

COVID-21: just when you thought it was safe to go back in the water

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Throughout the COVID pandemic, Prime Minister Boris Johnson has been keen to draw parallels with wartime and by inference to compare himself with Britain's celebrated wartime leader, Winston Churchill. As the first year of the crisis came to an end and the poor performance of the United Kingdom in preventing avoidable deaths from the new coronavirus became apparent, the hollowness of the claim stood in stark contrast to the remarkable achievements of the nation's applied scientists in their international collaborations to produce effective vaccines in record time.

However, other aspects of the wartime analogy are justified by reference to the importance of sound leadership, decisiveness and discipline: issues that Field Marshall Montgomery identified as crucial in the Eighth Army's success over Rommel in the Second World War deserts of North Africa.¹ Together with the success or otherwise of social mobilisation, logistics and good communications, they are factors that play into the 'battle rhythm' of both war and public health emergency. No doubt historians and PhD students will dwell on these matters for generations to come.

A tragic irony of each of these recurring fates of mankind has always been that of rapid and overlapping innovation and social change, whether it be the development of the Roman chariot wheel, the British tank, the German submarine and offensive rocket, or the adoption of medical outcome statistics and hygienic hospital design as a result of Florence Nightingale's work in the Crimean War, progress in the management of severe trauma pioneered in the battlefield, or the large-scale trialling of penicillin in the treatment of infected wounds.

One hundred years on from the influenza pandemic of 1918–19, there is a dreadful symmetry that unites these two events and provides a thread that runs between them. It is a thread that can be

illustrated by the lives of individuals caught up in these big dramas of history.

Sir William Osler, Canadian physician and pathologist, acknowledged in his lifetime to be one of the greatest physicians of his generation was born in 1849, just as medicine was about to enter one of its most productive eras.² He was the son of an English born cleric who had emigrated to British Upper Canada where he spent his career as a missionary and frontier parson among the poor. As a child free to roam in the natural wilderness, Osler acquired a lifelong passion for natural history, collecting specimens of parasites in the waters and the muds of his surroundings and publishing details of them from an early age.

Reaching maturity when the Pasteurs and the great German pathologists such as Virchow and Ehrlich were laying down the foundations of scientific medicine, he sought out the best as mentors wherever he could find them. His medical student and post-graduate travels took him to McGill in Montreal, to London, France, Germany, Austria, Boston and finally to Johns Hopkins in Baltimore where he was instrumental in establishing the first scientific medical school that squared the circle of research, clinical practice and teaching.

A polymath whose clinical interests, publications and discoveries were wide-ranging and who became increasingly focused on prevention and public health, the more he understood of pathology, he was greatly loved by his students. Having established Hopkins as the leading medical institution in North America, Osler was poached by Oxford University to become Regis Professor of Medicine in 1905, where he was lauded by the medical establishment and given a baronetcy in the Coronation Honours List of King George V in 1911. He twice declined the invitation to become president of the Royal Society of Medicine, his interests continuing to be in research,

clinical practice and his passion for educating the next generation of doctors.

By the time the First World War broke out in 1914, Osler's career in medicine had seen the dawning of the clinical scientific era, not least in Baltimore, at Johns Hopkins and his time in Oxford had enabled him to invigorate a tired medical presence at Oxford University. Having married late, his only son, Revere, whose mother was a descendent of Paul Revere, the famous patriot of the American War of Independence, began as a student at Oxford during the war years. As Canada was already involved in the war, he left to join the McGill University wartime hospital unit and then sought transfer to a frontline unit where he was mortally wounded during the battle of Ypres on 29 August 1917. Revere died in the nearby field hospital attended to by Harvey Cushing, a former McGill student of Osler's, who was later to achieve his own medical fame.

At the time of Revere's death, the influenza pandemic, which was to wreak havoc across the world, was incubating in army camps across the American seaboard.³ Over the next two years, the grieving Osler continued to drive himself hard, work and self-discipline having been the guiding principles of his life. In September 1919, the second wave of the pandemic was nearing its tail end having accounted for between 50 and 100 million globally. Physically run down and prone to winter respiratory infections, Osler contracted the virus and was unable to throw off the ensuing infection that was diagnosed as *Haemophilus Influenzae*, an organism that often accompanied and was at that time still thought by many to be the cause of influenza. He succumbed to the pneumonia at 4.30 pm on 28 December.

In 2021, we look back on the pandemic of 1918-19 for what we may learn and to give us perspective on current events. Osler's family experience shows us

that however successful we may be and however far reaching our contributions, we remain but flotsam in nature akin to Sir Williams earliest discoveries among the muds of northern Canada. The hubris that so often accompanies our sense of scientific progress, not least in the euphoria of the roll out of an apparently successful vaccine programme in one corner of the globe, should not blind us to the prospects of further waves of the pandemic without the attainment of global control. And while the darkest hour may be just before dawn the price of global health security must be eternal vigilance against the tricks that nature still has up its sleeve. Let us remember this as siren voices try to persuade us that its time for everybody to go back in the water.⁴

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