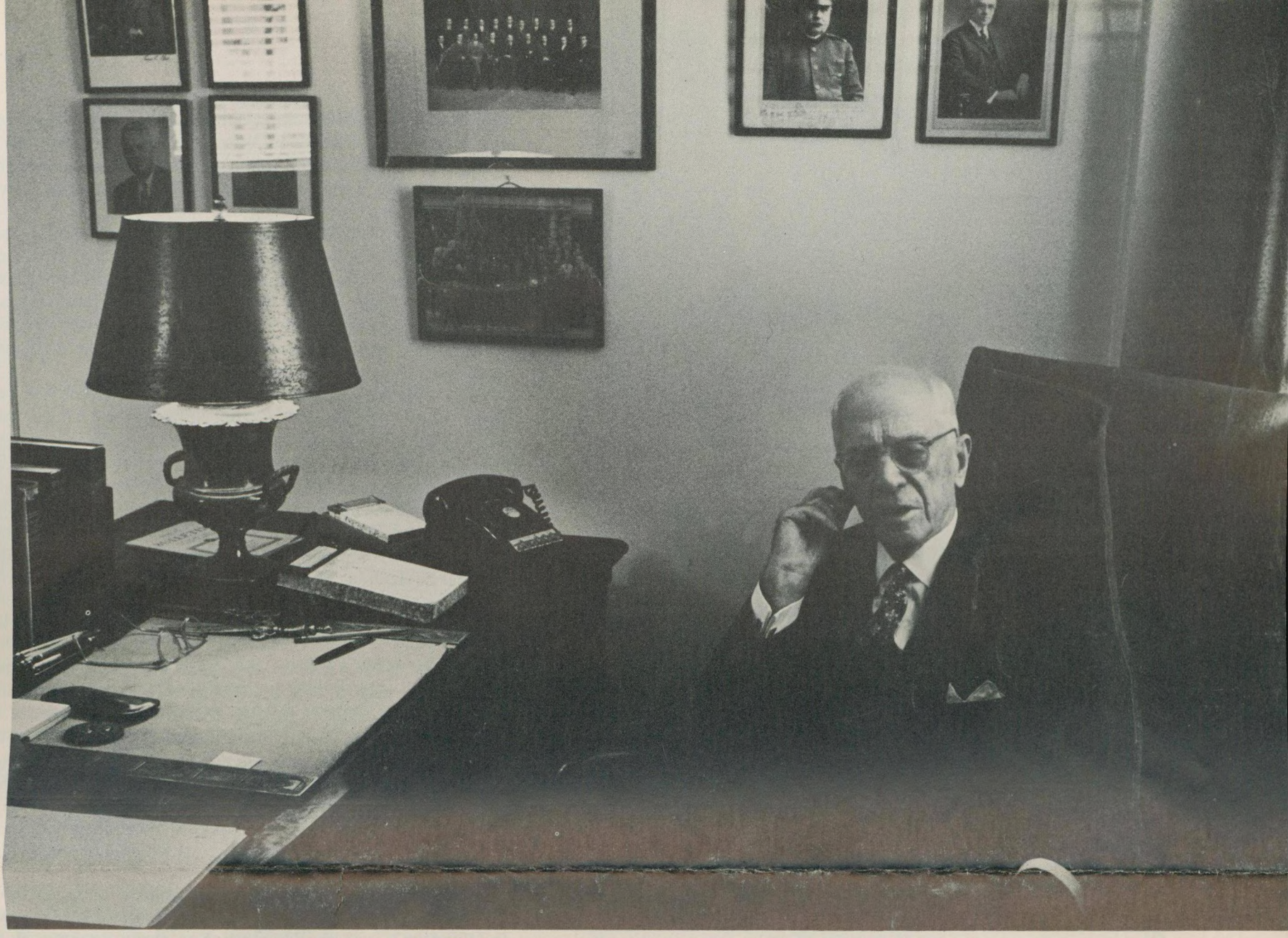


TODAY'S CONSULTATIONS TAKE PLACE IN A MODERN OFFICE THAT REFLECTS DR. CECIL'S FAMILY ROOTS AND LIFE IN MEDICINE

FOCUS ON

Dr. Russell L. Cecil

ON ALMOST ANY CLEAR MORNING, about 9 o'clock, a debonair, smartly dressed man with a colorful tie leaves his apartment house on New York's East 76th Street, after a few setting-up exercises, a good breakfast and a session with the *New York Times,* and starts walking toward his office at York Avenue and 68th Street. He is Russell LaFayette Cecil, M.D., who at 80 years of age is still practicing internal medicine and rheumatology, doing research in arthritis, and maintaining an active interest in a broad range of clinical problems.

Paradoxically, while his famous *Textbook of Medicine* has made him a major influence in the education of general practitioners for more than two generations, Dr. Cecil always felt himself unsuited for general practice. He tried it briefly, on a part-time basis, in 1910 but soon gave it up.

"I have the greatest respect for general practice," he says today. "Where indeed would we be without it? But it just wasn't for me. I guess I was too shy. I was never really comfortable being ushered through strange houses by strange butlers into the presence of the lady of the house, all done up in her ribbons." If his view of a house call seems strange, it should be remembered that an excess of butlers was not uncommon in the practices of the staff members of New York's old Presbyterian Hospital where, from 1907 to 1910, Dr. Cecil was resident pathologist. They took care of the city's wealthiest citizens.

Although Dr. Cecil decided after a few years to discontinue general practice, his decision was not an easy one. He was searching for his place in the medical world, and while none of his efforts were going badly, none were coming out to his complete satisfaction, either.

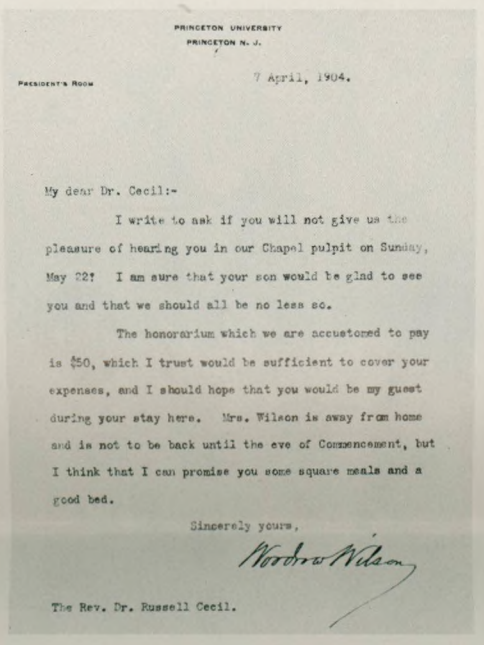
"At that time I was trying to discover the cause of diabetes," he says of his first significant scientific studies, under way at this point, "but I didn't know enough chemistry to back me up." Convinced that diabetes was caused by a malfunction of the islands of Langerhans, he was able to produce experimental diabetes in laboratory animals, but "I wasn't able to determine the exact nature of the dysfunction" – an achievement that would have advanced medical history considerably. It was 10 years before Banting, Macleod and Best were able to isolate insulin, and it was some years after that before Dr. Cecil found appropriate worlds to conquer. But those years were crowded with impressive accomplishments. His work on the pancreas, done under Dr. Eugene L. Opie, then visiting pathologist at Presbyterian Hospital, led to a paper entitled: "Study of the Islands of Langerhans in 90 cases of Diabetes Mellitus." "A very solid paper," says Dr. Opie, who at 89 continues to work in his Rockefeller Institute Laboratory. "It's still being quoted."

Medical schooling "before Flexner"

Dr. Cecil had come to Presbyterian in a somewhat roundabout way from the University College of Medicine, later merged with the Medical College of Virginia, where, after four years at Princeton, he had taken his medical degree in 1906. Born in Nicholasville, Ky., he had grown up in Virginia, the son of a Presbyterian minister. Sometimes a trace of regional influence can be heard in his speech, even after 54 years in New York.

"I was before Flexner," he says, looking for a way to char-

HOUSE OFFICERS at the old Presbyterian Hospital pose for a 1910 group picture. Dr. Cecil is standing, second from left.



PRINCETON UNIVERSITY
PRINCETON N. J.

PRESIDENT'S ROOM

7 April, 1904.

My dear Dr. Cecil:-

I write to ask if you will not give us the pleasure of hearing you in our Chapel pulpit on Sunday, May 22? I am sure that your son would be glad to see you and that we should all be no less so.

The honorarium which we are accustomed to pay is $50, which I trust would be sufficient to cover your expenses, and I should hope that you would be my guest during your stay here. Mrs. Wilson is away from home and is not to be back until the eve of Commencement, but I think that I can promise you some square meals and a good bed.

Sincerely yours,

Woodrow Wilson

The Rev. Dr. Russell Cecil.

INVITATION from his former Princeton professor Woodrow Wilson asks Dr. Cecil's father to preach a Sunday sermon in the college chapel.

ATTENDING PHYSICIANS wore mufti, house officers whites, in 1921 photo of Second (Cornell) Medical Division, Bellevue. (Seated, third from right, is Dr. Cecil.)

DR. CECIL AT HIS EASEL in 1950. "I was no Ike, let alone Rembrandt," he says, "and I quit because it made me too tense."

acterize his formal schooling. "In those days, the medical schools were run by practitioners, not scientists. There was little money, no research and very few practical courses. I rarely worked closely with a sick person the whole time I was in medical school."

This lack of clinical experience led to a continuing search which took him to Berlin and Vienna and then to Johns Hopkins Hospital as a "voluntary assistant." He worked on the wards all day, and spent his evenings on a research problem—on the gastric juice, he recalls. After a year at Hopkins he was invited to Columbia, an invitation that included appointment as resident pathologist at Presbyterian Hospital.

"I just fiddled around and did a lot of autopsies," he says of these years. "Although I was working hard, I wasn't having much contact with real live patients—and, despite all of my years of education, I wasn't getting much salary either." These two lacks accounted for his brief fling at general practice. With understandable eagerness he welcomed an offer in 1915 to join the faculty at Cornell, with an increase in rank and salary. He doubly welcomed his new association with the Second (Cornell) Medical Division at Bellevue Hospital, which he still calls "that great museum of sick people."

Pneumonia studies in World War I

"It's hard to believe it now," he says of the period, "but typhoid, for instance, used to be a scourge in New York every summer. In 1910 it filled almost a third of Bellevue's medical beds."

He worked there happily until he entered the Army in World War I, where he soon was engaged in studies that led to the publication in 1920, in the *Journal of Experimental Medicine,* of 10 monographs on experimental pneumonia, written in collaboration with Dr. Francis Blake. *"With these studies,"* he says, *"I first made a small noise in the medical world."*

The pneumonia studies resulted from work done in the Medical Corps, which he entered as a first lieutenant and a bacteriologist and left a major and an expert on pneumonia. He served on the Surgeon General's Commission to Study Pneumonia, established to deal with the 1918 influenza epidemic. One account of that epidemic revealed that of 50,000 men at Camp Pike, there were almost 12,000 cases of influenza, 1,499 of influenza with pneumonia, and 466 deaths, all evidently from pneumonia. Early in the epidemic the mortuary was filled with bodies piled one upon another, from floor to ceiling.

Dr. Cecil recalls that "we had a map of the United States and we kept putting in pins to show the increasing incidence of the disease," he says. "We were helpless. We just watched it move across the country and waited for it to engulf us. Which it did. It was terrifying—like the plague."

His work on pneumonia eventually took him to the Bacteriological Laboratory of the Army Medical School in Washington, D. C. There, with the assistance of 400 "crotchety and oversized" monkeys, the experimental studies that constituted Dr. Cecil's first "noisè" got into swing. At a later stage his team vaccinated almost 25,000 soldiers against pneumococcal pneumonia, at times working in a rattling railway laboratory car attached to the end of a long troop train.

"We established the pathogenesis of the disease," he says. "We demonstrated that it was a bronchogenic infection, generally a secondary one that spread downward along the bronchial tree. We showed that some types were preventable with vaccine and curable with sera—in fact, that you could save many moribund monkeys—and some people—from fatal pneumonia by the use of antipneumococcus sera."

Having established himself as a pneumonologist, Dr. Cecil continued to work on the sera and the serum-specificity of each of the many types of the disease on his return to Cornell. "We were trying to get rid of the horse and retain the antibodies," he says. In a motor car equipped with a portable laboratory, sera, oxygen tent and tanks, he was on 24-hour call for pneumonia crises, driving all over New York City at all hours of the day and night; "usually the night," he recalls.

The decade of the '20s, while all this was going on, was a period of prodigious and diverse activities for him. By 1922 he had established one of the first arthritis clinics in the country, at the old Cornell "Pay Clinic" near Bellevue. ("We had a little flurry with organized medicine," he says of the early clinic days. "They thought we were going into competition with private practice because the clinic charged a token fee.") Arthritis first interested him when his mother came down with a serious case of it; it was to become a dominant interest and specialty for him. His wife recalls that from his very first observations he had always considered arthritis to be a dread disease: "It doesn't kill—it destroys," he told her.

A year after opening the clinic, Dr. Cecil married Eileen Cumming ("In those days research men didn't marry young. They couldn't afford to."), and two years later he brought out his first book, *Colds: Cause, Treatment, Prevention.* Written for the layman and clearly not the work on which Dr. Cecil would care to base his professional reputation, the book presents the status of knowledge in 1925 about the common cold and its complications, with some common-sense rules for dealing with them. If today's reader is amused by the discussion of the possibilities inherent in "chlorin gas" treatments, he should reflect on the fact that therapy for this perennial nuisance has not advanced much since Dr. Cecil's survey. By this time he was already "consuming every free moment and stealing others" for his *Textbook of Medicine*—the monumental work that was to bring him an international reputation, overshadowing his contributions in pneumonia and rheumatology research.

How the "textbook" was born

The idea for the *Textbook,* the first edition of which appeared in 1927, developed from his teaching. "I was just an instructor," he says (actually, he was an assistant professor) "testing my students each week on their 'quiz.' So I had to do the reading with them." This review of the medical texts confronted him with two facts: medical developments had completely outdated the existing books and were proliferating so rapidly that it was impossible for any one man ever again to encompass the whole of medicine for serious study. This deficiency was nowhere more apparent to him than in the sections of rheumatology and the pneumonias, which, he recalls, lagged several years behind the current levels of clinical knowledge.

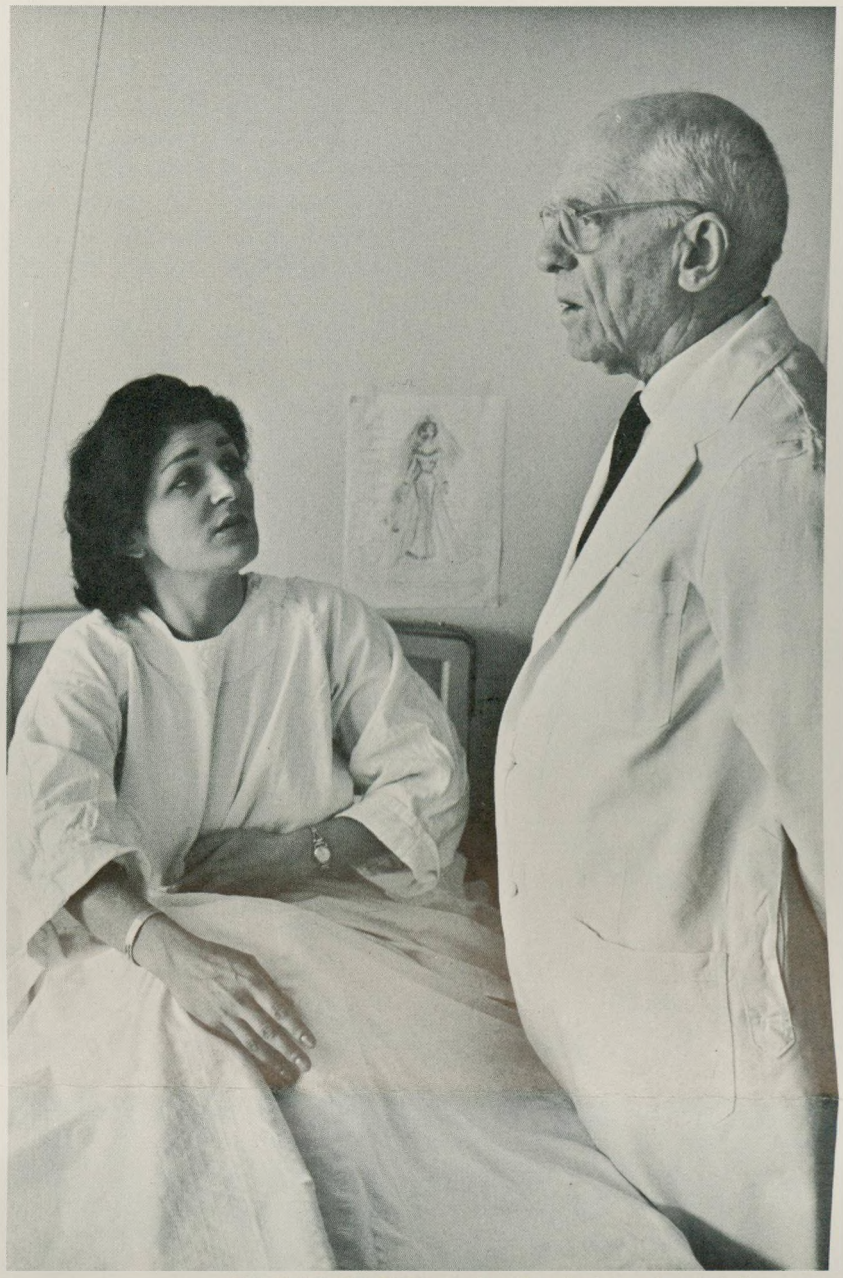
He thereupon proposed to W. B. Saunders & Co. a new kind of medical textbook, in which each field would be covered by an acknowledged expert. Saunders decided the project was feasible and Dr. Cecil got under way with it.

Two formidable problems confronted the fledgling editor: the leading specialists of the day did not rush to meet his call for contributions—"I had no asking power," he says, "and a number of my colleagues thought it presumptuous to try to supplant such standard works as Osler." When finally the contributions were obtained, "some of the authors opposed my efforts to tidy up, and in some cases salvage, what to them must have seemed perfect." Today, of course, the table of contributors is considered something of a Who's Who in Medicine.

The red-footed editorial hen

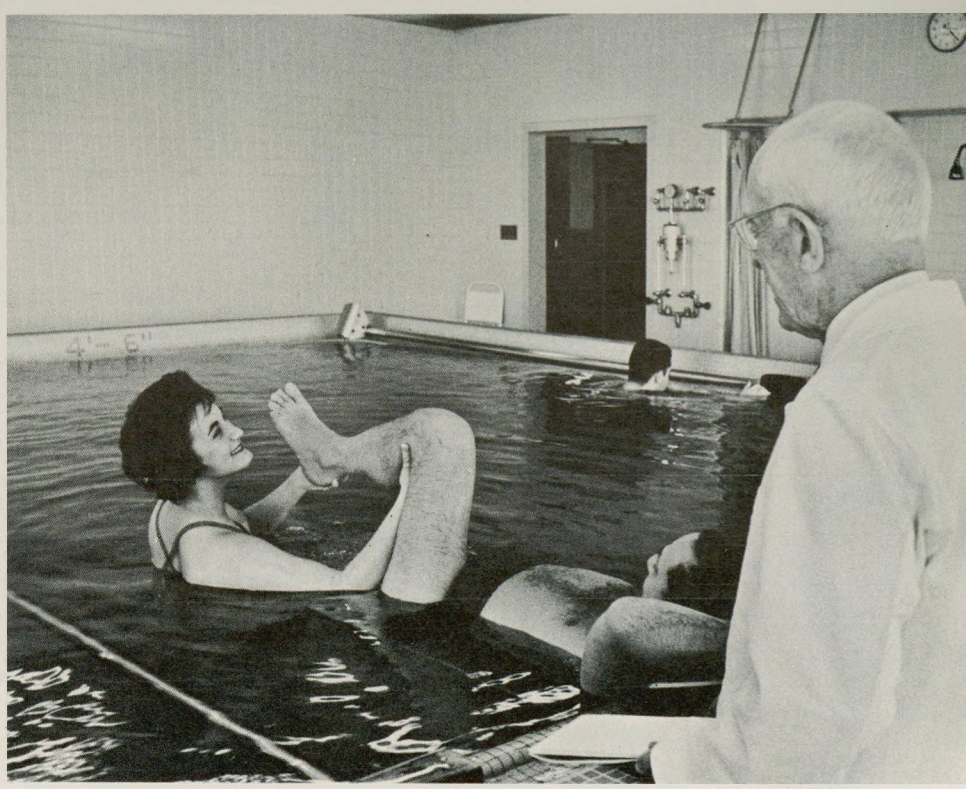
Determined to produce a text as readable as it was authoritative, Dr. Cecil mercilessly edited every word, sometimes spending hours of diplomatic wrangling to win acceptance of a one-line change. Looking back to his schooling for the job, he offers first credits to his first boss, old friend, and colleague, Dr. Opie, "who taught me an awful lot about scientific writing. When I sent him my manuscript on the pancreas, it came back looking as if a red-footed hen had run wild on it."

Although the first edition of the *Textbook* received a rather lukewarm reception ("The *J.A.M.A.* thought it uneven."), it has gone on to become the world's most widely read medical reference work, reaching a cumulative sale of almost half a million copies in English alone, and translated officially into Spanish, Turkish, Portuguese, Italian and Polish (Greek and Serbo-



ON DAILY ROUNDS at the Hospital for Special Surgery, Dr. Cecil discusses symptoms, test results and the future problems of home care with one of his patients.

AT POOL SIDE, arthritic patient is visited during a therapy session. His progress is checked with a pool therapist, who demonstrates his improvement.



Croatian versions now in preparation), with pirated translations in Chinese and other languages.

The 10th edition was the last in which Dr. Cecil and his collaborator for the last three editions, Dr. Robert F. Loeb, Emeritus Professor of Medicine at Columbia University, will have played an active role. Contributors always were retired at age 65 because Dr. Cecil felt that the book should be produced by specialists active in medical teaching; he is belatedly applying the retirement rule to editors. The 11th edition has been turned over to Drs. Paul Beeson, Professor of Medicine at Yale, and Walsh McDermott, Professor of Preventive Medicine at Cornell.

Private practice and his "special baby"

His new freedom has given Dr. Cecil uninterrupted time for his private practice of rheumatology and for his "special baby," the Arthritis and Rheumatism Foundation, which he helped to found and which he now serves in the capacity of consulting medical director. He divides his day between these two activities.

His interest in arthritic diseases continued to grow after his establishment, 40 years ago, of the Cornell clinic. The diseases challenged him, for very little was known about them. "In those days," he says, "people dragged their pains to the doctor, and dragged them right back home again. There were no funds for research, and very infrequent hospitalizations." Today, he is considered a pioneer in arthritis research, and in the development of gold salt therapy for rheumatoid arthritis. He looks upon himself as a conservative: for example, he refers to the steroids as "rich men's aspirin."

To colleagues, friends and patients, Dr. Cecil is possessed of a rare degree of geniality and charm. "He's a kind man and a big one," says Dr. Ronald W. Lamont-Havers, the Foundation's medical director. "He's even big enough to eat his own words, if necessary. This he did, with frankness and grace, for instance, when the theory of focal infection went down the drain." Socially, Dr. Lamont-Havers adds, "Dr. Cecil's talents are quite remarkable. When you want to find him at a party, just head for the largest group of ladies."

To Dr. William H. Kammerer, his partner of many years (who calls him "Pops" over their office intercom), Dr. Cecil is simply "a lovable person....He once told me that a happy heart is the secret of longevity, and he clearly has one."

To his wife, "He's a professor with a light touch. He likes his work, but also likes good food and fun. He still plays golf in the 90s. I think of the game as his passion and his hair shirt.

"He's a complete human being. On the one hand he'll complain that he isn't getting enough time for his reading, and the next minute he'll grouse because we aren't seeing enough of our friends." She describes him as a Pied Piper with the very young; his three grandchildren and their contemporaries call him "Uncie" and swarm all over him when given the chance.

Mrs. Cecil feels that his sense of proportion "...is and always will be Russell's outstanding characteristic." This sense of proportion extends even to his diet. He is careful enough to eat a light lunch (usually chicken salad) so that he can enjoy an unrestricted dinner. Since he is an impressively built man, it is not known whether his scale watching arises from consideration of health or vanity.

View of contemporary medicine

Dr. Cecil's view of contemporary medicine is, on the whole, optimistic. However, he has a few reservations about the direction of modern medical schooling. Today's young doctors, he says, receive magnificent scientific training, but in his opinion they are taught to lean too heavily on the clinical laboratory. They have a tendency to order too many tests too soon, "...to let George make the diagnosis." This "addiction" to laboratory tests, he believes, may well lead to a lack of warmth and human sympathy in the relationships with their patients as well as to an "atrophy of the skill in their hands, a loss of the physical touch in their fingers and the personal touch with their patients. If they need anything, today, it is more medical art, and less emphasis on medical science."

He has some advice for physicians with rheumatic patients: "Most rheumatologists are not as pessimistic about the arthritic's future as general practitioners are, for they have seen how modern rehabilitative procedures improve the status of patients and how new 'plastic surgery of the joints' has often produced marked relief from pain."

Diagnosis and arthritic disease

Persistence of pain must always be taken most seriously, he believes. The average rheumatic pain (one of "the lowest denominators of general practice") is likely to be in the soft tissue and to disappear rapidly with the administration of the usual remedies. But if the pain continues, the physician's suspicions should always be aroused, he says. For early diagnosis is of utmost importance in preventing tissue destruction and impaired recovery. Most arthritis, he points out, is easily accessible to differential diagnosis by physical examination supported by x-rays, the latex fixation test and ESR determination.

Dr. Cecil feels that one of the most difficult puzzles diagnostically is the single swollen joint which sometimes eludes all tests. When such a problem is encountered as a case of "chronic" or undifferentiated arthritis, he wants the patient to be given the benefit of specialized hospitals, clinics and rheumatologists, with diagnosis proceeding perhaps through punch biopsy.

"The arthritic really needs the physician's time," Dr. Cecil says, revealing a facet of his own practice of the art of medicine. "He is frequently well along in years, frequently lonely and discouraged, and he needs sympathetic support. Remember, he is in pain and can easily get very blue. He needs someone to lean on a little, and that's the doctor."

TREE OFFERS Dr. Cecil no competition for the attention of his grandchildren, Sarah, Russell and Andrew, during a visit to the home of his son, Russell C., a New York architect.