



Melvin Palliser Osborne



Melvin Palliser Osborne, M.D. was born at home in Omaha, Nebraska on April 2, 1917 and died following a lengthy illness at his home in Chestnut Hill, Massachusetts, on Thursday, March 14, 1996 surrounded by his family. A funeral service was held on March 18, at the First Church in Chestnut Hill, MA, which was heavily attended by his numerous friends, colleagues, and students.

As one looks back on Dr. Osborne's youth, from his tales and reminiscences from his family, he was intensely interested in the West. The West had captured his imagination and initiated his career as a fisherman at the age of four and was responsible for his entry into the Boy Scouts where he became an Eagle Scout at the age of fourteen. This outdoor ethic was one of the major reasons for his joining

1,500 other scouts at an international gathering at Independence Rock, Wyoming, after following the Oregon Trail via truck along side his high school principal and friend, J.G. Masters, who later published *A History of the Oregon Trail*. Dr. Osborne always felt that this experience solidified his zeal for the outdoors and together with his role as an acolyte in St. Barnabas Episcopal Church developed his respect for honor and truth. All of this became apparent as the background for his intense interest in skiing and ski touring, as well as ocean sailing as he moved eastward in his medical career. After his graduation from Omaha Central High School in 1934 he was awarded the Northwestern Regional Scholarship to Yale University, graduating Cum Laude in 1938. He received his M.D. from the Harvard Medical School in 1942.

With an excellent record at Harvard Medical School, he was enrolled as a surgical intern at Roosevelt Hospital in New York City, serving his first year of training before entering the U.S. Army Medical Corps in which he served in the European theatre of operations from 1943 to 1946. He was awarded three battle stars for the experiences of his unit in the Ardennes, Central Europe and the Rhineland.

Following his discharge from the U.S. Army at the conclusion of World War II, he completed his surgical residency program at the Boston City Hospital, became a diplomate of the American Board of Surgery in 1951 and joined the Fifth (Harvard) Surgical Service, which was the keystone of his extended surgical career. At the time when J. Englebert Dunphy resigned as chief of the Harvard service and went to Oregon, Charlie Lund assumed the role as acting chief of surgery and was shortly thereafter succeeded by Mel Osborne who enlarged and strengthened the academic and research activities of the service, studying subjects concerned with the physiology of the gastrointestinal tract and also extending interest in various types of breast cancers, their rate and method of spread, and defining on that basis surgical approaches to this frequently devastating problem. More than 200 house officers received much of their training in the various institutions in which Dr. Osborne maintained an active role, which later included the Faulkner Hospital where he was appointed as chief of the surgical service and served two decades in that capacity maintaining his close association with the City Hospital. In my decade of service with the Fifth (Harvard) Surgical Service, Mel and I worked closely together and his constant support was a keystone to the effectiveness of the clinical surgery and the training of the residents, interns, and Harvard medical students.

As a surgeon and teacher, Mel Osborne had published 44 original papers and sections in a number of text books, mostly related to gastrointestinal tract, its abnormal physiology, and the creation of a method of handling radioactive colloidal gold which permitted further understanding of the abnormalities of certain breast cancers, their metastatic potential and early efforts at prognosis and types of surgical approaches.

As an individual, Mel Osborne was an absolutely honest, straightforward and personable individual who maintained his equanimity, sometimes under extremely difficult conditions associated with critical disease. It was this particular quality which provided so much stability for the young residents as they faced the complicated problems which we encountered at the City Hospital and under other circumstances it was his quiet but important comments on the techniques of surgical procedures in the operating room which accounted for the admiration of faculty and students alike.

In the surgical area, he was a very active member of the Boston and New England, the American Surgical Association, the American College of Surgeons, the International Society for Surgery, the American Association for the Advancement of Science and was president of the Eastern Surgical Society in 1992. From his teaching fellows in South America, he also held honorary appointments in the Proctologic Society of Brazil and the Gastroenterological Society of Columbia. All of use who maintained a close affiliation with Mel over his active lifetime felt an intense sense of loss at his death, but a warm feeling of nostalgia when we reminisced over his many personal and public contributions to the academic and the clinical surgical world.

Dr. Osborne is survived by his wife, Ann F. Osborne, P.A.C., and one daughter, Brooke Palliser, as well as by other adult children: Marthe Norwich of Sonoma, CA; Melvin Jr. of Guilford, VT; Barbara

Field and Charles Osborne both of Brookline, MA; along with ten grandchildren and three great-grandchildren.

Mel's life has been one of stimulation, contribution, warmth, and achievement which could not have left him with less than deep satisfaction for a life of service well spent and much appreciated by hundreds of patients and by his many colleagues and students. He was equally popular during his years as a student at the Harvard Medical School and maintained an active role in the teaching program of students as well as that of interns and residents during his entire professional lifetime. He was a beacon to be followed by all young men who are interested in devoting their life to clinical academic surgery. He will be sorely missed by those of us who had the privilege of working with him during these four productive decades.

Respectfully submitted,

William V. McDermott, Jr.