When Professor Davey did me the great honour of asking me to deliver the first Cuthbert Crichton Memorial Lecture, my first reaction was to answer him as Moses did when he was told to go down to Egypt and tell Pharaoh to let the Israelites go. 'Oh my Lord', he said, 'I am not eloquent but am of slow speech and of a slow tongue. Send I pray thee, one who can speak well.' Unlike Moses, I had no brother Aaron to suggest. But then I thought that if Moses aged eighty could speak to Pharaoh, perhaps I at a bit less than that could speak to you.

My only claim to this honour is that I knew Professor Crichton longer than most people here — since 1928, when I became a 4th-year student at the New Somerset Hospital (NSH) and the Peninsula Maternity Home (PMH), that is about 50 years ago. At that time Professor Crichton had occupied the Chair of Obstetrics and Gynaecology for 8 years, having arrived in Cape Town in February 1920. Professor Falconer arrived in the same month and Professor Saint in March. Professor Crichton was only 31 when he was appointed but he already had extensive experience in his specialty — not to speak of the varied duties he performed in the Middle East during World War I. After the war, he did a grand tour of the major continental clinics — Vienna was all the rage in those days — before returning to Dublin as Assistant Master of the Rotunda. There, as here, he distinguished himself particularly as a teacher.

Students in those days had much to be thankful for. Classes were small — there were about 30 of us in the final year. All set lectures were given by the Professors themselves, and so were many of the clinical ward rounds. This meant that staff and students got to know each other in a way which is quite impossible in these days of large classes. Also the curriculum was much easier. Chemical pathology practically did not exist. Physiology was simple. I remember that our textbook was the size of an average novel. The size of Samson Wright shook me when I first met that hoary favourite in London. I was reshaken when I invested in a revised copy some years later. Anatomy is probably the only subject which remains the same.

In medicine, Professor Falconer used to say that morphine and quinine were the only two really important drugs, with Salvarsan a close third. We were taught a lot of diagnosis but very little treatment. Professor Crichton on a ward round one day came to a patient with a bad case of puerperal infection. He boomed 'The treatment here is good food, as provided by the Cape Hospital Board, the fresh air of Caledon Street and the skilled nursing of our excellent staff!' Antibiotics and even sulphonamides did not exist. I was in London when Prontosil was introduced, working at a hospital in the East End where the children’s ward was allocated to the obstetric officer. No one was very clear about the dosage. One is bold when one is young, so when an extremely sick child was admitted with a horrible infection of the hand and a temperature almost off the thermometer, I gave a generous dose. The child turned bright pink and passed bright pink urine. I turned pale, but the child made a prompt recovery.

Eric Cuthbert Crichton.

Professor Crichton in Action

Both Professor Crichton and Professor Saint were very quick-tongued. We all got the benefit of this at some time or other, but as they were never unkind it was almost an honour to be at the receiving end. Professor Crichton had a very convenient deafness. Usually he heard what he was not intended to hear, but once on a ward round I got the benefit of his eloquence when he had not heard my answer — I might say, for once correct. 'Miss Sharp', he said, 'You are not only abysmally ignorant but abominably lazy!' A certain redheaded student in our class was asked the capacity of the infant's stomach at birth. After a wild and fruitless look for help from his neighbours, he replied, 'One pint, sir'. A glare and a scathing 'You red-haired barbarian!' was all he got. One remembers best the occa-
sions when one was singled out. My first effort at stitching a cut in casualty in front of a group of dressers, when I had never so much as seen a needle inserted in human flesh before, brought from Professor Saint, 'And why did the hand of the potter shake?'

While Professor Crichton was always affectionately referred to as Cuthbert (his friends called him Eric) and Professor Saint as Charlie, Professor Falconer was too awe-inspiring to be treated so familiarly; he was always 'The Oubaas'. Of the big three, I think that Professor Crichton inspired the greatest respect and affection in his students. He was a magnificent teacher and thoroughly enjoyed teaching. Some of his pronouncements were unforgettable. One of his most fundamental words of wisdom was 'You can bluff the patient for his own good, you may even bluff the relations for their good, but the day you bluff yourself, you lose your own soul.'

He belonged to the old school of non-interference and believed in letting nature do her best before coming to her aid. For a student to understand labour, it was no use his being called when the head was on the perineum, with no idea of how it got there. The only way you could understand labour was to watch it. When I was doing my cases as a 4th-year at the PMH a primigravida with a breech presentation was admitted in early labour. 'Miss Sharp, you will watch this patient until she is delivered!' Two days with very little sleep followed. At last came the second stage. The houseman was at the cinema and could not be found. Sister Olivier, a magnificent midwife, told me exactly what to do and when to do it, and soon a lusty infant was bawling. I doubt if it could happen nowadays.

**Medicine in the 1930s**

After graduation, I became Professor Crichton's house surgeon at the NSH. There was nearly a revolution before I was appointed, as gynaecology and urology were served by the same house surgeon. The combination proved very useful as I learned to use a cystoscope and do various other curious things.

Mr Rabinowitz, a dear old boy of 84, lives in my school. My record was unblemished in that respect until my last night at the PMH when I celebrated by doing the telephone to ask advice. Detailed instructions followed — the time was exactly 9.15 p.m. — but the conversation ended with, 'Now, Dr Sharp, understand that you are never to phone me after 9 o'clock again.' Apparent ally he belonged to the early to bed and early to rise school. My record was unblemished in that respect until my last night at the PMH when I celebrated by doing the forbidden thing. As the case was something rather special, I got off unscathed.

**Crichton's House Surgeon**

After a few intervening jobs, I again became Professor Crichton's house surgeon at the PMH in 1933. I had not seen a midwifery case since my 4th year and my knowledge was extremely sketchy. On the first evening a bad case of accidental haemorrhage was admitted. I fled to the telephone to ask advice. Detailed instructions followed — the time was exactly 9.15 p.m. — but the conversation ended with, 'Now, Dr Sharp, understand that you are never to phone me after 9 o'clock again.' Apparently he belonged to the early to bed and early to rise school. My record was unblemished in that respect until my last night at the PMH when I celebrated by doing the forbidden thing. As the case was something rather special, I got off unscathed.

Early in my career at the PMH, a primigravida with a
breech presentation had the good sense to start her second stage in the middle of the ward round. I was to deliver amid the admiring — I hoped — gaze of the 6th-year students. All went well until I was delivering the head, when it suddenly shot through, carrying all before it. Deeply humiliated, I repaired the complete tear. In the midst of commenting on the subject, possibly carried away by his eloquence, the Professor had leaned rather heavily on the fundus. This incident illustrated one of Cuthbert’s most lovable characteristics — fairness. When we adjourned for tea, with me considerably chastened, he said “I’m sorry, that was largely my fault.”

Induction of labour was rather a hit-and-miss affair in those days. Medical induction consisted of a dose of 2 oz castor oil, given for some obscure reason at exactly 6 p.m. This was followed by an enema, then quinine by mouth and finally pituitrin by injection. The only alternative or additive was rupture of the membranes. During the usual 2-hour ward round with the 6th-year students, having a good case to demonstrate on always pleased the professor. One of his favourite demonstrations was a forceps delivery, during which he could drum in the indications and procedure while supervising the student’s efforts. On one occasion, all I could find for him was a case of induction by rupture of the membranes. The patient was a large Black lady who was perched rather apprehensively in the lithotomy position. Discoursing all the time, the professor automatically draped the patient with sterile towels. Without thinking, he picked up a towel clip to anchor the towels and implanted it firmly in her ample bottom, forgetting that she was not anaesthetized. With a loud and indignant shriek she descended from the table and firmly refused any further intervention.

Reading an article on induction lately, I was a bit shaken to find ‘convenience’ openly listed as an indication. I feel sure that Cuthbert would have expressed himself in unforgettable words if this indication had been offered to him by a student. For my part, superstition always prevented me from being swayed by my own or the patient’s convenience. I was always convinced that something would go wrong if I induced without adequate obstetric or medical reasons.

Eclampsia was rife in those days. I rather think that the Cape held the world’s record, for which some blamed the South-Easter. I discovered the best treatment for toxaeemia by accident. A Moslem woman had had four deliveries at PMH, all complicated by severe toxaeemia, and on two occasions she had had fits. After the fourth child she willingly agreed to be sterilized. As this was in the days before early sterilization, she returned for the operation when the baby was almost 5 months old. She then proceeded to have a completely normal pregnancy with systolic blood pressure around 120 mmHg all the time and was delivered of a lusty infant 7 months after operation.

At the end of the PMH job, I decided to go overseas for further study. I received every encouragement from the professor who gave me an introduction to an old friend of his, Miss Chadbourn, a well-known London surgeon. She and Miss Davies Colley shared a tall house in Harley Street, where I was duly invited to dine. When the meal started with vermicelli soup I was reminded of the menu suggested in The Perfect Hostess for the meal you prepare for the very unsuitable young person your son proposes to marry. Luckily the rest of the meal proved eminently manageable.

The 4 years I spent in England were distinctly lean but extremely enjoyable. Some years ago I had the pleasure of entertaining Sir John Stallworthy on one of his visits to this country and we vied with each other as to who had lived more cheaply. He and his wife lived in one room on an allowance of £5 a week. I lived in a basement room in Bloomsbury, next to the pub, for which I paid 17/6 a week, while my main meals at a club across the road cost a guinea a week.

Return to South Africa

When I returned to South Africa, there were only five specialist gynaecologists in Cape Town; now I hear there are 48. I set out to pay courtesy calls on all five and was cordially received but not noticeably encouraged — apparently general practice was considered much more suitable for a woman. By the time I reached the professor, whom I had kept as a sort of conscience openly listed as an inducement, I was just about ready to cut my throat. My gloop must have been obvious and I think that this prompted him to ask me to be his private assistant. In many ways a private assistant was not really necessary as the patient’s own doctor usually assisted at operations, but I soon learned to take up a position where I could do most of the assisting and relegate a pair of scissors or a retractor to the first assistant. Of course, it was useful to have someone to do much of the aftercare, put up drips and blood transfusions and so on, and I think I gradually began to justify my existence. It meant too that the chief could go after the quail in the weekend with a fairly easy mind.

Jock Marr was Professor Saint’s assistant then, and we used to relieve each other for rare holidays. Professor Saint was a much harder taskmaster. He operated regularly at 7 a.m. One had to take the instruments to the nursing home the evening before and then be there before him in the morning. His patients were always visited twice a day and more often if the occasion called for extra care.

I was a bit ham-handed assisting at strange operations. During a Halsted operation one day I thought I was doing rather well, poised with a pair of forceps to catch each spouting vessel in the intercostal spaces. I foolishly remarked, ‘I feel like a dog waiting at a molehill for the mole to come up.’ Quick as lightning came back, ‘You are like two dogs and the other dog gets there first.’ In those early days most operations were performed at Tamboers Kloof, Hof Street, or the Monastery — all old houses converted into nursing homes. At the Monastery, Sister Brigid, a small ball of Irish fire, ruled the theatre. An old woman with malignant disease burst her abdominal wound. Unfortunately Cuthbert had used clips between the skin stitches and these were now decorating the protruding bowel. The wound was repaired in dead silence until just a few clips were caught in the gaps, when Sister Brigid meekly said, ‘Clips, Professor?’ Answer came there none, feeling was too deep for words. Another day Dr Muir,
who was giving the anaesthetic, complained that the needle she had given him was blunt. She trotted off for another: 'There you are, doctor — a brand-new needle — everyone who has used it has liked it!'

During the war we had several refugee royalties here and the professor officiated at two royal confinements. I had an amusing time as dogbody. In the early days of her pregnancy, one of the royal ladies set off to Namaqualand to see the flowers. The wires hummed between Kamieskroon and Cape Town — the professor's presence was requested as there had been a little trouble. Royal command or no, he just looked at me and said 'You are going'. I packed a bag with everything I could think of and set off driven by an aide-de-camp familiarly known as Johnny the Greek, who had been a racing driver. After the speedometer passed the 100 mph mark I resigned myself to an early death, but we arrived safely minus a hub cap or two.

Two students who were doing their obstetrics at the PMH decided to slip away that weekend to see the flowers. Consternation reigned when they heard that the Professor was arriving. The only thing was to take refuge in their beds and hope to escape his eagle eye. When they heard that it was only me, they promptly rose from their couches. All was well with the patient when we arrived, but I thought that an innocuous injection and 24 hours in bed would meet the case and give me a chance to admire the flowers.

The royal confinement took place in a mansion in Bishopscourt which had been declared Greek soil for the event. Labour began in a niggling way and the professor spent a somewhat disturbed night in the house. Since there was nothing doing at 7 a.m., he decided to go home for a bath and breakfast. I happened to be nearby at the bedside of a friend of mine who was having her third baby. The phone rang — an agitated sister — 'Please come at once, the patient is having strong pains and we can't find the professor!' Calling to my friend to hold everything, I dashed up to the house and was scrubbed up, gowned and masked when the second stage began. The door flew open and in dashed Cuthbert, his rather sparse hair more dishevelled than usual, just in time to wash his hands, scramble into a gown and do me out of a royal delivery. I never forgave that.

Retirement and After

On reaching retiring age, Professor Crichton had performed to relinquish the chair. I think he did so with reluctance as he enjoyed teaching as much as his students enjoyed being taught by him. I may be wrong but my impression is that medical politics and skirmishing for advantages for the department did not interest him much. When Leeuwendal was built, as the first maternity home designed for the purpose, everyone was loud in their praise of the elegant new building. He growled: 'Bricks and mortar do not make a hospital!'

A large and distinguished committee was formed to arrange a suitable farewell. Jock Marr and Francie van Zyl were among the most senior. I was the secretary, and as such wrote to all old students explaining the project. The response was terrific. Wonderful letters were accompanied by generous cheques. Affectionate reminiscences poured in. One young practitioner told of his first midwifery case in the bundu. He was called to a Black woman labouring in a dark hut. As far as he could see, everything was normal and he could not make up his mind whether to interfere or not. Suddenly he remembered the chief's advice: 'When in doubt, go out and smoke a cigarette.' This he did and returned to find the head on the perineum. I showed many of the letters to the professor and I think they gave him more pleasure than the car and illuminated address he was presented with a few days later. One very pleasant letter accompanied by an equally pleasant cheque brought the remark, 'And I always thought that fellow disliked me!'

Not many people have earned such a measure of love and respect as Cuthbert did. 'He was a man, take him all for all, I shall not look upon his like again.' After retirement from the university, Professor Crichton continued to do some private practice but what he missed most was teaching and contact with the students. He continued to take a class at St Monica's until shortly before his death, and never lost interest in his work and his play. He was regularly out after the birds and never seemed to return empty-handed. A true Irishman, he liked the horses too, and both he and Professor Saint were keen racegoers. In Shakespeare's words, his latter days were 'as a lusty winter, frosty but kindly'.

Old Age

Which brings me to a subject, old age, about which I am being taught by the best of teachers — experience. In fact, I find that I am an opsinthm, one who learns late in life. When does old age begin? When I was attending classes at Guy's Hospital many years ago, Mr Davies Colley, who took us for surgical pathology, asked me one day when polycystic kidneys usually showed symptoms. I foolishly gave the answer, 'Middle age'. When asked what I meant, I hastily divided threescore years and ten by two and came up with the result — thirty-five. I still remember my shame as the class hooted at me. While on the staff of Groote Schuur Hospital, I used to take a clinical tutorial with the 6th-year students once a week. I always made a ward round beforehand and checked the cases for discussion. One day the student began his dissertation, 'The patient is a middle-aged Coloured female'. I stopped him in mid-flow to ask the age of this middle-aged female. 'Twenty-four', was the reply. A look was enough, nothing was said. The sequel came the following week when the performing student got up and began rapidly, 'The patient is a young Coloured female aged forty-five!' So, like beauty, age lies in the eye of the beholder.

Some people are born old, some never grow up, and some never grow old. Some who have died young have accomplished more in their short lives than many a centenarian. Quality is more important than quantity, but physical disability may not impair either the quality or the length of life. Examples are numerous. Beethoven composed some of his best work when completely deaf and well on in years. In modern times Helen Keller is an out-
standing example of the power of the spirit to conquer what seem to be insuperable obstacles. But what is the point of keeping vegetables alive, instead of letting them slip away? To every man upon this earth death cometh soon or late. Sometimes it is kinder if it comes soon.

Professor Saint used to recommend to us William Osler's book *Aequanimitas*. In it he expresses some rather extreme opinions. He calls 25-40 'the golden years' and speaks of the 'comparative uselessness' of men over 60. He advises retirement at that age — for some unstated reason not for women — and recommends cultivating a 'nomadic spirit'. By this he means that medical men should change their place of work every 15 years so as to avoid settling into a comfortable rut. I was interested to find that Lord Platt in his book *Private and Controversial* said much the same thing. 'From my own experience (which sociologists might call a bad employment record) I would incline to... advise men in established intellectual careers to change their interests from time to time.' Compulsory retirement at 60 seems rather too arbitrary and does not allow for personal variations. Many physicians continue to work to a ripe old age. We had an example here in Cape Town in Dr D. P. Marais who continued to practise until over 80. For surgeons it may be a bit different. When the hand that wields the knife begins to shake it may be wise for it to find other employment, but it must do that and not lie listless in the lap. Tennyson said 'Old age has yet his honour and his toil'. I am not so sure about the first — except perhaps in China — but the second is vitally important. Voltaire said, 'The further I advance along the path of life, the more I find work a necessity — in the long run it becomes the greatest pleasure.'

When Professor Saint retired at 60, I remember telling him that I thought he was wrong to stop when he was still doing good work. He replied, 'When you find that it takes you an hour and a quarter to do what used to take an hour, it is time to stop.' What would the world have lost if, for instance, Michelangelo had stopped at 60? At 80 he wrote the poem 'My race of life is nearly run', and when he was 84, makes the point that old age must have its foundation well laid early in life. I am not so sure about the first — except perhaps in China — but the second is vitally important. Voltaire said, 'The further I advance along the path of life, the more do I find work a necessity — in the long run it becomes the greatest pleasure.'

How then to achieve long life? Some centenarians advise a life of abstinence, others a life of wine, women and song. Oliver Wendell Holmes's recipe is probably the best. 'Some years before birth advertise for a couple of parents belonging to long-lived families.'

The first description of old age I traced in *Ecclesiastes*, chapter 12, is very depressing. 'Remember now thy creator in the days of thy youth, when the evil days come not, nor the years draw nigh when thou shalt say, I have no pleasure in them, while the sun, or the light, or the moon or the stars be not darkened, nor the clouds return after rain. In the days when the keepers of the house shall tremble (the hands) and the strong men bend themselves (the legs), and the grinders cease because they are few (the teeth) and those that look out of the windows be darkened (the eyes) and the doors be shut in the streets when the sound of the grinding is low (deafness) and he shall rise up at the voice of the bird (early waking) and the daughters of music be brought low (weakening of the voice); because man goeth to his long home and the mourners go about the streets.' What a picture of misery in beautiful language!

My next authority is more cheerful. Cicero, who wrote *De Senectute* when he was 84, makes the point that old age must have its foundation well laid early in life. I once shocked a group of middle-aged ladies to whom I gave a talk on the menopause by telling them that they could not expect to be dear old ladies in old age if they had been horrors in their youth. Cicero puts it more elegantly. He says 'Age has to be fought against, its faults need vigilant resistance.' He might have mentioned the more positive side, what virtues should be cultivated. The greatest of these is tolerance. Kenneth Walker says, 'We realize that we have already made all the mistakes we condemn in others and we realize that neither warning nor admonition will have any effect on the young. Experience must be purchased new and paid for in the hard currency of mistakes.'

Cicero goes on to say that everyone hopes to attain an advanced age, yet when it comes they all complain. All material pleasures lost, life is not life at all. People who had once been attentive are now neglectful. When you hear protests of this kind, says Cicero, the trouble is due to character, not age. 'I actually feel grateful to old age because it has increased my enthusiasm for conversation and eliminated the desire for food and drink.' A debatable point, for one might say that good food and drink improve conversation. He points out that character and judgement can increase with age. Hence the Senate, the highest council, was a gathering of old men. Here he echoes Job: 'Days should speak and the multitude of years can teach wisdom.' Note the 'can' and the 'should'.

Cicero cannot see the point of old men being miserly. 'Is it not the height of absurdity for a traveller to think he needs more funds for his journey when it is nearly over?' Someone else has said that the only provision which people generally make for the years to come is a financial one, a provision they may never live to enjoy. It was easy for Cicero to speak like this, for he was a very rich man.

He makes an interesting statement which I have found repeated by more modern philosophers. 'Even if I am mistaken in my belief that the soul is immortal I make the mistake gladly, for the belief makes me happy and is one which as long as I live I want to retain.' Pére Auguste Valensin says, 'If by an impossible chance on my deathbed it were proved to me by incontrovertible evidence that there is no after-life, not even a God, I would not regret having believed; if the universe were just an idiot thing to be despised, so much the worse for it. The fault would not lie with me for having believed but in God for not existing.' Recently I came across the same thought in Lord Hailsham's book *The Door Wherein I Went*.

Socrates' attitude seems more logical. Condemned to
Professor Cuthbert Crichton – the Man and His Times

F. DAUBENTON

The invitation to me by Professor Dennis Davey to deliver the second Eric Cuthbert Crichton Memorial Lecture has done me a great honour; for this I am profoundly grateful. That one of the 'brethren in the North', as Cuthbert Crichton was wont to refer to his colleagues in Johannesburg, should have been chosen to deliver the second lecture in his memory, is an opportunity which I cherish. I hope that the effort I have made in the preparation of this oration may justify a continuing, alternating allocation of the responsibility to brethren from the South and from the North respectively. Bethel Solomons wrote in 1954: "In obstetrics and gynaecology there is no "partition", and we in Dublin regard our brethren in the North as very close and respected colleagues." So too in South Africa the obstetricians and gynaecologists are a happily united group. Occasions such as this one can only improve our esprit de corps.

When I was first asked to present this lecture, Professor Davey asked me to speak about Crichton and his contemporaries. All the professors of obstetrics and gynaecology appointed in South Africa, with the exception of John McGibbon, have been personally known to me. However, so fortunate have I been in the responses to my requests for information, that the allotted time is much more appropriately confined to the title under which the lecture has been advertised, namely 'Professor Cuthbert Crichton — the man and his times'.

The year of Eiric Crichton's birth witnessed many significant events, of which the following are significant to our story.

The new Medical Act of 1886 in the UK for the first time mentioned midwifery as a necessary subject for qualification. In 1888 the Council required every student to attend the practice of a lying-in hospital for 3 months and be present at not less than 12 cases of labour, 3 of which should be conducted under the supervision of a registered medical practitioner.

Dr A. Smith prepared the first gynaecological report of the Rotunda Hospital.

The Johns Hopkins Hospital at Baltimore in the USA was nearing completion. William Osler, who had accepted the clinical chair, was present at the opening on 7 May 1889. Johns Hopkins was to bring the scientific method into medical education in the USA, while 20 years later the report by Abraham Flexner was to lead to a revolution in medical education resulting in the rise to pre-eminence of medicine in the USA.

South Africa too saw the first branch of the British Medical Association formed, according to Burrows in Cape Town and according to the official history of the BMA in Griqualand West. Sister Henrietta Stockdale arranged the first meeting of nurses called in South Africa to discuss their professional affairs. Her efforts led to the inclusion of nurses and midwives in the Medical and Pharmacy Act No. 34 of 1891; "The first occasion upon which any legislature has given State recognition to the profession of nursing." Nurses abroad acclaimed this wise and farsighted policy of the Cape Parliament.

The boom in Johannesburg began in 1886. Two years later the firm of Wernher, Beit and Company was established in a two-storey corrugated iron building on the corner of Commissioner and Simmonds Streets under the name of H. Eckstein and Company. In the fullness of time the great mining company established by Wernher and Beit would provide funds for the erection of the new medical school at Groote Schuur.

Eric Cuthbert Crichton was born on 18 September 1888. It seems appropriate to introduce this story about the man who became a legendary figure in his lifetime, with a legend. Margaret Crichton once asked her father why he had called her Margaret. She vividly remembers his answer: 'You were named after Queen Margaret who was betrothed to James IV of Scotland by her father to

University of the Witwatersrand, Johannesburg
