

THE RUSSELLS 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.



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.

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 . . .',⁵ and reverted to this in *The Lancet* in 1899.⁶ 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.^{7,8}

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

he extolled the extramural school of the Royal Colleges as the best training ground for professors and lecturers in the Empire, no less than 50 at that time, despite all lack of endowments. It is perhaps surprising that Edinburgh University then made him the first Moncrieff Arnott professor of clinical medicine in 1913.

He was elected President of the Royal College of Physicians of Edinburgh in 1916, but declined re-election in 1918 on account of ill health.⁹

He was much concerned with the social dimensions of medicine, and opened a debate at the College on Lloyd George's National Insurance Act of 1912. When he became President in 1916 the Great War dominated the scene, and during his presidency the College agitated for the proper care of disabled soldiers. It also supported plans for a Ministry of Health, but not until after the end of the war. He initiated constitutional changes to allow women to become members of the College.¹⁰

Russell vacated his chair in 1919. In 1921, in his presidential address to the Caledonian Medical Society,¹¹ he welcomed social progress seen during his own lifetime, referring back to 50 years before his birth when Scottish miners had still been serfs who were liable to be sold with their coal mine. Despite the disasters of 1914–18, he remained politically optimistic and put his faith in the League of Nations in his last book which he published, aged 80, in 1932.¹² In this work, *Old Beliefs and New Knowledge*, he wrote of his religious difficulties, of the need to purge the Old Testament and accommodate modern archaeology and science in a non-fundamentalist way.

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,¹³ 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.¹⁴ 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*³ described her in 1940 as a 'brilliant Edinburgh licentiate'; however, while she had married William Russell,



FIGURE 2
Beatrice Russell with her three daughters.

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;¹⁵ 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 grave 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 3
Beatrice Ritchie's 1893 Brussels MD diploma.

Balkans;^{17, 18} 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,¹⁹ 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 ...'.¹⁷ 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.²⁰

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.

(BEATRICE ANNIE) SYBIL 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:²¹

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,



FIGURE 4

Sybil flanked by her sisters Margaret (on her left) and Helen (on her right).

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 early 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



FIGURE 5

Sybil Russell aged 79. Right ophthalmoplegia and spontaneous neck bruising.

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 1897–1987*

Helen Russell (Figure 6) left many autobiographical fragments.²⁴

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 1929.¹⁰

I was then lent enough money [by her mother] to go to Vienna to study pathology . . . Professors Maresch and Erdheim . . . more intimately instructed by Dr Carmen Coronini . . . by the end when she discovered that I was the daughter of the Russell of the Fuchsin 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] . . .²⁵⁻²⁷

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.²⁸

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 activities, for the remaining 25 years of her life.



FIGURE 6
Helen Russell.

Her 28 medical publications, like her MD thesis, now strike one as rather pedestrian, some on tropical diseases, most on tumour histology. But her more literary pursuits resulted in beautifully written works, such as her brief biography of her old teacher J.W. Ballantyne²⁹ (a pioneer of fetal pathology and of antenatal care), in whose memory she endowed a College lecture and prize for studies of the inheritance of disease.

She wrote that as a student during the First World War she had been impressed by the psychological demonstrations and lectures on war casualties by W.H. Rivers. Later, when she worked in London for the Tropical Diseases Diploma, she sat at the feet of Sir Cyril Burt, whose psychology she found equally impressive. In her last years she immersed herself in the vast corpus of C.G. Jung’s writings; she wrote an appreciation of Jung’s letters,³⁰ and finally presented his collected works to the College library.

Her major and most remarkable literary efforts were two translations in 1981 and 1987 from the *Book of Knowledge of Maimonides*.^{31,32} She had succeeded in learning Hebrew for this purpose from Rabbi J. Weinberg during her late sixties and seventies.

One detects echoes of Helen’s father’s philosophy in her sympathy with Maimonides, the twelfth century physician from Cordova, who became Saladin’s doctor and adviser in Cairo:

. . . understanding comes by . . . being absorbed in the actual event rather than by meditation . . . He never claimed omniscience, or to know what he did not understand . . . well aware of the interplay of psychic and somatic factors in disease . . . the twelfth century medical philosophy of Maimonides seems very relevant to the individual and world problems of

* It is also possible that Helen Russell was born in 1898.



FIGURE 7
Helen Russell's tapestry *The Sun of Righteousness*.

to-day. Its discipline is like that of a very strict religious order . . . yet one in which it is a duty to enjoy life to the full while aiming at moderation in all its aspects. A doctor notes especially the great emphasis given to cleanliness . . . and to the decency and dignity which raise mankind above animal inclinations . . .³¹

Helen and Rabbi Weinberg lastly translated from the Hebrew some short stories by the Israeli Nobel laureate for literature (1966), S.J. Agnon;³³ 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,³⁴ which deservedly earned a gold medal in 1932, and of papers in *Brain*³⁵ and other journals;³⁶ 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.³⁷

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



FIGURE 8

Ritchie (front row, second from the left) at the house at Queen Square. J.G. Greenfield sits centre, Denny-Brown to his right.

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,³⁸ 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,³⁹⁻⁴¹ 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.⁴² 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



FIGURE 9

Ritchie Russell's wedding to Jean Low.

Bruce, Ninian Bruce, Kinnier Wilson and E.A. Carmichael), and he was succeeded by J.A. Simpson in Glasgow.

After he retired he delved into organising, funding and building a condominium in North Oxford for retired professional people, where he ended his life in 1980. It is called Ritchie Court.

He was survived by his wife, a daughter and a son, Michael, who was a general practitioner in Dorset.

(CHARLES) SCOTT RUSSELL 1912–1971

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 1935.⁴³ 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;⁴⁵ 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.⁴⁶ During his Manchester and Sheffield periods he investigated the hormonal changes of pregnancy and parturition.⁴⁷ He also concerned himself with the role of placental insufficiency in the aetiology of cerebral palsy,⁴⁸ 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



FIGURE 10
Scott Russell.

(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.⁴⁹

Scott reached out from pure hospital practice in a discussion of the pros and cons of home confinements⁵² 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 speciality.

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'.³ 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 MRCPE, and then first FRCPE 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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