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Brownlee, John, 1868-1927.
Royal Philosophical Society of Glasgow.
University of Glasgow. Library

Publication/Creation

[Glasgow] : For the Royal Philosophical Society of Glasgow by Carter and Pratt, 1905.

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BIOGRAPHICAL SKETCH

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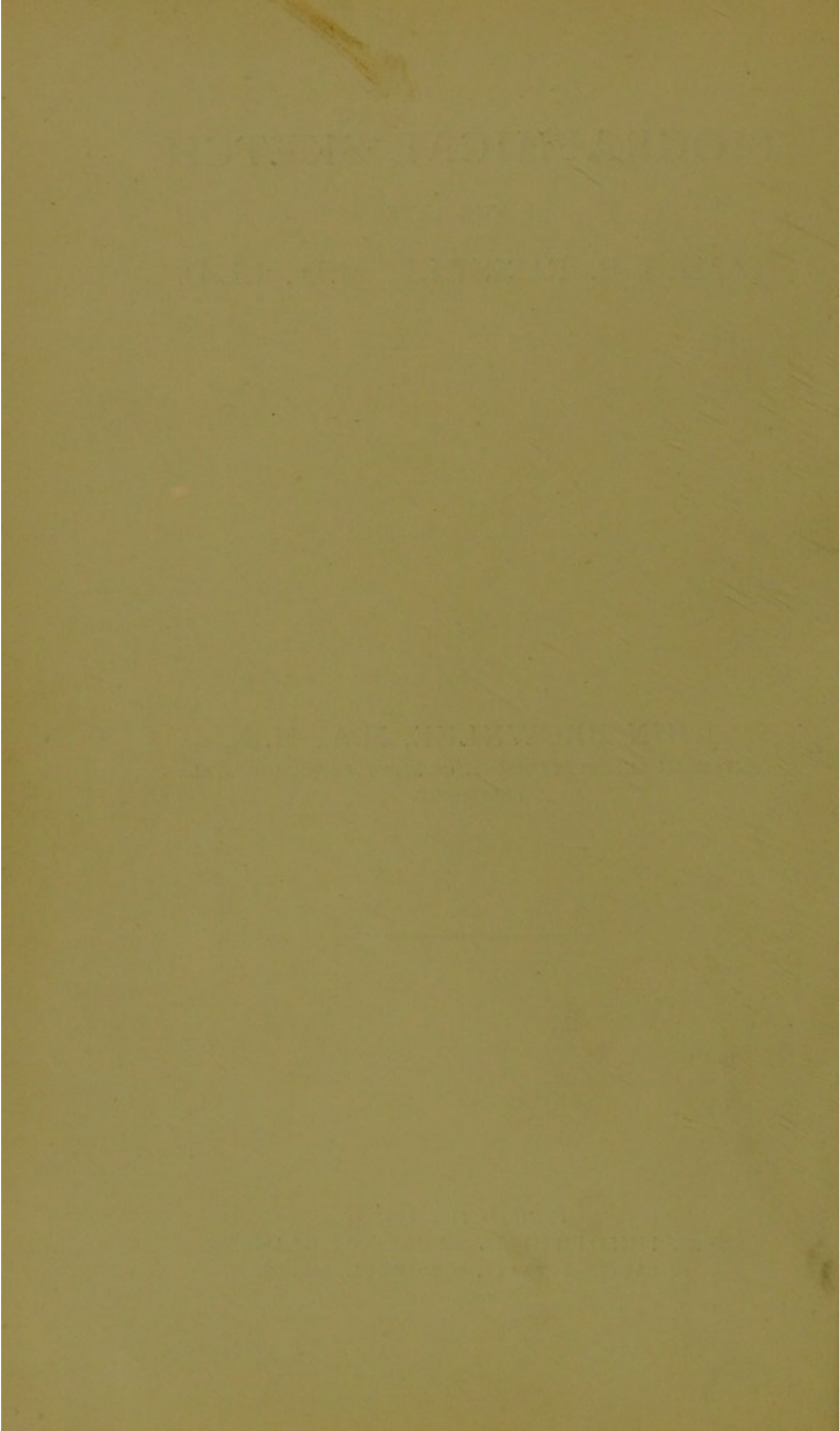
JAMES B. RUSSELL, M.D., LL.D.

BY

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PRINTED FOR THE
ROYAL PHILOSOPHICAL SOCIETY OF GLASGOW,
BY CARTER & PRATT, 62 BOTHWELL CIRCUS.

1905.



[From the *Proceedings* of the Royal Philosophical Society of Glasgow.]

Biographical Sketch of the late James B. Russell, M.D., LL.D., by
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[Read before the Society 22nd February, 1905.]

DR JAMES BURN RUSSELL was born in Glasgow in the year 1837. He however passed his boyhood in Rutherglen, being brought up in the house of his grandfather, a man of high ideals and great strength of character, qualities inherited in a marked degree by his grandson. He was educated first in the High School of Glasgow, and afterwards in the University, in both of which he took a distinguished place. He graduated Bachelor of Arts in 1858, and for a time assisted Lord Kelvin (Sir Wm Thomson) when he was superintending the laying of the Atlantic Cable. He graduated Doctor of Medicine and Master in Surgery in 1862, after taking throughout a high place in his Medical Classes.

He then acted as House-Physician in the Royal Infirmary and in the City Poorhouse until he was appointed, on the advice of Dr Sir Wm Gairdner, Physician Superintendent of the new Fever Hospital in Parlimentary Road. In 1872, when Dr Gairdner resigned his position of Medical Officer of health, Dr Russell was appointed his successor, and retained this position until 1898, when he became Medical Member of the Local Government Board of Scotland. During the period that he was Medical Officer of Health for Glasgow however, he performed the chief part of his life work by which he gained that reputation which is common knowledge.

In 1885, The University of Glasgow conferred on him the honorary degree of LL.D.; in 1895, he was awarded the Stewart prize for his researches on "The Origin, Spread, and Prevention of Epidemic Disease," by the British Medical Association; in 1898, he was selected as one of the members of the Royal Commission on the disposal of sewage; in 1899, the Royal College of Physicians of London, in making the first award of the Bisset-Hawkins Memorial Medal, chose Dr Russell as the recipient, in recognition of the services he had rendered in promoting Public Health. He was also an Honorary member of several foreign Hygienic Societies.

His connection with this Society was long and honourable. He was chosen first as President of the Sanitary Social and Economy Section, then President of the Society itself, and on his removal to Edinburgh, was placed on the roll of honorary members.

His public interest found a wide field in Glasgow. In his College days he was one of the first volunteers, and later on, though his activities were mainly confined within medical circles, he held many important positions. He was one of the founders of the Clinical and Pathological Society of Glasgow, and was for many years its Honorary Treasurer; he was a Director of the Central Dispensary, and of the Glasgow Sick Poor and Private Nursing Association; while his labours on the Boards for both the Royal Hospital for Sick Children and the Western Infirmary are well known to all interested in philanthropic work in Glasgow.

Practically the whole of Dr Russell's life was spent in the service of Glasgow. From the time when he was appointed to take medical charge of the first municipal hospital in Scotland, till the time when he left to become Medical Member of the Local Government Board in Edinburgh, he was associated more or less with all the sanitary reforms which have been carried through in the City.

In 1865, when he took up the duties of Medical Superintendent of the Fever Hospital in Parliamentary Road, such hospitals were not regular institutions. Methods of working were on trial, and all details of management had to be thought out for the first time. A perusal of the series of reports which he issued regarding the administration of this hospital, shows not only with what care he considered every detail, but re-creates a world of past difficulties besides which present troubles appear trivial. Nursing in the modern sense of the word did not exist. Out of thirty-five nurses engaged during the first year, eighteen were dismissed for drunkenness, inefficiency, or dishonesty. The reform of this obtained his first attention, and the result of his experience is found not only in the pamphlet which he issued at this time in support of the necessity of the systematic training of nurses, who should be both capable in their profession and trustworthy women, but also in the interest which he continued to take in this matter till the end of his life. But though Dr Russell devoted so much attention to the working of the institution, he did not fail to be as exacting in the medical part of his duties. His study of the use of alcohol as a stimulant in Typhus Fever, is a monograph which is even yet

a valuable guide, and marked at the time yet another stage in the destruction of the doctrine that alcohol is one of the chief foods suitable for persons suffering from the continued fevers. His study of smallpox with reference to vaccination is still referred to, and was illustrated by a diagrammatic method of representing statistics which has since been extensively adopted, while his observations on the use of chloral hydrate as a hypnotic were also of importance at the time.

When Dr Russell became Medical Officer of Health for Glasgow, some of the main steps towards the foundation of a proper department of Public Health had already been taken. Sanitary reform in Glasgow had taken origin seriously a number of years before this with the passing of the Corporation Water Works Act in 1855. The first attempts, however, to deal with epidemic disease on a permanent footing began in 1863, with the appointment of Dr Gairdner as Medical Officer of Health for Glasgow. Under his influence some of the chief measures which have changed Glasgow were undertaken—the City Improvement Act was passed, the Committee on Health in the Town Council was formed, a Sanitary Inspector was appointed, new hospitals were opened at Parliamentary Road and at Belvidere, and a Reception House and a Sanitary Washing-House established. The great work, however, of making these reforms serve their purpose lay to Dr Russell's hand almost untouched. From the first he took a modern and broad view of his duties, bringing to bear all the scientific advances inaugurated by Pasteur and Lister to establish better protective means against the spread of disease. The channels by means of which epidemic diseases are spread, were not nearly so well known then as now. Epidemics caused by milk contamination were only surmised, yet one of the first reports to the Local Authority was an outbreak of Enteric Fever in Parkhead, which he traced and conclusively proved to be due to the infection of the milk supplied. This outbreak was one of the earliest assigned to this source of infection, and it affords a good example of that independence of tradition with which Dr Russell was wont to act. From this time onwards, his attention was unceasingly directed to the prevention of epidemics—he advised the erection of a new Smallpox Hospital, as that in Parliamentary Road did not afford sufficient isolation; he continued the crusade against Typhus Fever, which speedily resulted in the practical extermination of that disease; he took steps to

effect the much more perfect isolation of persons suffering from Zymotic Diseases in general, both at home and in hospital, for the first time paying special attention to those affecting children; he made arrangements with the School Board of Glasgow whereby the spread of infection by schools was greatly limited; he delivered lectures on the prevention of infectious diseases, and pled for their compulsory notification; he issued tracts summarising the law on infectious disease, and giving hints on the management of Scarlet Fever, which were freely distributed; he made arrangements to trace the vaccination defaulters—in fact, during his first ten years of office, he brought the administration of epidemic diseases very nearly to the point at which it remains at present.

A milk epidemic afforded a special weapon which he did not hesitate to use. It was here that he could most forcibly present his case for the sanitary control of dairy farms and dairies, for a dairy farm in the country is merely picturesque until it has spread death among the inhabitants of a city. From an early time Dr Russell, by forcing upon the Glasgow dairymen the necessity of choosing that the farms from which they took their milk supply should have a certain standard of cleanliness, and by advising institutions to take their milk from none but the best equipped farms, brought the "monetary lever" to bear on country sanitation. His series of reports on the spread of both Enteric and Scarlet fevers by means of milk are so many trenchant pleas for better administration of the Public Health Acts. One of the most interesting of these concerned an epidemic which attacked the hospitals alone. In this he did not hesitate to arraign the Board of Supervision, composed at that time chiefly of lawyers, for the lax oversight which it exercised over the sanitary administration in the country. Milk supply remained to the end a matter of very special interest to Dr Russell, for not only did he draw up for the Local Authority a summary of the sanitary requirements of a dairy farm, but he specially addressed the farmers themselves on the subject, and laid before them a carefully prepared synopsis of the manner in which Glasgow had been specially infected by milk with zymotic diseases from the time he had been responsible for the oversight of the health of the City.

When Dr Russell was appointed Medical Officer of Health in 1872, the City Improvement Trust was busily engaged buying and destroying much of the household property in the slums which had made Glasgow so easily the victim of epidemic.

disease. This work had from the beginning Dr Russell's complete sympathy, and he not only followed its operations closely, but, making a careful survey of its effects on the displaced population, he showed that the people evicted from dilapidated and unhealthy property for the most part removed into better houses of somewhat higher rent, and in many instances into houses with an accommodation considerably superior to that of those from which they had been displaced. He emphasised, however, with no uncertain voice, both at this time and continuously, that the Improvement Act was in reality a half measure, and that there was an urgent necessity for the immediate enactment of Building Regulations if Glasgow was to obtain benefit at all commensurable to the expenditure which was taking place; a reform for which, however, the City had to wait nearly twenty years.

Coincidentally with these improvements, he supervised the enforcement of the Clauses of the Public Health Act of 1865, which applied to like conditions, and thus brought about a considerable improvement in the state of much of the lower class property. This was not accomplished without numerous appeals to the law courts; and one of these decisions, which Dr Russell himself considered of first importance, was that in which it was decreed that dark and unventilated lobbies constituted a nuisance within the meaning of the Act. From the time when this was determined, however, there was a considerable period during which little progress was made in the destruction of old Glasgow. The financial depression which came on during the latter part of the decade of the seventies rendered the operations of the City Improvement Trust a matter of considerable difficulty. It was impossible to dispose of the property acquired on anything like favourable terms, so that buildings purchased for destruction were temporarily repaired and remained in occupation, and thus the City itself became much the largest proprietor of unhealthy property within its boundaries. For a considerable period little progress was made, and it was not until 1889 that on the report of the Medical Officer of Health, the work of the Trust was resumed, and the last of the unhealthy wynds and closes, which had been the bye-word of sanitary reformers for three generations, were swept out of existence. With this and with the passing of the Building Regulations Act in 1892, came the consummation of objects for which Dr Russell had fought consistently during twenty years, and the ground fresh cleared for a new start.

Of his later writings, pertaining chiefly to matters of Public Health, two stand out prominently. To one of these, the Report upon the Prevention of Consumption, it is only necessary to refer, as on its publication it received a large amount of notice, and became a standard work among those who were interested in the subject. It had also a wide American circulation, and was issued as a State paper by the Government of Massachusetts. The other, the Evolution of the Function of Public Health Administration as illustrated by Glasgow, demands more attention. It is without doubt one of the ablest Public Health Reports in existence. The view which it gives of the conditions obtaining in large parts of Glasgow, illustrated by a well-chosen series of quotations from many pamphlets, brings up a vivid picture of the conditions of life when Smallpox, Cholera, Typhus, and Relapsing Fever decimated the City. We have now little idea what these conditions implied, and there is no better description to be found within a short compass than that given in "The Evolution." From the beginning of the century until 1894, the whole history of Public Health Administration in Glasgow is vividly written, the very details and figures in place of exciting a feeling of weariness, but serving to make the picture more clear. Practically every problem which affects the health of the City is discussed and displayed in all its relationships. From the first pages, when he portrays the overcrowding and ill-housing of the poor, to the last pages where he comments on the damage we suffer from our polluted and smoke-laden atmosphere, the book never loses interest. In fact, it must ever remain for the City of Glasgow one of its chief historical documents.

The most important part of Dr Russell's work, to my mind, however, is the influence which he exerted in raising the sense of social responsibility towards those less fortunately situated in the struggle of life. Dr Russell had the great advantage of being brought up in the country, thus mixing with, and knowing intimately from childhood all classes of persons, their customs, and their views of life, and in consequence had developed that sense of personal sympathy with mankind in general which as a rule can only be acquired in youth. Town life separates, in the most artificial manner, those who belong to different grades of society. From youth, sympathy with distress is exercised from an external standpoint, which unfortunately savours largely of patronage. No real attempt, for the most part, is made to con-

sider the conditions of the poor, not as difficult problems to be solved and settled according to the type of mind of the thinker, but as matters pertaining to human life.

In his earliest papers, many of which were read before this society, he was never tired of emphasising the difficulties which beset life in the poorer parts of the City. These papers are never concerned with hasty generalisations, but contain careful and elaborate accounts of the actual conditions in which numbers of persons live. The nominal subject of the paper is in general but the text, and he invariably extends this so as to present the matter from many unexpected points of view, and so form a social survey in which little escapes his attention. The life of the people, their health, their surroundings, the manner in which they are born, live, die, or are buried, how they are nursed and medically attended when ill, what virtues they have to compensate for their shortcomings, are all brought before our eyes. The two points of view are always before his mind; from the one, the hygienic, these persons constitute the slum and thus an evil to be swept away as soon as possible; from the other, the humanitarian, they are men and women brought up under circumstances of which the average person has no conception, persons to whom so little has been given that little can be expected from them. Of these papers, the one which is probably of the greatest importance as summing up the fruit of his observation and thought is "Life in One Room." There is very little that can be said on the subject which is not contained in the twenty pages of this pamphlet, in which are reviewed the conditions of life in such a house as it exists in large cities, and the whole of the disadvantages which it imposes upon the unfortunate inhabitants. Remedies he is very chary of proposing, but he insists on the protection of well administered sanitary laws, which, by enforcing a standard of cleanliness, and setting up a better standard of outward life, should render the people more easily amenable to the better influences of civilisation.

Of his work while on the Local Government Board in Edinburgh, it is more difficult to speak. Administration under the conditions of Government service is such that one man's advice being incorporated in an official decision, there are no means of telling what part he specially has played. A few points stand out, however. Judging from the reports of the Local Government Board, and the changes in its line of action, which are apparent after Dr Russell's accession to office, there seems no doubt that

his appointment heralded a more thorough administration of the Public Health Acts. All over the country there is evidence of this in various measures which seem to have been undertaken in response to stimulation from the headquarters in Edinburgh. During the last five years, for instance, the number of local fever hospitals has greatly increased. In many ways the Cumpulsory Clauses in the Public Health Acts seem to have been brought more directly under the notice of the local authorities, while more extensive advantage has been taken of those which require to be voluntarily adopted by each local authority. As all who knew him recognised, he was not the man to allow any Act of Parliament which made for good administration to remain a dead letter if he could help it.

In conclusion, throughout the whole of Dr Russell's work, we find the great general principles of hygiene always insisted on. It was useless when it had become apparent that damage to health resulted from any recognised source, to try to obscure the matter in dispute by arguing on a side issue. His end clearly in view, the certainty that the measures he advocated led to that end, it became practically impossible to turn him aside. He might halt, he might temporise a little, but his opponents found, almost without exception, their resistance useless. Not that he avoided a pitched battle, if such were necessary; and his fights over uninhabitable property, and over the condemnation of tuberculous carcasses, were carried through with a regard to detail which effectually destroyed hope on future appeal to the Law Courts. His only serious defeat occurred in his fight on the interpretation of the Food and Drugs Act. Here, there is not a particle of doubt that in principle he was correct, and although it may be some time before the law comes into accord with common sense, the final victory is certain. It is easy at the present day to minimise what Dr Russell accomplished because he was a man who cared little if others obtained the credit for a long campaign, provided the victory was won, but although this is the case, all who knew him and who worked with him realised how truly his was the guiding hand which controlled the Public Health Administration of Glasgow.

Although he was, owing to health, more of a recluse than is usual in public officials, his native imagination enabled him to view life whole, and his scientific instincts and training to see it clearly. This combination of power of imagination with capacity

for scientific thought is not common, but when it exists, undoubtedly marks a fine mind, for it implies as a rule that both moral and intellectual qualities are present in due balance, and though, perhaps, it may not be best suited for moving masses of men to great issues, yet it is by such minds that much of the best work of the world is done. I might, as one who had the privilege of working with him a considerable period, make some further remarks on Dr Russell as a man, on the lovableness of his nature, or of his conscientiousness as regards the execution of his duties, but these are well known to all who knew him either personally or officially. As this is a scientific society I have tried in the preceding remarks to show how large a domain Public Health occupied in his eyes, and how much knowledge of medicine, science, and humanity he brought to bear in devising measures to improve its administration. I do not mean to suggest in what I have said that Dr Russell was the only man of his time who thought such thoughts, but throughout his long career he stood in the forefront of those who made hygienic subjects their speciality, while his critical faculty enabled him in a large measure to separate the true from the false, and thus in addition to being a light bearer himself, to be a safe pilot to those who had chosen him, while yet a young man, to guide their affairs.

