Naṣrullāh Ibn Sallūm al-Halabī**. (Syria, died 1670 C.E./1081 AH) was the head physician of the Ottoman Empire whose writings are often seen as instrumental in the introduction of European Renaissance medicine to the Middle East.

<sup>11</sup> **Paracelsus** (Switzerland, 1493-1541 C.E.) was a physician, alchemist, theologian, philosopher, and one of the first to introduce chemistry to medicine advocating for the use of inorganic salts, minerals, and metals for medicinal purposes. Instead of the four humours of Hellenistic medicine, he believed there were three: salt, sulphur, and mercury respectively representing stability, combustibility, and liquidity.

(1500) by Johannes de Ketham cites Avicenna, Razes, and Averroes, among others, as sources of knowledge.

In the middle of the 18th century, traditional Islamic medicine seemed unable to combat the plague epidemic in Istanbul. The Ottoman sultan Mustafa III ordered Turkish translations of two treatises by **Hermann Boerhaave**<sup>12</sup> that were completed in 1768, and sought to reconcile and harmonize Boerhaave's ideas with traditional Islamic medicine. From that point, European medical expertise became the reference, and the teaching of medicine in the Islamic world witnessed profound changes. In 1825, the Egyptian army hired French physician **Antoine-Barthélémy Clot**<sup>13</sup> as surgeon-in-chief. A few years later, Clot Bey established a medical school near Cairo with French, Italian and German professors. Similarly, The House of Arts, a military medical school founded in Tehran (Iran) in 1850 offered instruction in French based on European medical texts translated into Persian.

Nevertheless, aspects of medieval Islamic traditional medicine continued to coexist alongside modern European medicine. In the late 19th century, treatises of Avicenna and Ibn al-Bayṭār, among others, were still printed at the **Būlaq Press** in Cairo because they continued to represent a vital tradition.



Collection of medical instruments (3 boxes), 10th century, Eastern Mediterranean. Detailed photos taken by Larose-Osler artist-in-residence, Stéphan Ballard (2023). Osler Library of the History of Medicine.

## Credits

We want to start by thanking Dr. Mary Hague-Yearl for her openness to collaborate with us on this project, and her time and dedication to make the exhibition see the light. Her colleague, Ms. Bozena Latincic, Senior Documentation Technician at the Osler Library was instrumental in the design of the labels. We also thank Mr. Stéphan Ballard, 2023 Michèle Larose-Osler Library artist-in-residence, for his generous artistic contribution to the exhibition. Last, but not least, our gratitude goes to our close colleague Dr. Charles Fletcher, Head Library Clerk at the Islamic Studies Library, for his precious editorial skills.

For more information, we invite you to read the blog about the exhibit: <https://blogs.library.mcgill.ca/islamicstudieslibrary/the-rise-influence-of-medicine-in-the-islamic-world/>.

<sup>12</sup> **Hermann Boerhaave** (Netherlands, 1668-1738 C.E.) was a botanist, chemist and physician considered as the founder of clinical teaching and of the modern academic hospital, and sometimes referred to as "the father of physiology".

<sup>13</sup> **Antoine-Barthelemy Clot -or Clot bey-** (France, 1793-1868 C.E.) was a physician and medicine professor who spent most of his life working in Egypt.

# List of donors who gave to the Friends of the Osler Library in FY 2023

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**Erratum** – OLN 138. On p. 21 of the last Osler Library Newsletter (no. 138), Ali Fazlollahi and Yoel Yakobi are identified as standing outside of the Royal College of Physicians. They are, in fact, standing outside of the Royal Society of Medicine.