THE RUSSELS OF EDINBURGH: A MEDICAL DYNASTY

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Tolstoy’s opening sentence of *Anna Karenina*, ‘All happy families resemble one another, but each unhappy family is unhappy in its own way’ is provocative: the Russells of Edinburgh, while in the ‘happy’ class, are quite incomparable, with six extraordinary medical members in two generations.

I was lucky to have known three of them. The birth of William in 1852 and the death of Helen in 1987 are separated by 136 years. Data are profuse about some family members, but scanty about others. Like the Monros1 and the Bramwells,2 the Russells were a great Edinburgh medical dynasty, albeit less interactive and more individualistic.

1882, honorary physician, Carlisle Dispensary
1885, lecturer on pathology, School of Medicine, Edinburgh
1890, pathologist, Royal Infirmary, Edinburgh
1892, assistant physician, Royal Infirmary, Edinburgh
1908, physician and lecturer on clinical medicine, Royal Infirmary, Edinburgh
1913, Moncrieff Arnott professor of clinical medicine
1919, emeritus professor.

In 1894, at 42, he married Beatrice Ritchie, one of his pupils in the extramural school. They had six children, four of whom qualified in medicine. A son (Ivan) died in infancy of ‘surgical’ tuberculosis; the pandemic of tuberculous mastitis in its urban cows had made Edinburgh the world capital of surgical (bovine) tuberculosis before the 1914 war. Their third daughter, who went to Russia as a relief worker and married a White Russian, emigrated to Canada, where she died in the 1960s or 70s.

William Russell’s early publications dealt with interesting case histories, the nature of heart murmurs, successful treatment of empyema by aspirations. In his 1885 lecture on pathology he refers to his ‘great teacher, Lister’, and the importance of Koch’s new bacteriology; in 1892 he spent some time in Koch’s domain in Berlin to study a cholera epidemic.

In 1890 his experience of pathology, alongside clinical medicine, made him publish a paper on ‘a characteristic organism of cancer . . . Fuchsine bodies . . . a yeast-like fungus in 43 out of 45 cases . . .’, and reverted to this in The Lancet in 1899. Russell’s Fuchsine bodies were accepted into the literature of pathology, but were interpreted otherwise after his death, by PAS staining etc., as polysaccharide containing inclusion bodies in the round cell infiltrates at the periphery of malignant tumours, in plasmacytomas and chronic granulomas.

The early years of the century brought numerous papers by him on blood pressure, arterial constriction, on peripheral resistance, and on the relationship of arterial ‘hypermyotonia’ and spasm to the eventual emergence of arteriosclerosis. He would have approved of the later demonstration of spasm by angiography, and of modern investigations of the arterial wall, where he had groped blindly by traditional palpation of the pulse.

The stomach seems to have been his other main clinical interest, viz. papers on acid secretion, on pyloric stenosis and the use of X-rays in the diagnosis of stomach cancer. In retrospect, it is easy to belittle the limited therapeutics of the time, and the reliance placed on changes in diet, even in acute vascular events.

In academic politics he was an early protagonist of women in medicine; he taught at the women’s schools, and was the first ‘chief’ to open his wards to them at the Royal Infirmary before the First World War. In a 1901 paper...

FIGURE 1
Professor William Russell.

WILLIAM RUSSELL 1852–1940
William Russell (Figure 1)3 was born at Douglas, Isle of Man, where his father, a native of Wick, served as an officer controlling fisheries. His mother, née McPhail, also hailed from Caithness. He studied medicine at Edinburgh, qualifying MD, a gold medallist, in 1875, four years before the opening of the new (Victorian) Royal Infirmary buildings.

A bound volume of 47 of his reprints from 1880 to 1927 allows one to map his career:4

• 1880, late house physician and pathologist, General Hospital, Wolverhampton
• 1882, honorary physician, Carlisle Dispensary
• 1885, lecturer on pathology, School of Medicine, Edinburgh
• 1890, pathologist, Royal Infirmary, Edinburgh
• 1892, assistant physician, Royal Infirmary, Edinburgh
• 1908, physician and lecturer on clinical medicine, Royal Infirmary, Edinburgh
• 1913, Moncrieff Arnott professor of clinical medicine
• 1919, emeritus professor.

In 1894, at 42, he married Beatrice Ritchie, one of his pupils in the extramural school. They had six children, four of whom qualified in medicine. A son (Ivan) died in infancy of ‘surgical’ tuberculosis; the pandemic of tuberculous mastitis in its urban cows had made Edinburgh the world capital of surgical (bovine) tuberculosis before the 1914 war. Their third daughter, who went to Russia as a relief worker and married a White Russian, emigrated to Canada, where she died in the 1960s or 70s.

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daughter Helen wrote at the end of her life ‘... my father
was a very likeable man who was not an obsessive
churchgoer, but who practised his Christianity by
supporting ‘lame ducks’ and entertaining them with his
wife at their house. His obituarist Edwin Bramwell, a
close friend and his successor in the chair and the College
presidency, described Russell as ‘somewhat egotistical at
times . . . an attractive trait, for one never knew whether
or not he was laughing at himself’.

His daughter-in-law recalls him as a little remote, but
as a very likeable man who was not an obsessive
churchgoer, but who practised his Christianity by
supporting ‘lame ducks’ and entertaining them with his
wife at their house. His obituarist Edwin Bramwell, a
close friend and his successor in the chair and the College
presidency, described Russell as ‘somewhat egotistical at
times . . . an attractive trait, for one never knew whether
or not he was laughing at himself’.

He died in 1940 after two years of dementia. His
daughter Helen wrote at the end of her life ‘... my father
had a streak of that terrible thing, love which is not blind’.

BEATRICE RUSSELL, NÉE RITCHIE 1873–1962
Beatrice Russell (Figure 2) was born in Perth. The family
tree, drawn by her daughter Helen, and reaching back to
the eighteenth century, shows men in the various
professions in Scotland, and some in India, but no close
relations who were doctors, offering no clue as to why
Beatrice chose medicine. Her father, James Ritchie (1822–
1913), a civil engineer, lived and practised in Perth, and
was involved in building the railway network in the
Highlands.

At a time of great prejudice against women in medicine
Beatrice studied at Edinburgh at the Jex Blake School of
Medicine for Women, where she was taught by her future
husband, the pathology lecturer. Clinical teaching was
at the Leith Hospital. Elsie Inglis was a contemporary, Beatrice took the Triple Qualification of the Scottish Royal
Colleges in 1894, the year of her marriage, and proceeded
to become MD with distinction at Brussels in 1895
(Figure 3). Her husband’s anonymous obituarist in The
Lancet described her in 1940 as a ‘brilliant Edinburgh
licentiate’; however, while she had married William Russell,
at the time an assistant physician at the Edinburgh Royal
Infirmary of three years standing, she never practised
medicine herself, although she did lecture alongside Elsie
Inglis to the Edinburgh Health Visitors Association around
1908, between the births of her two sons in 1903 and 1912.
She supported her husband in his increasing eminence by
keeping an open but not lavish house in Walker Street, and
reared an exceptionally gifted family. Her daughter Helen
wrote years later:

. . . I suppose my parents were the mainstay, brought up
without any superiority of sex, and medicine was the great
profession in which we could all work together. My mother
was ambitious for her daughters, and later for her sons . . . she
did much to speed us on our way. We were a very affectionate
family, surrounded by care.

When war broke out in 1914 Beatrice was swept along
by her charismatic friend and neighbour Elsie Inglis into
the organisation of the Scottish Women’s Hospitals; the
War Office would not have women doctors in the RAMC
until very much later in the war (the War Office banned
the care of British casualties by these women until the
great military crisis of 1918), and Elsie Inglis’ urge for surgical
action was coupled with the wish to demonstrate the equal
worth of female doctors as a vindication of the non-violent
suffragettes’ beliefs. The organisation was, of course, entirely
voluntary; the collection of funds apart, Beatrice Russell
took the most exposed part as chairman of the personnel
committee. They started in October 1914, and the first
volunteers were in France by December to deal with the
French sick and wounded.

The Royaumont Hospital eventually had hundreds of
active beds, and the women more than proved their case.
Elsie Inglis took a smaller band to help the Serbs in the

Figure 2
Beatrice Russell with her three daughters.
when Serbia was overrun, Elsie Inglis was captured and repatriated before taking another hospital to Romania, where the remnants of the Serbian army were fighting. At the time she was dying, most probably of cancer. The hospital staff were caught up in the Russian revolution, and were eventually evacuated from Archangel to Newcastle upon Tyne. Inglis died two days after arrival.

Beatrice Russell stayed in Edinburgh during the war, for her son Scott was only two in 1914. The archives of the organisation of the Scottish Women’s Hospitals have been preserved, and document a monumental enterprise. The organisers and many of the executors were ‘well connected’, including the Commander-in-chief Sir John French’s sister Mrs Harley, who was killed at Monastir in 1917. Russell had to deal with innumerable problems; squabbles, pay, uniforms, supplies and even politics. The organisation tried to get the Foreign Office to intervene actively in the evacuation of the unit from revolutionary Russia and (more debatably) to give more support to the Serbian government in exile, the progenitor of the ill-fated Yugoslavia.

Russell went abroad only in the aftermath in 1919 when she went to Belgrade to wind up the hospital and plan the future use of the remaining funds. Dr Isabel Emslie (later Lady Hutton CBE), who had been at the sharp end of the organisation wrote to her mother about Russell and her colleague Miss Kemp ‘... Poor old girls, they are such genteel Edinburgh West Enders that I am very sorry for them ... they were very pleased about it all and thought themselves no end of heroes coming out here ...’. In 1928, she wrote about them in a book:

... both of them had done unceasing work ... Our Committee was not composed of the kind of women who work for a few months ... they worked on quietly and unostentatiously from beginning to end ... they had a wonderful understanding of the situation ... great appreciation of the good points of the Serbs and wonderful patience with their bad ones.  

As the Scottish Women’s War Hospitals organisation was wound up, Russell became involved with the foundation of the Elsie Inglis Memorial Hospital in Edinburgh, run by women for women and babies, which flourished as a voluntary hospital from 1925 until it was taken over by the NHS and finally closed in 1992 as part of the centralisation policy of the Edinburgh hospitals.

Her daughter-in-law, Jean, remembers Beatrice as a warm and lovable person with many interests, both medical and non-medical. Beatrice cared for her husband in his old age and mental decline. She, too, eventually suffered from the dementia that afflicted her husband before dying at the age of 88.

**Sybil Annie Russell 1895–1978**

Records of Sybil’s life and work are scanty, apart from her sister Helen’s obituary notice for her held in the Royal College of Physicians of Edinburgh archives which is reproduced below:

Sybil became interested in Equatorial Africa while still at school ... She proceeded to qualify herself for African work by taking hospital appointments in medicine, surgery and Gynaecology, and then took the DTMH in London. In 1924 she went to the Gold Coast under the auspices of the Scottish Mission there, and spent the first months studying Twi, the language of the Ashanti people. After a few years of bush medical work the Scottish Mission released her at the request of the Governor to work in the large new hospitals which were being built in the Gold Coast at a time of great wealth from the cacao boom in that territory, wealth which was used to build Achimota College, hospitals, schools and amenities and transport in the land, and to maintain peace.

In cooperation with a group of women doctors and nursing sisters she spent the remaining twenty years of work in Africa in the Gold Coast hospitals, establishing the training of African nurses and midwives, as a consultant physician.

When she retired in 1950, Africans, who knew well of her work, presented her with gifts and an Ashanti cloth of crimson and gold silk, such as is woven for chiefs, and they gave her an address in which they wrote their gratitude for what she had done for their people, and added that in all her work it was apparent that she came from a Christian family; that was the only testimonial she cared to keep; she had burnt all her letters from Africa in 1963.

Sybil Russell (Figures 4 and 5) was the first born. She trained in Edinburgh, in part at the extramural school, and qualified as MB in 1919. She became house physician in Northampton, then house surgeon at Bolton in Lancashire,
where her sister Helen was later to spend two years, and
where there was an Edinburgh woman doctor connection
in the shape of Miss Gertrude Herzfeld, the paediatric
surgeon, at a time when junior jobs for women were most
difficult to get. She took the Diploma in Tropical
Medicine and Hygiene, and then the MRCP in 1929, and
was elected FRCP in 1939, ten years after her younger
sister Helen. At the end of her life she told me that she
had worked in Salonika, presumably with Helen in the
count 1920s (vide infra).

Sybil’s excellent Edinburgh MD thesis of 193922 dealt
with the history, investigations and treatment of 100
pregnant women with severe macrocytic anaemia for whom
she had cared in 14 years of obstetric practice in Accra.
She wrote of the opening of the Accra Maternity Hospital
in 1928, and how it had been under her own charge since
1929. The case histories make it clear that she had dealt
with dreadful problems. She blamed the severe anaemia
on the combination of poor nutrition and malaria.

Her paper on malaria published in 192823 gives some
indication of the quality and quantity of her work in the
field after 12 years in the Gold Coast. She reported on the
prevalence of malaria in sick infants aged less than one
year; she had seen no fewer than 600 in Kumasi in a period
of three months, had done blood examinations
(haemoglobin and film) on all, and had found evidence of
malaria in 55%. She recommended routine quinine
treatment for all sickly breast fed infants, who were unlikely
to have food-borne infestations. I have not traced any
other publications.

After retiring from the Colonial Service in 1950 she
lived with her mother in Edinburgh, caring for her in her
last years. I wish that I had asked her about her life when
I met her; Sybil was an ‘interesting’ patient.

She presented with unilateral headache, a complete
internal and external ophthalmoplegia, some trigeminal
sensory loss all on the same side, and spontaneous bruising
of the neck. She was a charming lady with an intact brain.
It looked like a most unusual presentation of a carotid
artery lesion in the cavernous sinus, with blood tracking
down to the neck along the carotid sheath, or perhaps a
carotid dissection going up to the cavernous sinus. We
agreed that carotid angiography was precluded by her years;
it was before the advent of safe brain scanning.

Her sister-in-law has fond memories of a delightful
person loved by all the family. Her sister Helen bequeathed
Sybil’s Ashanti chief’s cloak, together with other belongings
of Sybil’s and her own, to the Royal College of Surgeons
of Edinburgh in appreciation of the excellent teaching
they had both received at the extramural school of the
Edinburgh Colleges.
Helen Russell (Figure 6) left many autobiographical fragments:

I was extremely premature at birth and was a sickly child . . . My mother had a relapse of phthisis when I was born and I was infected then, and we both recovered . . . I never distinguished myself at school or the university, the only prize I ever took was in pathology because I have great pleasure in, and memory for, pattern and design. I have been told I am artistic . . . I developed late . . . I do not think I was conscious in the ordinary sense of the word until I was sixteen years old . . . I, my sister and my friends belonged to the first large wave of women students . . . We were made to realise that we had invaded the University both by some teachers and, alas, by students who had returned after the war . . . When I graduated [in 1920] I was asked to go as junior house surgeon to the Infirmary at Bolton, Lancs . . . after three years there I became resident at the Sick Childrens Hospital in Edinburgh . . . while there I did postmortem examinations and decided that I wanted to study the microscopic changes of disease and particularly those of tumours . . .

She and Dr Ella Pringle were the first women to pass the MRCPE exam in 1924 and were both to become the first to be elected to the Fellowship in 1929.

I was then lent enough money [by her mother] to go to Vienna to study pathology . . . Professors Maresch and Erdhein . . . more intimately instructed by Dr Carmen Coronini . . . by the end when she discovered that I was the daughter of the Russell of the Fuchsine bodies she called me affectionately the ‘Russellsche Körperchen’ and we got on splendidly.

While in Vienna I was in touch with the Society of Friends who were doing relief work in Central Europe, and I was influenced to go and work in Salonika . . . helping the refugees from Turkey in the exchange of populations scheme [nowadays ‘ethnic cleansing’] . . . I stayed three years . . . all had malaria. I wrote up this problem for my MD thesis which was accepted [1929].

She applied to the Colonial Office for a lab job in Cyprus but was posted to the Gold Coast (Accra), where Sybil had been for some years at the Maternity Hospital. She was the pathologist at the Research Institute in Accra, and after her two immediate superiors died of yellow fever, in what she wrote of as the ‘white man’s grave’, she suffered a severe and prolonged breakdown of her health after three years (in 1931) and returned to Edinburgh.

In the 1930s she had one or two year spells in Bacteriology at Edinburgh, as research fellow in tropical medicine at Liverpool, and as lecturer at Fort Hare College, a small medical school for natives in South Africa, until it was closed down. She returned to Professor Drennan’s Edinburgh pathology department before her definitive appointment as pathologist at the Manchester Christie Hospital and Radium Institute in 1944, where she stayed till her retiral in 1962. She came back to Edinburgh once more, to write and to devote herself to tapestry work, and many other cultural activites, for the remaining 25 years of her life.

* It is also possible that Helen Russell was born in 1898.
Helen Russell’s tapestry, *The Sun of Righteousness*.

Helen and Rabbi Weinberg lastly translated from the Hebrew some short stories by the Israeli Nobel laureate for literature (1966), S.J. Agnon, many are about dreams. Dreams feature in Helen’s philosophy in her auto-biographical fragments and writings about Jung. She wistfully regretted the paucity of her own dreams.

She designed her own tapestry work, and had her own loom for weaving in her basement kitchen. Her biggest oeuvre (5 ft x 3·5 ft), *The Sun of Righteousness with Healing on its Wings*, after Malachi: iv; 2 (Figure 7) was left to the Cockburn Association with her flat in Douglas Crescent.

She bequeathed the very considerable residue of her estate to the College library for historical purposes.

(WILLIAM) RITCHIE RUSSELL 1903–1980

Ritchie Russell qualified at Edinburgh University in 1926. He received his early neurological training from Edwin Bramwell and J.K. Slater at the Royal Infirmary.

His study of 200 cases of head injury under the care of the surgeons at the Infirmary (there was no mention of Norman Dott, neurosurgeon at Edinburgh since 1925) was to be the topic of his MD thesis, which deservedly earned a gold medal in 1932, and of papers in *Brain* and other journals; he established the significance of retrograde and post-traumatic amnesia as a measure of the severity of concussion. Another early study concerned the great value of Vitamin B1 (thiamine) treatment in Wernicke’s encephalopathy.

He spent two years at the National Hospital, Queen Square, (Figure 8) as resident on the ‘firm’ of James Collier (1870–1935), a close friend of Edwin Bramwell, and as the resident medical officer. The young New Zealander D. Denny-Brown was a fellow resident, and acted as his best man when Ritchie married Jean Stuart Low (Figure 9), a friend of Collier’s daughter. Denny-Brown would later become the leading trans-atlantic neurologist in Boston. The National Hospital at that period scintillated, although there were fierce antagonisms, as between Gordon Holmes and Kinnier Wilson.

After his marriage in 1932 he returned to the Edinburgh Royal Infirmary as Honorary (i.e. unpaid) assistant physician. His wife recalls financial difficulties from dependence on private practice, especially time-consuming long distance consultations at a Guinea a mile. In 1938 he was made lecturer in neurology in Edwin Bramwell’s department of medicine.

The outbreak of war in 1939 gave further scope to the study of head injuries, mostly at the Military Hospital for Head Injuries at St Hugh’s College in Oxford, and in the Middle East. At St Hugh’s Cairns, who was the Nuffield professor of surgery at Oxford, and Sir Charles Symonds had assembled a team of all the current and future leaders of the neurosciences in Britain. Ritchie was persuaded by Sir Hugh Cairns not to return to Edinburgh but to stay at Oxford where he slowly built up an active clinical department serving the whole Oxford region, in addition to following up the St Hugh’s head injury material under the Ministry of Pensions, together with colleagues in neurology and related disciplines. It proved a highly productive academic and practical clinical exercise, and a great support to the veteran patients.

Even ten years after starting at Oxford (in 1955) he had no middle grade junior staff, only a SHO whom he shared with the professor of medicine, L.J. Witts. However, collaboration with the neurosurgeons, anaesthetists, pathologists, psychologists and physiologists made it a most stimulating set up. By then he had two junior consultants, Charles Whitty and John Spalding. Eventually, in 1966, the Action for the Crippled Child endowed a chair of clinical neurology which he held until his retirement in 1970.

When I succeeded my friend P. Phizackerley, later a Fellow of Balliol, as Ritchie’s SHO in 1954, he warned me that I would find Ritchie bubbling with ideas, nine out of ten of which would prove sterile, but the tenth a winner. As a clinician Ritchie was able to deal with great numbers of patients by taking the history himself but delegating almost everything else. He could be devastatingly frank...
with both patients and colleagues, but there was always a sense of unhurried serious commitment, usually with a humorous twinkle.

Ritchie’s ideas, practical application and cooperation with technicians and anaesthetists had already by 1954 established a pioneering intermittent-positive-pressure-respiration (IPPR) facility, initially for poliomyelitis, but used increasingly for other conditions. The advent of the Salk and Sabin polio vaccines about this time was to prevent future epidemics of poliomyelitis. He himself favoured Sabin’s vaccine.

Like most neurologists he was deeply concerned by our failure to treat multiple sclerosis (MS). During my year with him he tried, inspired by Honor Smith’s experience in tuberculous meningitis treatment, the use of intrathecal tuberculin (PPD); the effect of hypercapnia by rebreathing; and the use of exercise instead of rest in relapses of the disease—all, unfortunately, decidedly unhelpful. However, he struggled more successfully with the prevention and relief of spasticity in MS. His experience in rehabilitating the war disabled was extended to MS patients with severe disability—such as nursing, physiotherapy, appliances—in many small but very practical ways. He seemed to love gadgets.

One use for gadgets was in the treatment of pain: vibrators in post-heretic neuralgia, and hammers applied to painful neuromas in amputation stumps—with an academic dimension in discussions on phantom limbs. He anticipated the function of contemporary pain clinics by trials of injections to block pain pathways, as well as by provocation of root pains by injecting hypertonic saline into interspinous ligaments.

While accepting psychoanalytical concepts in some of his writings, such as the importance to the adult of very early childhood memories, he encouraged new and significant neuropsychological testing and observations in the study of organic brain disorders. His own thoughts on the frontal lobes, on speech and on memory, while devoid of the philosophical undertones of his senior, Russell Brain, were always practical and sound; at times one senses the legacy of his father, e.g. the use of the influence of ‘old beliefs on new knowledge’—the title of his father’s last book—when writing about mental processes, or the value of educating the young ‘to encourage what is best for all’.

When he started at Oxford in 1945 Sherrington’s great school of neurophysiology had no clinical counterpart, apart from Cairns’ nascent neurosurgery, and some neuropathology, started by a Spanish refugee (del Rio Hortega). When Ritchie retired in 1970 most of the clinical neurosciences were flourishing. About the same time he retired from the editorship of the Journal of Neurology, Neurosurgery and Psychiatry after 21 years, during which the journal had grown in importance and size: the ‘green journal’ had had a Scottish editorial ancestry (Alexander...
Scott Russell (Figure 10), like his brother Ritchie nine years before, was educated at the Edinburgh Academy and Edinburgh University, where he qualified MB in 1935. In his entry in Who’s Who, Scott recorded his two years in general practice in Dunfermline before he decided to specialise in obstetrics and gynaecology, inspired by his Edinburgh Royal Infirmary ‘chief’ R.W. Johnston, and perhaps also by the experience of his aunt Sybil in the Gold Coast. He became FRCSE in 1939, and MRCOG in 1940.

He joined the newly formed Nuffield Department of Obstetrics and Gynaecology at Oxford and greatly helped in the formative years. At this stage he made a serious study of statistical methods as a means of elucidating various medical problems...’ according to Chassar Moir, in his obituary of Scott. 43

In 1946 Scott moved from Oxford to Manchester where he was made reader, and then in 1950 to Sheffield as the first professor of obstetrics and gynaecology at a time when academic gynaecologists were thin on the ground in England.

His two distinguished obituarists, Chassar Moir, who had been his superior at Oxford, and whose obituary of Scott appeared in the British Medical Journal, and Sir John Dewhurst, his lecturer at Sheffield, whose obituary of Scott appeared in The Lancet, described an outstanding combination of clinical and teaching ability and application with a flair for research.

Scott’s Edinburgh MD thesis of 195044 was on the repair of vesico-vaginal fistulae, a topic to which he returned in 1956 and 1958 papers and in a monograph in 1962; he was an international authority in this field, and made Sheffield a place of referral for the operative treatment of this affliction, and for female bladder problems in general.

At Oxford he had researched with Moir on the use of ergot extracts in obstetrics.45 During his Manchester and Sheffield periods he investigated the hormonal changes of pregnancy and parturition. 46 He also concerned himself with the role of placental insufficiency in the aetiology of cerebral palsy, 46 and predicted a probable increase of this condition as a consequence of advances in obstetrics and neonatology. He was ahead of the field in engaging two physicists, Trevor Shelley, and then John Parsons, as lecturers to develop pioneering fetal monitoring methods, as well as cystometric procedures; they both later headed university departments of medical physics elsewhere. 49

Three of his clinical lecturers became professors of obstetrics and gynaecology: Sir John Dewhurst at London; Douglas Beevis at Leeds; and David Warrell at Manchester.

In retrospect, Scott’s most significant work seems the analysis, sponsored by the Medical Research Council and the Spastics Society, of the adverse effects of maternal smoking, published in 196650 and 1968; in a comparison (in a prospective study) of 1,545 pregnancies in non-smokers with 712 in smokers, he established a clear adverse effect on the incidence of prematurity, on birth weight and the incidence of abortion, still birth and neonatal death. This study had been preceded by a more abstract publication on statistical significance and ‘proof’ in clinical research. 51

He is described by a colleague as unusually thoughtful, and was deeply worried by the ethical implications of the then new Abortion Act. 52

Scott reached out from pure hospital practice in a discussion of the pros and cons of home confinements 52 and in two short books for lay readers, The Child-bearing Years (1947), 53 aimed at women aged 18 to 30, and The World of the Gynaecologist (1968). 54 His writings remain very readable, and many contain lively accounts of the history of his specialty.

Scott Russell the man comes over as a many-sided, no nonsense man. Writing about dysmenorrhoea for the lay reader he quotes Kipling:

The care for this ill is not to sit still
Or frowst with a book by the fire;
But to take a large hoe, and a shovel, also,
And dig till you gently perspire. 53

Professor H.C. McLaren, one of his obituarists, cited his penetrating intelligence and wit, and considered him the best known British gynaecologist in France. One of his daughters reminisced about his lovable, ‘wicked’ sense of humour, and another daughter recalled how he combined camping in France with lecturing there (in French). He accepted the financial disadvantages of an academic career; he became an expert bee-keeper, grafter of apple trees, and won a prize for fermenting wines at home.

Sir John Dewhurst regarded Scott as a pre-eminent postgraduate teacher and pioneer researcher in fetal growth.
retardation. He was elected to the Council of the Royal College of Obstetrics and Gynaecology shortly before abdominal malignancy required major surgery. He died two years later, survived by his wife and four daughters.

Edwin Bramwell, who had succeeded William Russell in his chair of clinical medicine, and also as President of the Royal College of Physicians, wrote in his obituary of William Russell in 1940: 'one may forecast that, in their day, his race will suffer no diminution in its lustre'. This proved an understatement.

Sybil achieved much as a pastoral physician and teacher in her chosen field in West Africa. While Helen is not perhaps remembered as a great pathologist she became, together with Ella Pringle, the first woman MRCP, and then first FRCP of her sex. She enlarged the cultural ambit not only of the College, but also of the city of Edinburgh, by her literary and artistic gifts.

Ritchie became one of the leading innovative practical neurologists of the middle twentieth century, and founder of a flourishing school of neurology at Oxford. Scott, who was as widely gifted as Helen, and as forward-looking as Ritchie, was seminal in his specialty before his early death.

The centenarian Dr Jessie Sym, who qualified in Edinburgh in 1924, and who was a friend of her daughters, described Beatrice Russell to me as possessing a quite exceptional combination of high intelligence with great practicality. She bequeathed, in addition, the gift of faith to her offspring, a faith which contained a streak of mysticism in Helen.

All the six medical Russells had, to apply Ritchie’s criterion of a successful education, the ability to make decisions beneficial to the community.

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<table>
<thead>
<tr>
<th>2001</th>
<th>2002</th>
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<tr>
<td>• Northern Ireland Symposium: Clinical co-operation in problem cases</td>
<td>• Renal Medicine – management issues in 2002</td>
</tr>
<tr>
<td>• Preston Symposium: Flavour of modern medicine – from bedside to the Web</td>
<td>• Medical advances in the 21st century</td>
</tr>
<tr>
<td>• Therapeutics</td>
<td>• Medical Emergencies</td>
</tr>
<tr>
<td>41st St Andrew’s Day Festival Symposium</td>
<td>• Advances in health care of the Older Person</td>
</tr>
<tr>
<td></td>
<td>• Scotland’s Health – Climbing the European League Table?</td>
</tr>
<tr>
<td></td>
<td>In association with the Public Health Institute of Scotland</td>
</tr>
<tr>
<td></td>
<td>• Paediatric gastroenterology and nutrition</td>
</tr>
<tr>
<td></td>
<td>Joint with the Royal College of Paediatrics and Child Health</td>
</tr>
</tbody>
</table>

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