

SIR WILLIAM OSLER—ACUPUNCTURIST*

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ABOUT three and one half years ago I fell heir to a number of books from the estate of a distinguished San Francisco internist and professor of medicine. As was to be expected, his library contained a copy of the first edition of Osler's *Principles and Practice of Medicine* (1892). Following an old habit, I looked through the index of this volume with a general view of finding some topic of significance to me.

I have been interested in Chinese medicine and acupuncture for many decades, i.e., long before James Reston's appendectomy; before the voyages of discovery that were made by Paul Dudley White, Gray Dimond, and Samuel Rosen; long before Henry Kissinger's political explorations; and also long before Mr. Richard Nixon's voyage of détente. Therefore, when on pure whim I looked through the index of the Osler volume I was amazed to find several listings for "acupuncture." I promised myself to study this phenomenon and to write something about Osler's use of acupuncture some day. But, as always when one postpones the execution of a good idea, someone else discovers it independently and anticipates one's own publication. This was, of course, true also in regard to Osler's connection with acupuncture. First, a brief note appeared about it in a letter to the editor of the *New England Journal of Medicine*,¹ this note came to the surprised attention of Jean A. Curran, who was present in Galveston when the American Osler Society was founded. Stimulated by this surprise, Dr. Curran wrote on "Acupuncture in Western Medicine" in the *Harvard Medical Alumni Bulletin*.²

Although some aspects of my original thoughts have now been anticipated in print, I still feel that I may be able to contribute some additional details to this facet of Osler's medical practice, at least in-

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asmuch as I may be able to analyze Osler's familiarity with acupuncture as indicated by the description in his textbook. I was also curious to find out whether Osler's practice of acupuncture had any similarity to the ancient Chinese method or, for that matter, to the one currently in vogue in the People's Republic of China. I came to the conclusion that whatever similarity existed was purely accidental.

There is no evidence whatsoever that Osler, even at the time his *Principles and Practice of Medicine* appeared in 1892, knew that he was practicing Chinese medicine; quite to the contrary, his only reference was to Dr. Sydney Ringer of England (1835-1910) who, Osler states, had taught him acupuncture in 1873, 19 years before the publication of his textbook. That Osler and his preceptor, both internists, resorted to such a practice at all, must appear extraordinary because whatever acupuncture was performed in the 19th century was logically practiced by surgeons.

Before discussing Ringer and pondering how *he* could have acquired his knowledge of acupuncture, let me analyze the various occasions on which Osler recommends acupuncture therapy and how his recommendations measure up to the Oriental example. The first instance may be found in his chapter on muscular rheumatism and specifically in the discussion of the various forms that affect the muscles of the head, the shoulders, and the upper part of the back, such as "cephalodynia, scapulodynia, omodynia, and dorsodynia." "Myalgia," Osler says, "may also occur in the abdominal muscles and the muscles of the extremities." As to treatment, he gives the following instructions:

Rest of the affected muscles is of first importance. . . . If the pain is severe and agonizing, a hypodermic of morphia gives immediate relief. For lumbago acupuncture is, in acute cases, the most efficient treatment. Needles from three to four inches in length (ordinary bonnet-needles, sterilized, will do) are thrust into the lumbar muscles at the seat of the pain, and withdrawn after five or ten minutes. In many instances the relief is immediate, and I can corroborate fully the statements of Ringer, who taught me this practice, as to its extraordinary and prompt efficacy in many instances.³

The next example of "needling" in Osler's *Principles and Practice of Medicine* may not actually represent acupuncture and may only

have been interpreted as such by the person who made the index for the book. It occurs in a discussion of acute Bright's disease, and is particularly concerned with the reduction of ascites: "If the dropsy . . . has become extreme, the skin may be punctured with a lancet or drained by a small silver cannula . . . , which is inserted beneath it."⁴ Apparently the indexer was misled by the word "punctured" and automatically assumed that this referred to acupuncture, although it evidently described a method of draining the dropsical fluid from the abdomen by means of a cannula. A number of 19th century authors resorted to acupuncture in cases of dropsy.

The third instance in Osler's work doubtless refers to actual acupuncture and deals with the treatment of sciatica. For this obstinate affliction Osler recommended bed rest and immobilization of the affected limb, as well as hydrotherapy, warm baths, or mud baths. If long residence at one of the thermal springs did not relieve the suffering, he recommended topical treatment by means of hot irons, thermocautery, or blisters. In anticipation of the present-day treatment with xylocaine, or even cortisone, Osler suggested:

Deep injections into the nerves give great relief and may be necessary for the pain. If the pain is unbearable, morphia may be used, but it is a dangerous remedy in sciatica and should be withheld as long as possible. The disease is so protracted, so liable to relapse, and that patient's *morale* so undermined by the constant worry and sleepless nights, that the danger of contracting the morphia habit is very great. On no consideration should the patient be permitted to use the hypodermic needle himself. It is remarkable how promptly, in some cases the injection of distilled water into the nerve will relieve the pain. Acupuncture may also be tried; the needles should be thrust deeply into the most painful spot for a distance of about two inches, and left for from fifteen to twenty minutes.⁵

So far as we know, Osler's prescription of needling confined itself to these cases. It may be useful to analyze these indications of acupuncture treatment not only in the light of our present-day knowledge of this practice, but also with respect to the older Chinese medical literature.

In the first instance, the support of acupuncture treatment by Osler for the treatment of muscular rheumatism, i.e., myalgia, fully agrees

with the Chinese practice, as does the recommendation of protracted rest for the affected muscles. "For lumbago," Osler stated, "in acute cases acupuncture is the most efficient treatment."⁶ Here again most old and new Chinese sources would agree fully. Yet Osler seems to have been entirely unaware of the cultural origin of this procedure, as he only refers to "Ringer, who taught me this practice. . . ."

Had he been fully informed about the Oriental counterpart of this method he would hardly have suggested the use of needles of from three to four inches in length, adding parenthetically that ordinary "bonnet-needles, sterilized," will do. This is by no means the case, although the emphasis on the sterilization of the needles is important and highly laudable. Bonnet-needles, or hat pins, would have been considered entirely unsuitable by the originators of acupuncture, as these are too thick and rigid and do not have the elasticity that distinguishes real acupuncture needles. Nor do hat pins have the necessary serrated handle which facilitates careful insertion and aids twirling or agitating of the needles.

The second index listing in the case of extreme dropsy, the lancing or puncturing, and especially the draining of the fluid by means of a small silver cannula, although evidently suitable, doubtless merits no analysis, because it obviously does not refer to acupuncture.

In his recommendation for the treatment of sciatica, however, Osler fully, though unwittingly, shares the Chinese approach when he suggests acupuncture therapy. Actually, his prescription of thermocautery and blistering replaces another therapeutic method of the Far East: moxibustion. Here blistering is achieved by burning small cones of dried *artemisia vulgaris*, or wormwood, on predetermined points on the skin. Even if blistering in Western healing was performed in less gentle ways it seems that some time-honored treatments are common to medical systems that are widely divergent in other respects.

While there can be no doubt about Osler's knowledge of acupuncture as a modality for treatment, no indication exists that at the time he wrote his textbook he was also aware of the underlying principle within the Chinese medical philosophy from which acupuncture stemmed. This brings us to Sydney Ringer, the man whom Osler cited as his mentor for the practice. For modern medicine in general, Ringer's name has become a household word because of "Ringer's solution," which is much used nowadays to establish and maintain electrolyte balance in

numerous medical and surgical conditions. Ringer's invention also paved the way for the work of the French surgeon Alexis Carrel (1843-1944), who was able to revolutionize surgery of the cardiovascular system.

Concerning acupuncture, and also moxibustion—which they both called “blistering”—it would seem that Ringer had no more idea about their Chinese origin than had Osler. The latter, of course, based his acupuncture practice in part on Ringer's *Handbook of Therapeutics*, in which the author was “enthusiastic about the dramatic, almost magical, immediate, and permanent effects of acupuncture.”

Osler's faith in Ringer's written statement was reinforced by the great personal respect he felt for his English guide and friend during the 15 months of 1872-1874 he spent in the study of histology and physiology at the University Hospital in London. He also learned from his preceptor the admirable British system of teaching in the ward. From Ringer and others Osler also observed how attractive outpatient teaching could be made. Of Ringer he said: “I always felt [he] missed his generation, and suffered from living in advance of it.”⁷

Ringer was by no means the first Englishman to use acupuncture in his medical practice. He based his knowledge on 18th century French and English medical literature, which was rich in references to Oriental medicine.⁸ Further, there is documented evidence in the late 19th century that the distinguished British surgeons, John Morss Churchill⁹ of Leicester Square and William Coley of Bridgworth, employed acupuncture therapy in the treatment of tympanites, although this may also have been “pseudo-acupuncture,” similar to the method which Osler recommended in the treatment of acute Bright's Disease. With a few exceptions, all these authors knew and stated their familiarity with the cultural origin of the art of acupuncture. Nevertheless, Ringer, and consequently also Osler, seemed content with classifying it as just another therapeutic technique without advancing any thoughts about the medical philosophy behind it. Or was it that these men might have considered it unprofessional, if not outright unacceptable, to take recourse in therapies that were anchored in an alien and unscientific culture?

In fact, such an assignment of a negative and uncomprehending attitude toward Far Eastern medical concepts in those times is scarcely far-fetched. Osler himself furnished corroborating evidence 20 years later in the chapter on Chinese and Japanese Medicine of his work *The*

Evolution of Modern Medicine (1921), based on his Silliman Foundation Lectures at Yale University in 1913. Here is his verdict: "Even the briefest sketch of the condition of Chinese medicine leaves the impression of the appalling stagnation and sterility that may afflict a really intelligent people for thousands of years. It is doubtful if they are today in a very much more advanced condition than were the Egyptians at the time when the Ebers Papyrus was written."¹⁰

Inasmuch as Osler's only quoted source of information on Oriental medicine is J. J. M. de Groot's *Religious System of China*, which was published in 1910, it is small wonder that he completely missed the essentials of the Chinese medical system, and the simple fact that the Chinese by then had grown into a nation of more than 600 million without ever having developed a different system of health care in all the millennia of their history.

In spite of Osler's faith in his mentor Ringer and in the analgesic effect of acupuncture, he suffered at least one embarrassing failure after his return to Canada from England. On this occasion, in the autumn of 1879, Osler was requested to act as a consultant in the treatment of an important patient with intractable lumbago. As it happened, the patient was old Peter Redpath, a wealthy Montreal sugar-refiner, and member of the board of directors of the Montreal General Hospital, who had heard of Osler's extraordinary method of treatment which might cure him of his severe pain. As Cushing tells us:

[Mr. Redpath] arrived exhausted after mounting the stairs, and in due course they proceeded to treat him by acupuncture, a popular procedure of the day, which consists in thrusting a long needle into the muscles of the small of the back. At each jab the old gentleman is said to have ripped out a string of oaths, and in the end got up and hobbled out, no better of his pain, this to Osler's great distress, for he had expected to give him immediate relief which, as he said "meant a million for McGill."¹¹

This deplorable failure appears to have terminated Osler's career as an acupuncturist, which, in a fashion, renders the title of this paper somewhat anachronistic. When he was Regius Professor at Oxford in 1905, or later when he received his baronetcy, he no longer used needle therapy. Nor can it be assumed that Ringer, his preceptor in acupuncture, was still very eager in the pursuit of medical innovations. By the time of Osler's permanent transfer to England, Ringer had lost both

his wife (1897) and his elder daughter, and had become a virtual recluse. He carried on his work at the University of London and remained in the same house in which he had lived throughout his professional career. There he led a simple existence, enlivened only by the infrequent visits of a small circle of intimate friends, among whom were the great physiologist, Sir Michael Foster (1836-1907), Christopher Heath of the University of London, and William Osler.

In addition to those related to the practice of medicine, Osler adopted other innovations from his English friend; Ringer is said to have been "a great cigarette smoker and introduced Osler to that habit."¹² Of the variety of medical innovations that came to Osler from Ringer, this is one that Osler conceivably could have done without.

Half a century later and well in advance of the current rush into acupuncture practice, a remarkable event occurred in the spontaneous rediscovery of the needling therapy by Dr. Janet Travell in her treatment of President John F. Kennedy. It has become part of American history that President Kennedy was a chronic sufferer from debilitating backache that had been impervious to treatment by all possible analgesics until he was treated by Dr. Travell. Fortunately for her distinguished patient, she had long been actively interested in all aspects of myofascial pain and had used injections of procaine into those exquisitely painful spots which she designated as "trigger areas." Subsequently she found that plain saline solution was as effective as the procaine had been. From that she boldly proceeded to puncture each trigger area with a hypodermic needle attached to an empty syringe. When using this treatment which she called "dry-needling" on President Kennedy, Dr. Travell was supported by data derived from more than 700 patients treated for pain referred from myofascial, i.e., somatic trigger areas. Eventually Dr. Travell was made aware that her discovery of dry-needling was almost identical with Chinese acupuncture. But only "almost"—the concept of myofascial trigger areas as sources of referred pain had not been part of ancient Chinese thinking. Dr. Travell did, however, find comfort as well as confirmation of her own theories in Sir William Osler's textbook on the *Principles and Practice of Medicine*; he stated that "the needles are thrust in the lumbar muscles at the *seat* of the pain." In concluding this presentation I wish to quote Dr. Travell's final assessment of Osler's use of acupuncture: "That wise clinician was alleviating the symptom of pain and was not attempting to cure a disease."¹³

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