

# Filming Osler in Oxford

or

## So you want to immortalise your medical hero on film?

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### Introduction

Library shelves are weighted with the un-browsed biographies of medical giants: the textbooks are heavy with eponymous diseases and signs. Why then are there “no famous dead doctors”,<sup>1</sup> and why do the great medics survive only in a half-life of ward names and viva questions? Indeed it is as Sir Thomas Browne, Oxford-trained physician, wrote: “...the iniquity of oblivion blindly scattereth her poppy, and deals with the memory of men without distinction to merit of perpetuity”.<sup>2</sup>

Some names are more durable than others, and one that is at least familiar to the profession in Oxford (and its students) is that of William Osler. Few, though, know him beyond his nodes, except as one of that vague generation of stern steam-age men who forged modern medicine from the ore of physic. The project of preparing a film of Osler’s time at Oxford has led me to ask more generally how the submerged histories of the colossi of medicine can be revealed to the present day, and more specifically, how might they be presented on film, the medium of the modern age?

### Sources

My brief: to research and direct a short film on Sir William Osler’s time in Oxford, commemorating the 100th anniversary of his arrival. An archive of Osler-related material exists at 13 Norham Gardens, in North Oxford, but my first task in research was to examine the previous writings on my subject. In Osler’s case there is no shortage of material - numerous articles, published lectures and several major biographies. The first biography<sup>3</sup> represents the genre’s apotheosis - written by another medical ‘name’ - Harvey Cushing - it won a Pulitzer prize in 1926, was extremely popular in its time, and has 1413 pages. The most recent,<sup>4</sup> written by the medical historian Michael Bliss, includes emphasis on Osler’s humanism and comments on his sexuality. Cushing’s biography was written soon after Osler’s death, and although a brilliant account of his life, is unable to assess his impact today. Bliss’s account also fails to look at today’s medicine for Osler’s influence, and does not attend enough to the literary work that characterised his time in Oxford.

Film, however, requires an immediacy that is not easily provided by secondary sources. Documentary film can be seen as a court case in which conflicting testimony presents different angles to the audience/jury.<sup>5</sup> Fortunately, there are first-hand descriptions of Osler in print, such as those of Wilder Penfield,<sup>6</sup> and I was able to see an unpublished diary relating to Osler in an Oxford archive.<sup>7</sup> It is in the voices of those who knew and worked with these men that we can obtain a vivid and realistic portrait, and the same is true of images.

Pictures of Osler’s time in Oxford are available at the 13 Norham Gardens archive although others, held at McGill University in Canada, have had to be tracked down and copies requested. The

contemporary evidence provides a secure base on which to construct secondary description. If this material is lacking, it will be a real struggle to connect with the subject on film; if secondary material is lacking then the problems will be primarily in interpretation. In this case I felt that the two were well-balanced.

### Pre-production

Pre-production is where the aims of the film are decided: how to create movement around its subject; who the audience will be and what they should get out of it. This is where the majority of written medical biographies fail - they are written for the benefit of the author’s private obsession. The lack of filmed documentaries on medical figures meant I had to consider my needs carefully. My audience was predefined as the members of the various Osler societies and the Oxford Medical Alumni, but I wanted to keep the film appropriate for a general medical audience. The aims for each group would overlap - for one, the presentation of new and unseen evidence was important, for the other it was key to maintain a clear sense of history and show the relevance of Osler’s work.

To show movement in the film I split it into sections of modern life in which Osler’s influence has been most important. I decided on improvised narration created from interviews with the current Regius Professor of Medicine, John Bell, and the man responsible for the 13 Norham Gardens Archive, Professor Ryan. The focus would be Osler’s influence a hundred years on, rather than a pure historical biography. Filming would extend to include the London locations where his ideas had the greatest impact on the profession as a whole.

The next stage was preparing storyboards to plan the film’s action (without the intention of sticking to them absolutely) and writing to potential interviewees and locations for their time and permission. In Oxford, most locations, such as Christ Church, the Radcliffe Infirmary and the Natural History Museum, are very familiar with film-makers, and helpful to people working within the University. Finally, we employed a professional cameraman and his equipment - later he would also help us with editing.

### Production

Once appointments have been made and locations booked, filming can commence. I drew up a timetable of where and when we would film to make best use of time, and set off early one morning with the cameraman. For every shot there are technical considerations: is the light sufficient? is the sound clear enough? what will happen on moving from a darker image to a lighter one? At the same time there are artistic questions: what purpose in the film will this shot have? would movement in this shot change the way that the audience perceives a place? will the ambient sound be used, or will it be replaced with a voice-over? Interviews have to be arranged both

visually and for sound. Should the interviewer’s voice be heard in the film, or should it be cut out? Where should the interviewee look?

Decisions are required for all of these questions, many of them on the spot because of the unpredictability of each location. At the same time I tried not to lose the spontaneous nature of events, and tried not to restrict myself to my storyboards when a better opportunity appeared. Production also included incidents like interrogation by hospital security guards, and unexpected storms. At the end we had a mass of footage from which to construct the final film.

### Post-production

This consists, for us, of transferring and digitally editing the video we have obtained, selecting what is essential and fitting it together to create a complete film. This is ongoing, and will probably take several weeks and several stages of refinement. At this stage the aim is to use both the sound and images we already have to best advantage, and decide how to use one to illustrate the other.<sup>8</sup>

Once the editing is complete, the film will need to be copied to DVD and then duplicated for distribution - the deadline for total completion being the Oxford Medical Alumni meeting in September. The editing process is critical to the film - hours of footage must be reduced to a concise and self-contained parcel. It is also the key to whether the film reaches its original, pre-production goals.

### Conclusion

Current medical biography remains characterised by its private and hagiographic nature - to capture the imagination of the profession and public writers must consider both their audience and the relevance of their subject’s work or life today. The challenge that particularly faces film-makers in this field is to create a dynamic piece of work that will interest their viewers while maintaining a detailed historical narrative. It is easy to create a slide-show of miscellaneous fragments of a life - the difficulty comes in connecting them and revealing the presence of the subject at their centre.

### References and Acknowledgements

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