

Par contre, le lecteur n’y trouvera pas de recettes pédagogiques. Il s’agit plutôt d’un recueil rempli d’expériences qui pourront inspirer certains professeurs.

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Michael Bliss. *William Osler: A Life in Medicine*. Toronto: University of Toronto Press, 1999. Pp. 581.

Any biographer of William Osler (1849-1919) would have a difficult task. Osler has long enjoyed the reputation of being the greatest physician in history. Hyperbole yes, but there are still many who would argue that he is among one of the greats and it has been Michael Bliss’s task to come to terms with both the reputation and the man. The former has been easier to accomplish than the latter. As Bliss makes clear, Osler’s appeal was very much at the personal level. It was the man himself who touched people and it is that touch which can be so elusive on the printed page.

Born in rural Ontario, Osler began his medical studies at the Toronto School of Medicine, completing them at McGill’s Faculty of Medicine which, as Bliss notes, “was the best Canada had to offer” (p. 59). Like so many young and ambitious physicians before him, he did post-graduate work in England, Germany, and Austria. It was the medical man’s equivalent of the European tour. He returned to McGill as a Lecturer and honed the talents—in teaching, in research, and as a clinician—that would eventually make other institutions want him. In 1884 he left McGill for the University of Pennsylvania and at the age of forty went to Johns Hopkins, leaving it in 1905 to become Oxford’s Regius Professor of Medicine.

Bliss is sympathetic to the profession of medicine. Unlike some medical historians, he does not stress the impotence of Victorian medicine to cure. Such criticism, he argues, overlooks other aspects of medicine—its ability to care, to lessen pain, and to prevent disease. Certainly historians of medicine have not emphasized the latter but then neither did most physicians in their published work. Medical textbooks and journals of the time focused on the person saved, not the patient made comfortable. Nonetheless, I think Bliss is correct. The caring side of medicine is strong but it emerges not in its public but in its private venue, when practitioner meets patient.

In tracing Osler's career, Bliss introduces the general reader to some of the major themes in the history of medicine in Canada and the United States: the importance of apprenticeship in learning medicine, even after university degrees were required; the necessity of going abroad to receive post-graduate training; the difficulty in earning a living; and the tension between the art of medicine and its science. Most fascinating is the description of Johns Hopkins and the development of its medical school. By the time Osler arrived, the endowment push was in full swing and its goal eventually met as a result of women offering the institution money if women students were accepted to the school on the same conditions as men. As well, Mary Garrett, the main benefactor, insisted that Johns Hopkins live up to its dream of having the highest entrance standards in the country. With some trepidation this was agreed to and the students came. Many of the faculty were not interested in teaching but they were interested in medicine and their research. They taught through example, and the calibre of the students was such that this was enough. And as Bliss points out, students had access to William Osler. In him, Hopkins and its students found an extraordinary teacher and clinician. Indeed one of the reasons he was appointed Regius Professor at Oxford was that he epitomized the clinical rather than the scientific side of medicine.

On what was Osler's reputation based? As mentioned, he was a superb clinician. Well into his career he continued performing post-mortems and through them let the bodies of the dead speak

to and teach him. Perhaps because of this, his view of the body and its workings seemed broader than that of most physicians. This was reflected in his most memorable accomplishment. In 1892 he published *The Principles and Practice of Medicine*, “the first great textbook of modern medicine” (p. ix). It was a review of the entire field of internal medicine. Among its many attributes was clarity and honesty. As Bliss points out, Osler admitted when medicine did not have the answer. Other texts did not. Instead there was a surety about what was written so that the medical student reader would be encouraged to see medical science as precise. But it wasn’t, and Osler believed students and practitioners needed to acknowledge that fact.

If Osler was great as a clinician and writer, he was even more so as a teacher. His memory has been kept alive through the generations of students he taught and who in turn taught others. The personal touch was at the centre of his reputation. His approach was confirmation of the value of the mentoring system and the importance of the direct give and take between teacher and student. He was not a natural teacher when he first lectured at McGill; public speaking did not come easily to him but he did know his subject and he was organized. Where he excelled was in teaching groups of students histology and pathology, largely because he spoke to what was in front of him. It was then that the mentoring that he had enjoyed as a student was passed on to his students. He shared his enthusiasm with them and they responded in kind. He believed that students should learn by doing, by being with the patient rather than listening to lectures about the patient. He became known as one of the finest teachers of medicine.

Osler’s teaching was helped by that elusive quality—personality. Two aspects of it struck me while reading his biography. First was his love of children. He did not talk down to them and seemed to understand the importance of play and fantasy for them and perhaps for himself, for when he was with children he gave himself over to both. Second was his somewhat driven nature. He hated to waste time. While bathing, he even had a friend read to him. Wasted time was anathema to him. It was as if he had to be doing in order to know that he was alive.

Osler was an extraordinary individual. He left a lasting mark on people he met, students he taught, and the colleagues with whom he worked. His love and enthusiasm for medicine was contagious. Bliss's biography makes you care for the man and the most poignant section is the death of his beloved son and only child, Revere, during the First World War. But even after that death, his home and life remained open to others, including soldiers and medical servicemen on leave, who found a home with Osler and his wife Grace, if even only for an afternoon or evening.

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Thomas Fleming, ed. *School Leadership: Essays on the British Columbia Experience, 1872-1995*. Mill Bay: Bendall Books, 2001. Pp. 427.

For many years now Tom Fleming, Canada's pre-eminent historian of educational administration, has been researching and writing articles about the administration of public education in British Columbia since its inception in 1872. Working in splendid isolation at the University of Victoria, Fleming has succeeded in giving us a clear picture of the leaders and the bureaucratic arrangements responsible for the success (or failure) of this system. It is therefore of benefit to all students of educational history to have available in one place most of Fleming's best articles. Although this is a multi-authored collection, half of the fourteen chapters consist of previously published articles by Fleming.

In his well-written Introduction, Fleming establishes that the purpose of the collection is to describe and analyze the changing character of school leadership in British Columbia. The "stability and order" of the nineteenth century and the first half of the twentieth has, in Fleming's view, given way to "conflict