

Thinking with William Osler

オスラーの遺産と現代医療

by

Reiko Nakamura

Beverly Nakamura

EIHŌSHA

はじめに

生きることをまた学ぶことを、「辛い」「難しい」「迷う」「自信がない」と考え悩む学生を、とてもまぶしく思う。いくらでも乗り越えられること、そしてその手助けになる一つの大きな力が William Osler にあることを伝えたい。

Osler 文学には不思議な力がある。求める心があれば、必ずいくらでも応えてくれる—strength, laughter, kindness, courage, hope, wisdom, . . . 是非とも、William Osler を大切な師として学問の道を進んでほしいとの願いをこめ *Thinking with William Osler* と題するテキストを完成した。

このテキストには、二つの目的がある。第一は、Osler の著作から学問を志す学生として、ヒューマニストの価値観を学ぶことである。ヒューマニズムとは、いかなる職業に携わる者にとっても、絶えず念頭に置かなくてはならない概念である。

第二は、学生の責務である学ぶ姿勢に挑戦することである。高等教育に進むことのできる若者は、学業でいかなる困難に直面しようともそれを避けてはならない。選択肢がある時には、むしろ困難な方を歓迎すべきではないだろうか。従って、*Thinking with William Osler* は、Osler の著作を日本語訳からではなく、原文で読解し、Osler の倫理観を学ぼうとするもので、それに挑む学生の意欲を歓迎したい。

William Osler は、1919 に逝去するが、その 6 年前に、Yale 大学で講演し、自らのことを、次のように述べている。「牧師の 9 人の子供の一人として、最高の家庭環境の中で生を受けた。四つの大学で学部長を務め、好評を得る一冊の本 (*The Principles and Practice of Medicine*) を書きあげたが、自分は凡人である。」しかし、Osler が医療の従事者のみならず後世の学生に残した遺産には、ヒューマニズムとヒューマニストの必須要件である勤勉・正義・慈悲・謙遜がその根底にある。これが Osler を世界のもっとも偉大な教育者の一人に位置付ける。

Osler のヒューマニズムにあふれる価値観と原則は、彼の著作のタイトルから明らかである—「平静の心」、「生き方」、「古き人文学と新しき科学」、「結束、平和、協調」など。Oslerism を限られた数行で要約できるとは思わないが、あえて以下のことに答えてみたい。なぜ Osler の著作が発刊され続けるのか、なぜ Osler 研究を目的とする Osler 学会 がアメリカ・カナダ・イギリス・日本などで活動し続けるのか、なぜ彼の著作が翻訳され続けるのか。

私個人は次のように考える。Osler は、人間が基本的に善であると信じている。しかし、人間の善意は、自己規制や啓発を絶えず求められる脆いものである。Osler の著作は、医療の従事者や学生に、彼らが治療や学業に多忙なあまりに気がつかない、あるいは、忘れている善意をよみがえらせる。従って、William Osler を読み学ぶことによって、人間としての善意の大切さを教えられる。

Thinking with William Osler を構成する 15 の章は、学生が必ず直面する課題を取り上げている——結婚・誤診・戦争・利己主義・誘惑・無関心・食事療法・虐待・倫理・学問・苦難・高齢・慈悲・ユーモア・生死。そして各章は、次の 9 つの小項目から構成されている。

1. Reading William Osler は、各章のテーマに関連する Osler の著作からの抜粋を紹介する。
2. Pre-Conversation Check は、続く Conversation をよりよく理解できる準備として Conversation で使用する語彙および表現の意味を記す。
3. Conversation は、Reading William Osler からの抜粋が現代の医療現場の設定の中に置かれ、会話が作成され、listening exercise となる。
4. Post-Conversation Check は、Conversation の聴き取りを yes/no/not stated の質問で確認する。
5. Hospital English Check は、Conversation の中で使用する医学用語及び表現を復習する。さらにヒューマンイズム豊かな社会人・医療従事者に育つための思考力を刺激する様々の応用問題が組み込まれている。
6. Beware/Be Aware は、Conversation の中で使用する語彙・表現に注意を向ける。TOEIC や TOEFL に挑戦する学生に役立つであろう。
7. Nourishing Vocabulary は、Conversation の中で使用する語彙にかかわる接頭語や接尾語を紹介する。
8. More from William Osler は、各章の締め括りとして各章に関連する Osler の引用文をさらに紹介する。
9. 巻末に、Reading William Osler, Conversation に関する要旨を日本語で紹介、学習者の理解を深める。

各学部の英語の指導者に課された責任は、学生の英語習得だけでなく、学生が少しでも立派な人間に成長することにもあるのではないだろうか。*Thinking with William Osler* は、この二つの使命に応えると思う。テキストの内容は簡単ではないが、学問の追及も簡単ではないはずである。

最後にテキストの概念に理解をいただいた英宝社の宇治正夫編集長と度重なる校正を適切にしてくださった同社のスタッフの方々に心より感謝したい。

参 考 文 献

本テキストを作成するに当って次の原書，文献を参照したことを記する。

Cushing H (1977). *The Life of Sir William Osler*, New York: Oxford University Press.

Hinohara S, Niki H (eds) (2001). *Osler's "A Way of Life" and Other Addresses, with Commentary and Annotations*, Durham, NC: Duke University Press.

Osler W (1984). *The Principles and Practice of Medicine*, 21st ed. Norwalk, Conn: Appleton-Century-Crofts.

Silverman M, Murray T, Bryan C (eds) (2003). *The Quotable Osler*, Philadelphia: American College of Physicians.

CONTENTS

Unit 1	“the medical society is the best corrective”	3
Unit 2	“it is not for you to don the black cap”	9
Unit 3	“Gentleness is your birthright”	14
Unit 4	“errors in judgment must occur”	19
Unit 5	“The history of the race is a grim record”	25
Unit 6	“beset with many temptations”	31
Unit 7	“marry the right woman!”	36
Unit 8	“the most dangerous foe . . . is apathy”	42
Unit 9	“preservation of health depends in great part upon food” . . .	48
Unit 10	“war blasts the soul”	53
Unit 11	“cling to your ideal”	59
Unit 12	“unhappy ones choose death”	65
Unit 13	“A bookish man may never succeed”	70
Unit 14	“Stand up bravely, even against the worst”	75
Unit 15	“The things that should accompany old age”	81
	Reading William Osler, Conversation の要旨	87

Thinking with William Osler

Unit 1

"the medical society is the best corrective"

Reading William Osler

Bubbling spontaneously from the artless heart of child or man, without egoism and full of feeling, laughter is the music of life.

The daily round of a busy practitioner tends to develop an egoism of a most intense kind, to which there is no antidote. . . . The mistakes are often buried, and ten years of successful work tends to make a man touchy, dogmatic, intolerant of correction and abominably self-centered. To this mental attitude **the medical society is the best corrective**, and a man misses a good part of his education who does not get knocked about a bit by his colleagues in discussions and criticisms.

It may be that in the hurry and bustle of a busy life I have given offence to some—who can avoid it? . . . if so, I am sorry, and I ask his pardon.

. . . we are here not to get all we can out of life for ourselves, but to try to make the lives of others happier.

Pre-Conversation Check

to book 「予約する」 bachelor 「未婚男子」 self-diagnostic test 「自己診断調査」 shrink 「(俗) 精神科医」 loner 「孤立した人」 healthcare personnel 「医療関係者」 socialize 「社交的にする」 keep count 「数える」 psychoanalysis 「精神分析」 tuna fish sandwich 「ツナサンド」 keep track 「見失わない」 white coat 「白衣」 substitute 「代わる」 night on call 「夜勤」 colleague 「同僚」 observatory 「見学台」 medical finding 「医学的所見」 phobia 「恐怖」

Conversation

Tom: You care to join me for dinner tonight, Jerry?

Jerry: Sorry, Tom. I've already **booked** myself for this evening.

Tom: Why is it that I have nothing to do on a Friday night? Thirty-nine, not bad-looking, a physician. What more is there to ask of a **bachelor**?

Jerry: Would you be interested in a **self-diagnostic test**?

Tom: You mean the one prepared by you **shrinks** to analyze why a **loner** is a loner?

Jerry: Yeah. It's getting great reviews. It helps the **healthcare personnel** to **socialize** better and to be happy. I have one right here if you're interested.

Tom: Kind of. But lunch comes first.

Jerry: In that case, I'll read it to you. You **keep count** of all your yeses. Ready?

Tom: I guess so. A **psychoanalysis** over a **tuna fish sandwich**.

Jerry: Don't forget to **keep track** of your yeses.

- 1) I always think wearing a **white coat** makes me special.
- 2) Ten out of ten, I refuse to **substitute** for my friend's **night on call**.
- 3) I sometimes remember to brush my teeth.
- 4) I hardly welcome **colleagues** in the **observatory**.
- 5) I rarely thank anybody.
- 6) I seldom prefer to share the latest **medical findings** with my rival colleagues.
- 7) I have often been asked by my patients to be replaced.
- 8) I constantly find myself yelling at medical students for being in the way.
- 9) I have a **phobia** of shaking hands with my patients.
- 10) I have never entertained at my home.

That concludes Part I. How're you doing, Tom?

Tom: So far, all yeses. What's that supposed to mean?

- d) The impatient patient keeps () asking when he can be discharged.
- e) Keep medication () from the children's reach.
- f) The midwife continues to keep () with all the children she has delivered.
- g) I can't keep () of all the instructions for all the medications I have to take.
- h) Please keep () your volunteer work at the hospital.
3. The following lists some of the phobias and the names of those who are known to have suffered from them. Complete the exercise and add other phobias you find interesting.

phobia	fear of ~	admitted by ~
<i>agoraphobia</i>		<i>Sigmund Freud</i>
<i>ailurophobia</i>		<i>Napoleon Bonaparte</i>
<i>anthophobia</i>	<i>flowers</i>	<i>Queen Elizabeth I</i>
<i>claustrophobia</i>		<i>Adolf Hitler</i>

4. The following words used in the **Conversation** express varying degrees of frequency. Describe how you would attempt to establish relationships with your patients based on the frequency listed below.

constantly	
rarely	
often	
always	
never	
seldom	
ten out of ten	
hardly	
sometimes	

5. Using English thinking patterns, answer Yes or No to complete the sentence.

a) **Dr:** I need to confirm with you. You do wish to undergo this controversial procedure.

Patient: _____, I do.

b) **Dr:** Do you mind if I postpone your treadmill test to next week?

Patient: _____, because I have other prior engagements all next week.

c) **Dr:** Don't forget to take these tablets every day.

Patient: _____, I never ever forget.

d) **Patient:** Doctor, you do know that I am diabetic.

Dr: _____, I didn't know that.

e) **Patient:** I don't have anything to worry about, do I?

Dr: I'm very sorry, but _____, you do need to worry.

f) **Patient:** Can't you give me more sleeping pills?

Dr: _____, that would not be possible.

g) **Patient:** You don't think I'll get back my health, right?

Dr: _____, I do think you have a very good chance to recover fully.

= **Beware/Be Aware** =

In case it snows tomorrow, I don't think I can come to your clinic. **In that case**, can you make a house call?

He studied **physics**; he is a **physicist**; he is not a **physician**.

Nourishing Vocabulary

psych(o)~ (精神) psychoanalysis

_____, _____, _____

self~ (自己) self-diagnostic

_____, _____, _____

*** You are Jerry in the **Conversation**. How will you answer Tom at the end of the conversation?

more from William Osler

1. . . . how hard it is for physicians to keep on good terms with each other. The practice of medicine calls equally for the exercise of the heart and the head;
2. . . . everyone is jealous and fearful lest the other should know of or find out about his work. . . . I would earnestly entreat any young man who unwittingly finds himself in a laboratory pervaded with this atmosphere, to get out ere the contagion sinks into his soul.
3. You cannot afford to stand aloof from your professional colleagues in any place. Join their associations, mingle in their meetings, giving of the best of your talents, gathering here, scattering there; but everywhere showing that you are at all times faithful students, as willing to teach as to be taught.
4. The profession in truth is a sort of guild or brotherhood, any member of which can take up his calling in any part of the world and find brethren whose language and methods and whose aims and ways are identical with his own.
5. . . . it is very difficult to carry on the work of a first-class hospital without the help of students. . . . much of the routine work can be perfectly well done by senior students.

Unit 2

"it is not for you to don the black cap"

Reading William Osler

At last the gospel of the right to live, and the right to live healthy, happy lives, has sunk deep into the hearts of the people;

Can anything be more doleful than a procession of four or five doctors into the sick man's room?

... the human heart has a hidden want which science cannot supply;

What is your duty in the matter of telling a patient that he is probably the subject of an incurable disease? ... One thing is certain; **it is not for you to don the black cap**, and, assuming the judicial function, take hope from any patient. ...

And the third [of Osler's ideals] has been to cultivate such a measure of equanimity as would enable me ... to be ready when the day of sorrow and grief came to meet it with the courage befitting a man.

Pre-Conversation Check

opinion 「所見」 **metastase** 「転移する」 **chemo:** chemotherapy 「化学療法」
radiation 「放射線療法」 **palliative care** 「緩和ケア」 **quality of life** 「生命の質, クオリティオブライフ」 **experimental** 「実験的」 **aggressive** 「強度の」 **minimal** 「最小限」
succumb 「死ぬ」 **operating table** 「手術台」 **conference** 「説明面談」 **patient's rights** 「患者の権利」 **inform** 「説明」 **final decision** 「最終決断」 **abandonment** 「放棄」 **get at** 「意味する」 **break** 「休息」 **deserve** 「～に値す」 **even so** 「されど」

Conversation

Mr. Omni: I am sure you've already seen and read everything concerning me.

Dr. Trio: Yes, I have.

Mr. Omni: And? . . . I want your **opinion**, Dr. Trio.

Dr. Trio: (*sighs*) It's very difficult to say.

Mr. Omni: If it's difficult for a professional, it's more difficult for a non-professional like me to decide. Look, Dr. Trio, I've been told that my cancer has **metastasized**. It seems that all the treatments I've undergone—the **chemo** and the **radiation**—have failed.

Dr. Trio: I'm afraid so.

Mr. Omni: Dr. Uno gives me six months. He repeats words like **palliative care** and **quality of life**.

Dr. Trio: Yes, Dr. Uno has a point.

Mr. Omni: Then Dr. Duo suggests this highly **experimental** and **aggressive** procedure. He says the success rate is **minimal** but may be worth a try. If the procedure succeeds, I might have more than six months. But, of course, if it doesn't, I might **succumb** on the **operating table**.

Dr. Trio: Yes, Dr. Duo has a point.

Mr. Omni: Everybody seems to have a point. At the **conference**, the two doctors gave me all the explanations and options, but always with maybe's, probably's, most likely's, and may's. No final decision.

Dr. Trio: You've got to understand, Mr. Omni, that physicians have to respect the **patient's rights**. We **inform** the patients of the options they have, but we can't make the **final decision** for them. That's up to the patient.

Mr. Omni: That's so not fair! I call that a medical **abandonment**. . . . What I'm trying to **get at** is that I really don't know how to face my own death. Something in me says, "Stay alive even a day longer for the family." Then something else tells me, "Give yourself a **break**. You **deserve** not to suffer at the end." Dr. Trio, being sick is not easy.

Dr. Trio: I know, Mr. Omni, but **even so**, I cannot decide for you.

Mr. Omni: Then, Doctor Trio, let me put it this way. If I were your father, how would you decide for me?

Post-Conversation Check

= True/False/Not Stated =

1. Dr. Trio studied Mr. Omni's case before the two meet. ()
2. According to Mr. Omni, Dr. Uno seems to think palliative care can respect the quality of life. ()
3. Dr. Uno and Dr. Duo suggest the same treatment for Mr. Omni. ()
4. Mr. Omni thinks his three doctors are, in a sense, irresponsible. ()
5. All three doctors work in the same hospital. ()
6. Mr. Omni does not know how to cope with his illness. ()
7. Mr. Omni himself is a physician. ()

= Hospital English Check =

1. In the **Conversation**, Mr. Omni seeks to confirm his situation with Dr. Trio by saying, "I am sure you've already seen and read everything concerning me." What could Dr. Trio have seen and read?

<i>X- rays</i>		

2. Patients are highly sensitive to the intonation and the wording of what medical caregivers say. How might a caregiver rephrase the given imperative (command) sentence so that relationships with the patients can be warm and caring?

Imperative sentence: **Lie down on the table.**

Please ~	<i>Please lie down on the table.</i>
I'd like ~	
Can you ~	
Can I ask ~	
Let me ask ~	
Do you think ~	
I wonder if ~	
I'd rather ~	
It would be better ~	

3. During the doctor-patient conference, what could the doctors have refrained from saying to Mr. Omni? Why?
- a) You have only six months and no more before you expire.
 - b) You are free to seek other opinions, but they'll probably say the same as what I've said.
 - c) Hospice is the only place you should be going since we can't treat you any more here.
 - d) In your case, there is absolutely no hope.
 - e) I've always wanted to do this experimental procedure. It would mean a lot to me if you would let me.
 - f) You are not a doctor so leave everything to us. You are in good hands.
4. Complete the following sentences by choosing the correct term in the parentheses.
- a) For the examination, the doctor asked the patient to **(lie, lay)** down.
 - b) Medical professionals cannot **(lie, lay)**; they must speak the truth.
 - c) My work is to **(lie, lay)** out the equipment in order before the operation.
 - d) She has a clean bill of health. No, she is not pale, she is just **(fair, fare)**.
 - e) The transportation **(fair, fare)** to the hospital cannot be covered by insurance.
 - f) **(Almost, Most)** all Japanese medical students graduate in six years.
 - g) In the human body, **(almost, most)** 99% of calcium is found in the bones.
 - h) Today **(almost, most)** countries in the world regard brain death as human death.
 - i) He is feeling super. He **(may be, maybe)** out of the hospital today.
 - j) He is feeling super. **(May be, Maybe)** he can come out of the hospital today.
 - k) After **(dying, dyeing)** her hair, she began to be concerned with the possible dermatological side effects. Since then, she has never **(dyed, died)** her hair.
 - l) We will all **(dye, die)** one day. The fear of **(dying, dyeing)** is natural.

= **Beware/Be Aware** =

I'm afraid of earthworms. **I'm afraid** I won't be able to dissect them during biology class.

Nourishing Vocabulary

met(a) ~ (後, 超, 变化) metastasize

_____, _____, _____

radi(o) ~ (放射) radiation

_____, _____, _____

chem(o) ~ (化学) chemotherapy

_____, _____, _____

*** You are Dr. Trio in the **Conversation**. How would you answer Mr. Omni at the end of the conversation?

more from William Osler

1. Faith in the gods or in the saints cures one, faith in little pills another, hypnotic suggestion a third, faith in a plain common doctor a fourth.
2. Humanly speaking, with [the family doctor] are the issues of life and death, since upon him falls the grievous responsibility in those terrible emergencies which bring darkness and despair to so many households.
3. There is only one safe rule—never listen to a patient who begins with a story about the carelessness and inefficiency of Dr. Blank. . . . the same tale may be told of you a few months later. Fully half of the quarrels of physicians are fomented by the tittle-tattle of patients, . . . never believe what a patient tells you to the detriment of a brother physician, even though you may think it to be true.
4. I feel that our attitude as a profession should not be hostile, and we must scan gently [the patients] who may be carried away in the winds of new doctrine [alternative medicine].

Unit 3

"Gentleness is your birthright"

Reading William Osler

Gentleness is your birthright as a nurse. It is expressed by words, by hand or in motion.

Courage and cheerfulness will not only carry you over the rough places of life, but will enable you to bring comfort and help to the weak-hearted and will console you in the sad hours. . . .

No matter how trifling the matter on hand, do it with a feeling that it demands the best that is in you, and when done look it over with a critical eye, not sparing a strict judgment of yourself.

. . . you will draw from your errors the very lessons which may enable you to avoid their repetition.

If you hear that a young fellow just starting has made mistakes or is a little "off colour," go out of your way to say a good word to him, or for him. It is the only cure; any other treatment only aggravates the malady.

Pre-Conversation Check

freshman blues 「新人の憂鬱」 **dressing** 「包帯」 **diabetic** 「糖尿患者」 **amputee** 「切断手術をうけた人」 **ooze** 「分泌物」 **muscle** 「筋肉」 **infection** 「感染」 **pass out** 「気を失う」 **draw blood** 「採血」 **tourniquet** 「駆血帯」 **circulation** 「循環」 **vein** 「静脈」 **gurney** 「車輪付きの担架」 **steer** 「操作」 **self-control** 「自制」 **carried away** 「動揺する」 **emotionally invested** 「感情的に接する」 **hold on** 「待つ」 **medication** 「投薬」 **fuss** 「大騒ぎ」 **Florence Nightingale** 「近代看護学確立の功労者」 **vice versa** 「逆もまた同じ」