BIOGRAPHICAL MEMOIRS

Walter Russell Brain, First Baron Brain of Eynsham, 1895-1966

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WALTER RUSSELL BRAIN
FIRST BARON BRAIN OF EYNShAM
1895-1966

Elected F.R.S. 1964

WALTER RUSSELL BRAIN, 1st BARON BRAIN OF EYNShAM, physician, medical statesman, essayist, public servant, medical scientist, poet, was born at Reading on 23 October 1895. His paternal ancestors, fully recorded in Burke's Peerage, had been settled in Ascott-under-Wychwood from 1693. The Brain family had come to Reading about 1800 in the person of his great-great-grandfather, Thomas Brain, who was born at Church Hanborough in Oxfordshire. His son, John Brain, was a boot-maker, but he must have been an unusual one. He was friendly with Thomas Noon Talfourd, the judge and writer who moved in literary circles and to whom Dickens dedicated Pickwick Papers. John Brain was also very musical; he played the violin and conducted the choir at Broad Street Congregational Church. His youngest child and only son, Russell's grandfather, John Alfred Brain, inherited his father's musical and literary tastes. He had a good baritone voice and it was a family tradition that it was once suggested he should take up operatic singing. He used to take the bass solos in local oratorios. He delivered a lecture on Thomas Noon Talfourd and wrote occasional papers on local worthies, and ballads, and these were collected and printed by his family after his death. He was himself a local worthy, a magistrate, and the kind of person people turned to to draft an address. People from the country would drop into his shop to have a chat with him, and it was because he knew the Walters of Bear Wood, then proprietors of The Times, that his youngest son, Ernest, joined the staff of The Times on which he served till his retirement. John Alfred Brain married Ann Catherine Cottrell. Her father was a farmer at Swyncombe in Oxfordshire. Russell's father, Walter John Brain, was a solicitor who had built up his own business. He married Edith Alice Smith, the daughter of Charles Smith who was an architect, born in Hampshire at Hartley Row, not far from Reading. Charles Smith was articled to a Mr Poulton, of the family which included E. B. Poulton the zoologist, Edward Poulton of Guy's and Charles Symonds's first wife, and his paternal grandfather's elder sister's husband, Samuel Poulton. Charles Smith set up in business on his own, and served Reading twice as Mayor. His wife, Mary Ann Steward, belonged to a Reading family, one member of which became Speaker of the House of Representatives in New Zealand.
Walter Russell was the only son, having a younger sister. The young boy was keenly interested in natural history and told his father he would like to make it his occupation; but his father said that one could not make a living at it and destined Russell for the law. The boy collected a small museum of fossils, minerals, birds eggs, skeletons of birds, and miscellaneous curiosities; he watched birds and learned their habits.

He was sent to a kindergarten, Malvern House School, Reading, from the age of six to eight. Then he went to Marlborough House Preparatory School, kept by an Oxford graduate, Edward Fletcher. It was a good school, the teaching being sound at all levels, and after five years there Russell got an entrance scholarship to Mill Hill, where he spent the next five years. At Mill Hill he was a boarder at School House. He held himself rather aloof, took little interest in games, and seemed more mature than his contemporaries. Although he was not a particularly popular boy he was generally respected for his integrity and his intelligence. Being intended for the law he read classics. He soon discovered that he wanted to do science but this was not allowed by his parents, and he had to be content with reading the books of his friends who were studying science. The sixth-form master was an uninspired and uninspiring classical pedant. Russell was easily able to do the work needed to keep him near the top of his form, and even to win prizes, and yet to devote most of his time to his own explorations of English literature. He delighted, for example, in G. K. Chesterton’s *Paradoxes* and it seemed then that English in some form or another would be his life’s work. He discovered he could write, and was a keen supporter of the debating society. His interest in natural history continued and he became Secretary of the Natural History Society and ran the school museum and the Society’s lectures and expeditions. In the Sixth he was mistakenly persuaded to change from classics to history. He later wrote: ‘I have never been able to remember history, my mind being better suited to logical relationships.’ He left Mill Hill in 1913 and spent the subsequent year at Reading University College, for entry to Oxford. His work there did not enable him to get more than the offer of an exhibition at Worcester College, Oxford, which he turned down, preferring to go as a commoner to New College, still with the intention of reading history. Before he could go up to Oxford the 1914 war broke out. One of the immediate consequences of this was the arrival in England of thousands of Belgian refugees who had to be housed and fed, for which money was needed. A friend of Russell’s, Rev. P. N. Harrison of Reading, became involved in this and within a month or two of the outbreak of war asked him to help him organize in Reading what was perhaps the second flag-day ever to be held in England. The success of this led many other towns to follow suit, and when Russell went up to Oxford in October he became involved in one there, and in both places in the committee work concerned with Belgian relief. He finished his first year at Oxford, but even Ernest Barker’s tuition could not compensate for his constitutional incapacity for history—nor be it said, the distractions of the time, and he failed his
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history prelim. He strongly disapproved of war, and a month later, in July 1915, had joined the Friends' Ambulance Unit. He was sent to York where the unit was setting up a military hospital at Haxby Road in a building belonging to Rowntrees and opposite their factory. He had, while at Oxford, tried to join the medical unit of the O.T.C. but was turned down because he was not a medical student. However, he had taken a St John Ambulance First Aid course and got his certificate. Thinking his knowledge of photography might be useful, he had bought a book on X-rays and visited the X-ray department of the Royal Berkshire Hospital at Reading. When he got to York, this rather inadequate training proved to be more than anyone else had, and he was made orderly to the X-ray department (which did not yet exist) under the consultant Dr Bateman. Russell saw the apparatus installed and before long he was taking all the plates and Dr Bateman reported on them. Soon the Commandant, Captain Muir, decided that he and Russell could do without Dr Bateman. After a year he was transferred to the F.A.U. headquarters camp at Jordans, and after a few weeks there was drafted with a company of the unit to the King George Hospital, in south London. He found himself in the X-ray department again, working under Stanley Melville, Ironside Bruce and Harrison Orton. Here he remained till the end of the war and here he met a V.A.D., Stella Langdon-Down, who was working in the same place and in the same department. Stella’s grandfather and father were distinguished physicians; the former had described Mongolian mental deficiency, and had founded a high-class home for mentally handicapped children at Hampton Wick. Russell and Stella fell in love, and it was with her encouragement that he decided to do medicine, into which indeed he had been plunged by the war. Accordingly he started evening classes at Birkbeck College, in zoology, botany, physics and chemistry, and passed both the conjoint and the London M.B. in these subjects. In January 1919 he went back to New College as a medical student, and passed in these again in June for the Oxford B.M.

At Oxford Julian Huxley lectured to him on zoology and he had J. B. S. Haldane and Bazett successively as tutors. It was Bazett who first interested him in neurophysiology. He also of course came in contact with Sherrington, but not in the mammalian class.

Russell was by now engaged to be married, which ruled out the extra year required for the Honour School in physiology. So he took a war degree on his first B.M. in anatomy and physiology, being awarded the Theodore Williams’ Scholarship in physiology. He went down from Oxford in June 1920, was married in September, won the Price Entrance Scholarship to the London Hospital when he got back from his honeymoon and started at ‘The London’, his father-in-law’s hospital, in October. There his progress was rapid. He won the Southern and Andrew Clark Scholarships, and qualified B.M., B.Ch.(Oxon) in 1922.

‘The London’ at that time was at the height of its fame. It had gone out to attract men of great distinction, bringing James McKenzie from Burnley to
start its Cardiac Department. The Neurological Department was in charge of Henry Head, F.R.S., a former student of Trinity College, Cambridge and University College Hospital. 'The London' also had one of the first Medical Units.

Medical Units were set up in a few London hospitals in 1920 as a consequence of the Haldane report on the University of London, and because of the far-sighted wisdom of the Chief Medical Officer to the Ministry of Health, Sir George Newman. The Royal Commission on University Education in London, under the chairmanship of Lord Haldane, had reported in 1914 and in a manner both critical and constructive on the London Medical Schools. It found that these were essentially ‘trade schools’. It noted: ‘We have pointed out in the Historical Retrospect that the movement for the reform of university education in medicine arose from the dissatisfaction felt by the medical teachers in London at the small number of university degrees obtained by their students in proportion to their total number, and to the opportunities of clinical teaching. We cannot, however, deal with the Faculty of Medicine on exactly the same lines we have followed in the case of other Faculties such as those of Arts and Science. In those Faculties the provision for teaching of the highest university standard may be deficient, but the standard itself is not questioned.

‘In the case of the Faculty of Medicine we have no test to apply. Except as regards pathology and hygiene the University has not attempted to determine which of the teachers of the subjects classed as Advanced Medical Studies are entitled to the status of Professors or Readers. It could not do so under its existing regulations for the conferment of those titles, because none of those teachers fulfil the requirements with regard to salary, time, and other conditions of employment. What is more significant, it is denied that they ought to do so. So far as clinical teaching is concerned another standard is set up. The University Professor, according to our conception of him, can give instruction of the highest university standard only if he is actively engaged in the systematic advancement of knowledge in his subject. But in the case of Medicine it is contended that whether for university or other students the best teachers are men who are engaged in the practice of their profession, and have at most only so much time for original research as remains after the demands of their practice have been met.’

The Commission went on to consider whether the standards they had accepted and required for teachers in other faculties ought to be abandoned in medicine, for which solution they received much evidence from Harley Street. However, Starling, Osler and Abraham Flexner were staunch advocates of the university idea and the university clinic. The Commission found their arguments convincing. They therefore recommended the appointment of University Professors of Clinical Medicine and Surgery on a full-time basis. One of the advantages would be: ‘The effect of the creation of regular assistants, appointed for a term of years, would give rise to a class of
younger men more thoroughly imbued with scientific ideals than the present system produces, familiar with a new organization of the Hospital College, and recruited from the very men who now wait through weary years for a hospital appointment. Their attitude towards the regular professors would naturally be free from the jealousy and distrust which might be felt by the older men at first. After serving as assistants they might pass out into the practice of their profession with an already established reputation. Many of them would return and would accept with alacrity a position in the hospitals which the present physicians and surgeons might consider derogatory to their dignity.' Brain was to be an example.

As a result of the Commission's report, Professorial Units were established in four London hospitals of which 'The London' was one. Dr Charles Miller was the first Director. George Riddoch, fresh from his work on war injuries of the nervous system with Head, was First Assistant, and it was he who introduced Brain to clinical neurology. The war had witnessed a great development of interest in what was then called 'The New Psychology', i.e. a psychopathology based on the unconscious. J. A. Hadfield, whom Brain met at Oxford when he was working on 'shell-shock' at Littlemore, was a pioneer in this, and aroused Brain's interest sufficiently to stimulate him to attend lectures at the newly-formed Tavistock Clinic from Crichton Miller, Maurice Nicoll, Hadfield and others. In fact at that time he contemplated becoming a psychiatrist. But Riddoch said: 'You'd better learn some neurology first'. So he never got to psychiatry, though he never lost his interest in it. Nor did he ever lose the interest in general medicine which he got from Miller and Ellis during his year as house physician to the Medical Unit at 'The London'.

Brain was also greatly influenced at this time by two people with whom he was closely associated. He first met Hugh Cairns at Oxford, and later he came to the London and they were fellow registrars. Brain and Riddoch encouraged Cairns to go and work with Cushing and when he came back Brain and he worked closely together, and Brain gained much from his knowledge of the latest developments in neurosurgery. Brain had also known Eric Strauss at Oxford where they were fellow undergraduates at New College. They met again when Strauss, intending then to become a neurologist, came to Maida Vale Hospital as registrar and they decided to write *Recent advances in neurology* jointly. Later Strauss went into psychiatry, but their association as joint authors continued and through him Brain kept in close touch with developments in psychiatry.

Brain qualified at Oxford in December 1922. He had been promised the House Physician appointment to the Medical Unit at 'The London' which began on 1 April, so he had three months to spare. George Riddoch arranged for him to become a House Physician at Maida Vale Hospital and so began an association which lasted all his professional life, for when he had finished as House Physician to 'The London' he was made Registrar at Maida Vale and then appointed as Physician, when he went back to 'The London' as Second
Assistant to the Medical Unit in 1925. He was elected to the staff of 'The London' in 1927. In 1930 he was elected Physician at Moorfields Hospital but resigned in 1937. He was also for a time on the staff of the Mount Vernon Hospital and the Infants’ Hospital, Vincent Square.

Brain published his first and only paper on work on experimental animals in 1926. George Riddoch had suggested to him that he might study the 'convulsions' induced by insulin. Brain noted that these were quite unlike epileptiform seizures, and that the most striking feature was a rotation of the head followed by a turning movement of the trunk. He argued that this indicated a disturbance of labyrinthine function for which he found support in previously described experiments in which the VIIIth nerve had been cut or the labyrinth destroyed on one side. He therefore investigated labyrinthine function by syringing the external ear with cold water and noted that its function was suppressed during insulin hypoglycaemia. This is the only 'experiment' that I have been able to find in all Brain's writings. He also studied cocaine convulsions and found that these showed the familiar pattern of tonic and clonic phases resembling the epileptiform attacks of man. In a note at the end of the paper, Brain had found that Kleitman and Rudolph Magnus had published similar observations with a similar conclusion two years before.

From 1927, when Brain became Assistant Physician to 'The London', he earned his living from consultant practice and by writing. From now on his contributions to knowledge were all made from his observations on patients. He displayed four characteristics which had already been apparent in the schoolboy: the power to observe, the urge to collect, the ability to discern logical relationships, and the capacity for scholarship and lucid writing. He published a paper on the rotated or cerebellar posture of the head which was a development from his work on insulin hypoglycaemia. He established that this was found with labyrinthine lesions, for instance, in chronic otitis media, lesions of the pons, and occasionally the forebrain, and lesions of the cerebellum and of the VIIIth nerve. The work of Rudolph Magnus provided the essential clue as a disturbance of the postural reflex of the cervical muscles. Brain collected cases of hereditary ataxia and thought that this must be due to the transmission of two genes, one behaving as a Mendelian dominant and the other as a Mendelian recessive. He collected six families in which there were 26 cases of simple goitre and concluded that this was transmitted as a Mendelian dominant. He also collected five families in which 12 cases of goitre associated with congenital deaf-mutism occurred, but all in a single generation. In these the parents were unaffected and he concluded that here the inheritance was probably that of a recessive gene. Years later G. R. Fraser wrote of this paper: '... Following Pendred, the next clear-cut description was that of Brain in 1927 ... Brain postulated that the goitre and the deafness were associated as the pleiotropic effects of the same abnormal gene in homozygous form. Furthermore, he clearly fore-shadowed the finding that the goitre in Pendred's syndrome is associated with
a specific inborn error in thyroxine synthesis, which is only one of several such errors possible. This is a remarkably perspicacious hypothesis, if it is remembered that, at the time it was put forward, nothing was known of the existence of such errors, still less of any heterogeneity amongst them.’

Brain obtained his D.M. from Oxford from a clinical study of increased intracranial pressure observed in cerebral tumours studied at Maida Vale Hospital and the London Hospital. He wrote numerous papers on neurological subjects. His chief contributions were four:

In 1947 in association with A. Dickson-Wright and Marcia Wilkinson he described six cases of spontaneous compression of both median nerves in the carpal tunnel. The syndromes of thenar and hypothenar types of neural atrophy of the hand had been described in 1909 by Ramsay Hunt. Marie and Foix had described a patient of 80 who died of cerebrovascular disease who had the thenar type of atrophy, whose median nerve showed a swelling above the carpal ligament and strangulation under it. Finally Zachary had described two patients in whom osteo-arthritis following fracture of the scaphoid had led to compression of the median nerve in the carpal tunnel with atrophy of the thenar eminence and in which J. H. Seddon had operated and found the nerve compressed. Pain and paraesthesiae were abolished by the decompression and power gradually improved. Brain and his two colleagues described six middle-aged women presenting with symptoms and signs of a disturbance of the median nerve in the hand. All complained of pain, paraesthesiae and disturbances of cutaneous sensation within the distribution of the digital branches of the median nerve. They showed weakness and atrophy of the thenar muscles limited to the abductor brevis and opponens pollicis or abductor brevis alone. None had X-ray evidence of bony damage. Division of the carpal ligament showed compression of the nerve with oedema spreading proximally for about an inch, and this operative procedure led to the prompt relief of pain and tingling and gradual improvement in power and sensation in all patients. The authors thought that dorsiflexion of the wrist raised the pressure in the carpal tunnel and suggested that occupations involving much of this procedure might thus lead to compression of the nerve. However that may be, the lesion is a common one and this simple procedure has proved effective.

Brain’s second important contribution was the demonstration of the importance of cervical spondylosis as a cause of paraplegia and other neurological disturbances. Brain, Northfield & Wilkinson described 45 such cases in 1952. They were not the first. Strümpell (1888), Marie (1898) and von Bechterew (1899) had all described it. Horsley & Taylor in 1892 successfully operated on a case of traumatic protrusion of the cervical intervertebral disk. But the importance of spondylosis as a cause of paraplegia and its frequency were not recognized at all. Brain and his colleagues described a series of patients in whom the intervertebral disks, which separate the bodies of the cervical vertebrae, were protruding posteriorly into the spinal canal and producing either compression of the spinal cord or of a nerve root. They
thought that this was not the same as herniation of the nucleus pulposus. On the contrary, the essential lesion was a degeneration of the intervertebral disk which had evoked an osteo-arthritis reaction in the bodies of adjacent vertebrae. Three-fifths of the patients were between 40 and 59 when symptoms began. No history of trauma was given by 29 out of the 45. In the remaining 16 some gave a history of a fall or head injury preceding the onset of symptoms by months or years, and in 8 cases the trauma was followed by the immediate development of symptoms which appeared for the first time and persisted to the time of examination. The backward extrusions of the intervertebral disks could be demonstrated radiologically, particularly after the injection of opaque medium into the spinal canal. Rest, immobilization and physiotherapy showed some measure of improvement in about half the cases. Removal of the bony ridges proved difficult because of the danger of damaging the cord, but freeing the cord by removing the laminae of the vertebrae lying behind them was more successful. Marked or moderate improvement occurred following such operations in 8 out of 21 patients. This again has proved a relatively common disease, the recognition of which by the profession is largely due to Brain’s ability to collect, describe and explain.

His third great contribution was to the neurological syndromes associated with cancer. These were first described by Oppenheim in 1888. Harris in 1926 drew attention to the lesions of the peripheral nerves, termed polyneuritis, while Leigh & Meyer (1949) noted selective degeneration of the granular layer of the cerebellum. In 1951, Brain, Greenfield & Daniel described degeneration of the cerebellum and of the spinal cord in association with carcinoma of the lung and ovary. Brain & Henson in 1958 collected 43 cases of neurological syndromes associated with carcinoma, the lung (affected in 32 cases) being the predominant site. Of these patients 8 presented with degeneration of the cerebellum, particularly of the Purkinje cells, and of the dentate nucleus, but other changes were noted in the subthalamic nuclei and in the motor cells of the spinal cord, pyramidal tracts and posterior columns. In five patients the lesions were those of a typical neuropathy with both sensory and motor disturbances. Twenty-seven patients had neuromuscular lesions of which five had lesions confined to the muscles. Seventeen had mental disturbances and 14 became demented. The authors were quite unable to account for these widespread disturbances in the central nervous system, which were not due to metastases or apparently to infection. The lesions were not related to the size of the tumour but were to its origin, the lung being by far the most frequent. They discussed the prevalent theories without finding evidence for any. This work opened up a new field of thought and research. It led to the establishment at the London Hospital of the British Empire Cancer Campaign’s Unit for the investigation of the Carcinomatous Neuropathies of which he was director until his death. This Unit investigated all aspects of this problem including biochemical, immunological and virological studies as well as the clinical and neuropathological aspects of these disorders. Much of the work of this Unit was published as a
series of articles in *Brain*, 1966. He was joint Chairman of a symposium on
this topic held at the University of Rochester School of Medicine and
Dentistry, U.S.A., in 1964. With Dr Raymond Adams he proposed the
first classification of these disorders on the basis of the contributions to this
conference.

Brain's early interest in and study of goitre led him to distinguish and
collect a remarkable series of cases in which there was striking protrusion of
the eyes, with paralysis of the eye movements, without any constant evidence
of thyroid disturbance. In 1938 he described 31 cases. In some of these the
syndrome was associated with general symptoms of thyrotoxicosis which
were, however, usually slight. In others it had occurred after subtotal
thyroidectomy when the patient's basal metabolic rate was normal or sub­
normal. Thyrotoxicosis, therefore, played no essential part in its aetiology
which for this reason, and also by its age and sex incidence, was distinguished
from exophthalmic goitre. Brain showed that: 'In distinction from myas­
thenia gravis the paralysis in exophthalmic ophthalmoplegia is limited,
save in very rare cases, to the ocular muscles.' He also showed that there
were no other signs of involvement of the central nervous system, the
pupillary reactions being normal in all. The protrusion of the eye and the
paralysis of the external ocular muscles were clearly a local phenomenon in
the orbit. His clinical and other experimental evidence showed that these eye
changes were not due to over-secretion of thyroxine from the thyroid gland,
but he was not able narrowly to define their cause. Subsequently, Rundle &
Pochin were able to show that the eye was pushed forward by an increase in
bulk of orbital fat and of the extra-ocular muscles whose fat content was
also about doubled. Rundle showed, in a patient with a vascular tumour of
the orbit, that raising the venous pressure in the neck would push the eye
forward and paralyse its movements. However, the degree of forward move­
ment necessary to paralyse duction movements was much greater than that
found in Graves's disease; the pattern of paralysis was also different. There
seemed no escape from the view that the paralysis was indeed due to a lesion
of the external ocular muscles themselves, as Brain had supposed. In 1959
Brain described some 200 cases of this syndrome personally seen by him; the
precise cause was still not apparent, so he suggested the name endocrine
exophthalmos.

Brain sustained his early interest in the mind, an interest which was
stimulated and illuminated by his own clinical observations. He was parti­
cularly interested in perception, speech and consciousness, and delivered
several eponymous lectures and addresses on these subjects, in which he was
able to use his scholarly habits and lucid style to summarize and synthesize
experimental and clinical observations, to improve and stimulate under­
standing.

The flair for logical relationships and his interest in psychology and in
philosophy allied with his neurological experience led him to endeavour to
elucidate the problems of perception in *Mind perception and science* and in the
Rede Lectures, *The nature of experience*. He adopted the same approach in his book *Speech disorders*. In the books on perception he emphasized that any satisfactory philosophical theory of perception must fully take into account the disturbances of perception that occur in disease states and be in accord with current neurophysiological knowledge of perception.

From the time he was elected to the staff of the London Hospital, Brain earned his livelihood as a physician in consulting practice. He took an immense amount of trouble with each patient, each of whom in turn was impressed with his gentleness, his thoroughness, his interest, his quick sympathy and above all his massive common sense. As a result he had as big a practice as he could handle. It was natural that he was called in during Winston Churchill's later illnesses and that the resulting bulletins were discreet. His urge to write found early expression in *Diseases of the nervous system*, first published in 1933 and reaching its sixth edition in 1962. His book with E. B. Strauss, *Recent advances in neurology*, was an immensely popular work which was first published in 1929 and went into seven editions and was translated into Spanish, Italian and Romanian.

The portrait so far outlined is that of an intelligent, hard-working physician who made substantial contributions to knowledge and understanding of his subject. The uniqueness of Brain lies in his activities and contributions that were less narrowly professional. We have seen how his passionate hatred of war led him into the Friends' Ambulance Unit and so into medicine. This experience had another sequel. Although brought up as a Congregationalist, Brain found the outlook and habits of Quakers so congenial that he and Stella joined the Society of Friends in 1931; subsequently they were regular attenders on Sunday at the meeting house at Friends House, Euston Road, and later at Kingston-on-Thames and Wimbledon.

In his Swarthmore Lecture (1944), *Man, society and religion*, he wrote:

> 'In our meetings for worship and in our business meetings we know that we have access to an experience and a method which are capable of solving the difficulties of social relationships.'  
> 'Social conscience is a good term for it means that some members of a group have to perform for the group mind the same function which conscience performs for the individual mind.'  
> 'Society has so far shown itself incapable of understanding the complexity of human relationships in the modern world and lacking the wisdom to avert disaster which can be clearly foreseen. I stress the word wisdom since what is needed is clearly neither intelligence alone nor moral fervour alone but a combination of the two—a knowledge of the intricate material and psychological factors concerned in each situation together with a knowledge of what is right.'  
> 'When the modern man says that what he wants is security, it is not merely material security that he needs; as the words “social security” now in vogue imply, he requires the assurance that his security matters to society.'  
> 'It is sometimes said that the organization of an international authority with powers to use force to repress aggression is merely
carrying into the international sphere a principle which has long been accepted within the nation, where the authority of the state suppresses evil-doers; but the psychological difference is considerable. The fact that within the nation the power of the law is exerted on behalf of the group as a whole influences both those who exert it and those who are subject to it. In the activities of the police and judiciary aggressiveness plays but a small part, and the conscience of the evil-doer is the ally of external authority even when he consciously rejects it or tries to escape from the consequences of his offence. At present no such group-mind exists to possess authority over individual nations, and to purge of aggressiveness the repression of aggression. Such an international world-wide group-mind would seem a necessary prerequisite of an international police force equivalent to the force maintaining law and order within a nation. The conscious construction of such an authority is an enterprise of quite a different order from the natural growth of a national consciousness, and one involving difficulties the very nature of which appears to be too little appreciated.’ ‘The validity of religious pacifism is derived from the religion upon which it is based: it is the vision of the nature of God and man which is revealed in the person and teaching of Jesus which leads Friends to reject war. This type of pacifism, therefore, is a position adopted prior to any consideration of the question, would pacifism work? But since the laws of God apply to the world in which we live, and right and wrong are terms which have meaning only in relation to our actions here, we must believe that the methods of Christ not only will work, but are the only ones that can work.’ ‘A very slight knowledge of the revolutionary temperament is sufficient to show how large a part hatred and aggressiveness are apt to play not only in bringing about revolutions but still more in those orgies of mere destruction of life and property into which revolutions so readily lapse.’ ‘It is the task of our minds and wills, equally God’s creation, to bring all available knowledge of man and the world within the scope of our illumination that it may show us the right course.’

This was the man who was to become one of the great medical statesmen of his time. His early experience of committee work was with the British Medical Association, on whose Hospitals Committee and Journal Committee he served. The former led to his becoming a member of the Committee which King Edward’s Hospital Fund set up to establish a provident fund for London, eventually the Hospital Service Plan, of which he became Chairman, and also to the joining of the Fund itself.

In 1939 the Nazi occupation of Prague removed any lingering doubts that the British people and their government had about accommodating Adolf Hitler and bringing peace through appeasement. War seemed inevitable and total war at that. Accordingly, plans were made to put the whole hospital service of Britain on to a semi-military basis as the Emergency Medical Service. This was organized by regions (or sectors) based on teaching
hospitals, and was the forerunner of the Hospital part of the National Health Service. Brain was sick with hepatitis when war broke out and so he played no part in the setting up of the service. But he was soon called on to play an active part in the affairs of the London Hospital, becoming secretary of the Medical Council, and eventually its Chairman when it was necessary to assert the interests of the medical staff, many of whom were away on active service. In this time of change, decisions were apt to be made by administrators and others who stayed behind, and made in their own sectional interests. Russell thus had an opportunity to display his talent for leadership. When Lord Moran retired from the Presidency of the Royal College of Physicians in 1950, he saw in Brain the man who could provide wise leadership at that time. Brain was elected and subsequently annually re-elected till 1957, when he decided that he had served long enough and should retire in favour of a younger man.

The medical profession did not welcome the National Health Service. It savoured of bureaucracy, of the control and regulation of a great profession by politicians in the interest of politics. The British Medical Association did everything it could to oppose and delay. Lord Moran had, however, realized that the National Health Service was a policy to which the nation, as expressed by all three political parties, was committed. It was part of the great programme outlined in the Beveridge Report of conquering the five giants: Ignorance, Want, Squalor, Disease and Idleness. Moran had therefore tried to guide his College not blindly to oppose and obstruct, but to be critically constructive in trying to ensure that the new service worked well, and that the terms provided for consultants would ensure optimal conditions for their work. Brain pursued the same policy, and from the beginning of his presidency had complete ascendancy over his Council and Comitia. He took an immense amount of trouble to master detail and past history. He listened patiently and with obvious attention, and then he swiftly brought discussion back to the central point at issue, summarized the arguments on each side, and delivered what seemed the right judgement. He was a brilliant public speaker, who rarely refused to deliver an eponymous lecture, an after-dinner speech or an address on a formal occasion. The speech was apposite, succinct, learned and unexpectedly witty. The profession acquired as its leader not only one who led, but could be seen to lead and at the same time to advise.

‘As I see it’, said Brain, ‘the only limit to the future influence of the College is our own capacity to serve medicine.’ To this end he set up a number of committees of the College to study and report on important and controversial issues of the day. One of these on medical education propounded the liberal views later incorporated in the G.M.C. Recommendations as to the Medical Curriculum. The College became bigger and livelier; it became clear that it would have to enlarge. But the decision to abandon the lovely classical home in Trafalgar Square with its views of the fountains, National Gallery and Nelson’s monument was taken under his successor.

His successor, Sir Robert (now Lord) Platt, said of him: ‘To some of us,
Russell Brain before 1950 was the writer of a textbook (a very good one), we had not seen him as a leader of the profession; but fortunately for the College there was a substantial body of Fellows who knew better, and some more who were easily persuaded, so he was elected to the presidency without serious opposition. And then, to those who had previously been ignorant, he at once showed his true qualities. Amongst these I would put very high his amazing (intuitive it almost seemed) grasp of a situation and of the possible consequences of action, and his calm and outwardly unruffled self-confidence which carried such conviction without any show of omnipotence, that you were persuaded that he knew best, not bullied into a reluctant acquiescence. Of such calibre are the true leaders of men. And yet these qualities are not enough. There must also be an intellectual power, without which intelligent men would not be persuaded, and this of course showed beyond all question in his philosophical writings. And so we came to recognize him also as the scholar-physician, in the best and highest tradition.

By the end of his presidency Brain was one of the most widely known and respected members of his profession. Accordingly, other appointments for service arose and were taken. He was appointed to the Royal Commission on Marriage and Divorce in 1952, and in 1954 to the Royal Commission on the Mental Certification and Detention. He played an important part in improving conditions for the care of the mentally sick. He became Chairman of the Whitley Committee B and subsequently of the Joint Consultants Committee until he resigned in 1958. He succeeded Lord Moran as Chairman of the Distinction Awards Committee. In 1959 he was made Chairman of an Interdepartmental Committee on Drug Addiction and in 1966 Chairman of the Standing Committee on Drug Addiction which arose out of the recommendations of the earlier body. The present law on drug addiction is largely based on the recommendations of his committee. In 1965 he was appointed a one-man Royal Commission on the medical services of Labrador and Newfoundland. He toured the territory in company with Dr John Revans, Lady Brain and Miss Campbell, S.R.N., and wrote a characteristically thorough, sensible and imaginative report. He had long been convinced of the social necessity of birth control, and in 1956 became Chairman of the Family Planning Association. As a member of the board of the Brook Advisory Centres he stated his belief that under certain circumstances medical advice on contraception may be needed outside marriage. In 1962 he entered the House of Lords where his humanity, insight, knowledge and sincerity soon won him the respect and admiration of his colleagues. Perhaps the appointment which gave him most satisfaction was his Presidency of the British Association for the Advancement of Science in 1963-64, an honour to a physician or surgeon in active practice, last conferred on Lord Lister. Brain edited *Brain* from 1954 till the time of his death, characteristically devoting his last working-day to arranging the forthcoming issue.

Brain continued to read widely and to be fascinated by good writing. He became an ardent Johnsonian and presided over the meeting of the Johnson
Society at Lichfield in 1963. His published essays include: *Some reflections on genius* (1960), *Doctors past and present* (1964), and *Science and man* (1966). *Tea with Walter de la Mare* (1957) recollected conversations together on a series of visits to the poet. In addition to all this, Brain was a poet. His *Poems and verses* was printed privately in 1962. His essays were widely acclaimed by the critics. But I prefer the poems, because, as in the case of his old teacher, Sherrington, they reveal more clearly the true man. I give two contrasting examples:

**'THESE ARE MY LOVES**

*For Walter de la Mare*

The cuckoo calling all day long,
The chiff-chaff’s plaint amid the leaves,
The wren’s shrill and exultant song,
The martin’s chatter on the eaves,

The smell of sweet-briar and lime,
And sun-hot pink, that potent flower,
Whose perfume exorcises Time
And conjures childhood from his power—

These, frail and fleeting, are my loves.
Though death their beauty will deride,
And each departing summer proves
Their forms are mortal—they abide.’

**'HIROSHIMA**

Now the trumpet of the atomic gale
Blasts through the interstices of flesh.
Cell shakes from living cell, and the pale
Bone unknots the vapour of its mesh.
Now every monument to power
Is bared of laurels by its breath,
And all dominion in an hour
Sinks to the level entropy of death.
Is this the end? Or has one wayward spark,
Shot from the bonfire of the world’s decay
Sown in some distant star the flame of birth,
Somewhere restores the loveliness of earth—
A chaffinch singing in the Milky Way,
The phoenix shining in the burning dark?’

Who but Brain could have contributed ‘Socrates on the Health Service’, a series of 24 dialogues contributed to the *Lancet* in 1959, and exposing the controversies of the day with the merciless logic of the master?
Walter Russell Brain

Socrates: Which is commoner, Appollodorus, wisdom or folly?
Appollodorus: Folly, Socrates.
Socrates: It would seem then that democracy must make it difficult to choose a wise committee, and if a committee reaches a wise decision it is likely to meet with more disapproval than approval.
Appollodorus: So it would seem in principle, Socrates, and experience bears that out.
Socrates: And if, as you say, wise men are rare and foolish men common, the larger a committee the more likely it will be to include foolish men.
Appollodorus: Yes, Socrates.
Socrates: So a small committee will be more likely to reach a wise decision than a large one.

To what did Brain owe his eminence and versatility? Brain himself ascribed his success to his genes and to the unceasing encouragement and support of his wife. What he himself wrote in Some reflections on genius seems apposite: ‘Intelligence is doubtless the most important (factor), and this is the distinguishing feature of those families in which great ability is transmitted through successive generations, often manifesting itself in a wide range of achievements (Terman loc cit.). This is what Dr Johnson (loc. cit. Vol. II) meant when he said: “The true genius is a mind of large general powers, accidentally determined to some particular direction”.’

How in practice did the favourable factors work out? I would suggest that Brain’s uniqueness was due to his taste for solitude and to the methodical way in which he did his work and cultivated his interests. Those who sat next to Brain at a dinner, accompanied him on an expedition or participated with him in a social event, became accustomed to his ‘formidable silences’. Some have attributed these to shyness. However this may be, I am convinced that they suited him. He became a Quaker by conviction and remained so. He wrote: ‘In worship there are only two international languages—the Latin of the Catholic Church and the silence of Quakerism.’ Nansen wrote: ‘The first great thing is to find yourself and for that you need solitude and contemplation at least sometimes. I tell you deliverance will not come from the rushing noisy centres of civilization. It will come from the lonely places.’

There is a case for supposing that Brain’s capacity for detached and informed comment was a consequence of his preference for a life of solitude. Solitude is hard to come by in the life of a busy physician who participates in public affairs. The substitution of silence for small talk helps. To his friends and acquaintances the most remarkable character of Brain was his extraordinary capacity for performing a variety of quite different tasks to a uniformly high standard and apparently without effort. This bespoke the excellence of the underlying organization. Like Erasmus Darwin, he used every minute of his time. He kept a chauffeur in his 30 later years, and used to work in the back of his Rover car, reading, annotating and writing. He early mastered dictation, using at first the old Dictaphone, and later tapes. He very rarely had to do more than correct the spelling and the punctuation of the final
typed version. Yet despite the enormous range of his activities, which included meticulous proof-reading, not only of his books, but also of Brain for which he bore the entire editorial work, he was never too busy to discuss some topic, either directly or over the telephone. Yet he achieved this within a very normal working day. The Socratic dialogues on the Health Service were written as he was driven into London from his home near Kingston. When one edition of his books had gone to press, an interleaved copy and files for each chapter were anticipating the next. At every meeting he attended, his notebook recorded what was new. He kept an elaborate card index of what he had read and considered worth while, and had several notebooks of quotations all carefully indexed. In these, as in other tasks, he was partnered by his wife. The seemingly spontaneous after-dinner speeches were carefully thought out, written and rehearsed. As always, excellence was not achieved without effort.

In stature Brain was above middle height and broadly built. As his photograph shows, he was good-looking with fine features and steady, pellucid, blue eyes. In latter years his complexion was ruddy and his wavy hair grey. As a young man he suffered from migraine, but this disappeared after his hepatitis in 1939. Thereafter his health was good until his final illness, from which he died on 29 December 1966. As a boy he bicycled, walked, bird-watched and photographed. In middle life he gardened and liked country walks. In latter life his leisure was filched from him, and he took little exercise. He supervised the garden and knew every plant and where it thrived best.

Because Brain was a shy and silent man in public, few but his intimate friends and his family knew the warmth of feeling that lay behind the public figure. This warmth of feeling was never allowed to interfere with his judgement, but it found expression in many ways. His sympathy was never calculated, he had a sense of fun and could laugh at himself as easily as at others. He was quite sensitive to criticism, though he never showed it. There was a streak in him of boyish enthusiasm, very much under control, but endearing nonetheless. Once when his wife was about to have an operation he made a speech at a dinner; afterwards in some distress he rang up one of his friends who had been present at the dinner to enquire whether he had made a fool of himself. In fact, of course, the performance had been as good as ever and the strain under which he had been was not allowed to become apparent in public.

The Brains were a closely-knit family. Russell and Stella were a partnership from their early days in the dark room of the X-ray department of King George's Hospital in the Stamford Road. They were devoted to their two sons, Christopher and Michael, and to their daughter, Janet, and later to their grandchildren. Among his poems are 'Song for Janet' and 'Welcome to Robert', his first grandson.

Brain received many honours. He was knighted in 1952, became a baronet in 1954, and was created a baron in 1962. He was elected F.R.S. in 1964,
and was an Honorary Fellow of New College, Oxford. He was an Hon. D.Sc. of Oxford, Manchester and Southampton; Hon. LL.D. of Wales and Belfast; Hon. D.C.L. of Durham. He was an Honorary Fellow of the Royal College of Physicians of Edinburgh, the Royal College of Physicians of Ireland, the Royal College of Surgeons of England, the Royal College of Obstetricians and Gynaecologists, the Royal College of Physicians and Surgeons of Glasgow, the Royal Australasian College of Physicians, the American College of Physicians, the College of Physicians of South Africa, and the Faculty of Radiologists. He was President of the Association of Physicians in 1956, of the Association of British Neurologists in 1960, and of the International Society of Internal Medicine in 1958. He was an Honorary Member of American, French, German, and Spanish neurological societies, and of the Swiss Academy of Medicine. He gave Rede, Eddington and Linacre lectures at Cambridge, the Riddell lecture at Durham, the Bryce lecture at Oxford, and the Osler oration in Canada. At Oxford in 1961 he received the Osler medal.

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