

## History of Medicine

# The role of R. B. Thomson and E. P. Stibbe — brief heralds of the science of anatomy in South Africa

## Part I. R. B. Thomson

P. V. TOBIAS

Early in the 1880s two men were born in Scotland, within some 4 years of each other: one, Robert Black Thomson, in Thornhill, Dumfries, the other, Edward Philip Stibbe, scarcely 100 km away in Glasgow. Both became medical students, Thomson graduating from Edinburgh in 1905, Stibbe from Charing Cross Hospital Medical School in 1908. Both arrived in South Africa before the Great War, one in 1911 and the other in 1912. They became the first professors of anatomy at, respectively, the first two medical schools in South Africa, in Cape Town and Johannesburg. Each had a short-lived career in that capacity, Thomson's lasting for 5 effective years, Stibbe's for 3. Each of these two anatomists were much loved by their students. Both men saw service in World War I. Both occasioned their respective universities some problems, in one instance related to ill health, in the other to an alleged extramarital relationship that was considered to be scandalous. Hence both men resigned prematurely: Thomson took to medical practice and farming; Stibbe returned to the UK and a career in anatomy. Both were plagued by protracted illnesses that curtailed their lives: Thomson died at 57 years of age, Stibbe at 58 years.

Such, in brief, were the astonishing parallels between the lives of Robert Black Thomson and Edward Philip Stibbe. The former, Thomson, set the wheels of anatomy in motion at the South African College, later the University of Cape Town. The second, Stibbe, fulfilled a similar role at the South African School of Mines and Technology, which subsequently (1920) became the University College, Johannesburg and, from 1922, the University of the Witwatersrand. In passing, this is the only instance known to me of a medical school being established in a school of mines!

In the 8 years of service furnished by the two men, they initiated and ushered into being the first two departments of human anatomy in the entire continent of Africa outside Egypt. For their pioneering gifts to medical science in this subcontinent, the Anatomical Society of Southern Africa has fittingly established an annual eponymous lecture, to be named, in recognition of their historical roles, the Thomson-Stibbe Lecture. The order of the two names in the title is deliberate, although it reverses the alphabetical sequence, since Thomson's contribution preceded by some 8 years that of Stibbe.

It would seem appropriate to devote this First Thomson-Stibbe Lecture to a review of some aspects of the life and times of these men. In preparing this lecture, I have drawn liberally on a number of sources, notably W. Ritchie's *The History of the South African College, 1829-1918*;<sup>1</sup> Professor H. M. Robertson's unpublished history of the University of Cape Town;<sup>2</sup> Professor J. H. Louw's history of the University of Cape Town Medical School, *In the Shadow of Table Mountain*;<sup>3</sup> Professor B. K. Murray's *Wits: The Early Years*;<sup>4</sup> and Alan Paton's *Hofmeyr*.<sup>5</sup> Many people have helped in various ways and I am indebted to Professor Jannie Louw, Professor A. J. E. Cave, Professor B. R. Rawdon, Dr Alan Morris, Dr J. G. Fairer (a nephew of E. P. Stibbe), Mr Howard Phillips, Miss Mary Lucas, Ms Joan Biddles and Mrs Heather White, to name but a handful. W.O.1 R. P. G. Slater, on behalf of the Chief of the South African Defence Force, furnished information on the military service of R. B. Thomson in World War I and on his medical record.

## Scotia's gifts to South African medical science

Both Thomson and Stibbe are examples of those remarkable sons of Scotia's soil — as Professor Maxie Drennan (himself another instance) was wont to call them — those Scots medical and other professional people who contributed so much to the rise of medical education, and indeed of the universities themselves, in South Africa, as in all parts of the British Commonwealth. The saga of this Scots contribution has yet to be written — and nowhere is it more evident than in medicine and, especially, anatomy. The list includes not only Thomson and Stibbe but Matthew Drennan, 'Sandy' Galloway, J. McGibbon, James Black, Archie Sutherland Strachan, G. Ritchie Thomson, W. Gordon Grant, A. W. Falconer, J. R. Morison, Benjamin J. Ryrice and many more besides.

## Robert Black Thomson

Robert Black Thomson was born in Thornhill in the Scottish county of Dumfries. His home lay close to the Solway Firth and the boundary with England. He was born of farming stock and throughout his life retained his love of pastoral pursuits. To his father, Robert, he was later (1929) to attribute his 'deep appreciation and fond recollection of the early lessons in animal form and management, and in the sense of reading and breeding towards an ideal' (preface to *Have Dominion*).<sup>6</sup>

The date of Thomson's birth was most probably 1880 between June and September. He received his schooling at Morton Public School and at Wallace Hall Academy. His career at Edinburgh University was marked by honours in all

### Department of Anatomy and Human Biology, University of the Witwatersrand, Johannesburg

P. V. TOBIAS, M.B.B.Ch., Ph.D., D.Sc., Hon. Sc.D. (CANTAB.), Hon. D.Sc. (NATAL, U. WEST ONT., ALBERTA, CAPE TOWN, GUELPH), Hon. F.R.S. S.A.F., FOR. ASSOC. N.A.S.

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his courses and medals in zoology, practical physiology, junior and senior anatomy. He obtained his Bachelor of Medicine and Bachelor of Surgery Degree of that University in 1905, becoming immediately thereafter a demonstrator and lecturer in anatomy. He received the Crichton Research Fellowship in anatomy from 1906 to 1908 and became assistant to the professor of anatomy. During his years at Edinburgh he was a student of and assistant to such great figures in the history of British anatomy as Sir William Turner, D. J. Cunningham and Arthur Robinson (named as Robertson in the *S. A. College Magazine*,<sup>7</sup> and by Louw<sup>3</sup>). Turner (1823-1916) was the leading British anatomist of the day. Partly as a result of his work on the *Challenger* materials, he built up a collection of human skeletons at Edinburgh University. Elsewhere I have shown<sup>8</sup> that this initiative led directly to the amassing of the Terry Collection at St Louis, Missouri, and of the Dart Collection in Johannesburg. This background undoubtedly influenced Thomson, as did the fact that Turner was a pioneer in the broking of the marriage between anatomy and physical anthropology. This union was to become a powerful force in the history of the anatomy departments at both Cape Town and Johannesburg.

The example of the *Challenger* voyage must have loomed largely in the planning and executing of the Scottish National Antarctic Expedition under the leadership of Dr William S. Bruce. The voyage of the *Scotia* emulated that of the *Challenger* in collecting skeletons of seals in the Antarctic, no fewer than 44 in number from five different species, including 1 of a sea-lion (*Otaria jubata*). Turner had worked up the skeletons of 4 of the same species previously in the 26th volume of the *Challenger Reports* (1888), so when Cunningham allocated the *Scotia* collection to Thomson, he devoted his major attention to the first description of the Ross seal (*Ommatophoca rossi*). Secondly, Thomson made a summary of data on the large collection of other seals, especially the dental and vertebral formulas and the incidence of the supracondyloid foramen of the humerus in each of the taxa of Phocidae. The results of Thomson's study were presented to the Royal Society of Edinburgh on 4 July 1909;<sup>9</sup> this paper earned for Thomson the Fellowship of the Royal Society of Edinburgh.

On 1 April 1911 Thomson received a telegram from the South African College, Cape Town, offering him the newly established Chair of Anatomy. He must have accepted with alacrity, since he arrived in Cape Town late in May 1911. He was 30 years of age.

The lengthy protohistory of the South African College Medical School has been recounted in detail by W. Ritchie,<sup>1</sup> E. Barnard Fuller,<sup>10</sup> and J. H. Louw.<sup>3</sup>

Both Thomson and W. A. Jolly (who arrived from Edinburgh in the same year to take up the Chair of Physiology) found themselves obliged to function in makeshift quarters. There was as yet no faculty of medicine, only a Medical Committee of the South African College. It was only on 9 August 1917 — six years later — that the Faculty of Medicine was formally constituted and the physiologist, Professor Jolly, became the first Dean.

Thomson arrived at Cape Town with a fine reputation. South African students who had studied at Edinburgh knew him as an excellent teacher. He was imbued with the idea of starting not only undergraduate courses in anatomy, but also postgraduate courses. At Edinburgh he had run an annual postgraduate course in anatomy — and in his inaugural lecture, delivered on 11 August 1911, he stated: 'I hope that in our new Medical School provision will be made in the near future for postgraduates who may desire to renew their acquaintance with their old curriculum. It was my great privilege and pleasure to conduct for a short term each year one of the classes in the Edinburgh postgraduate medical course — a course which has attracted medical men from all parts since its



Professor R. B. Thomson

inception five years ago. . . . The contact of the teacher with those who have been engaged in the regular pursuit of medicine is a stimulating one. New ideas are brought forward, and many points are suggested as to how the teaching should be best adapted to prove of the greatest use to the student, and it will be admitted, I think, those who have already experienced the strain of general and special practice are well qualified to speak of their needs and testify to the importance of a thorough foundation in anatomy.<sup>11</sup>

These words remain abidingly true 78 years later.

Thomson in Cape Town, like Stibbe in Johannesburg, endeared himself to his students from the beginning. Already in September 1911, only 4 months after his arrival in South Africa, the *S.A. College Magazine*, in welcoming the new professors,<sup>7</sup> wrote of Thomson: 'His capabilities and energy, . . . his warm sympathy with student life (already amply shown), inspire us with confidence that he will ably quit him of his task.' His interest in sport must have been at least one component in his happy relationship with the students. As a student Thomson had played soccer for Queen's Park, then an amateur First Division team in Glasgow. In 1912 the S.A.C. Football Club toured Rhodesia under Thomson's guidance. We are told that: 'The team was very heartily received by the hospitable Rhodesians and had a very good time.' Drennan<sup>12</sup> tells us that in later years, Thomson played golf and bowls, 'at which latter game he was very expert, probably because he had learnt the niceties of muscular movement as a curler in his Scottish days'.

Thomson threw himself into building up his department and, within a short time, courses were being given in anatomy, embryology and anthropology. In his Inaugural Lecture Thomson foresaw such developments when he pointed out that anatomy 'would be meaningless and devoid of interest without the much wider aspect which embraces a knowledge



of embryology and morphology' (Thomson,<sup>11</sup> p.14). He pointed out how a study of embryological development helps to explain the relative position of the vagus nerves to the oesophagus and stomach, and of the superior mesenteric vessels to the duodenum; the varying form and position of the caecum and appendix; the relationship of the pancreas and of the different parts of the colon to the peritoneal sacs; the occurrence of a Meckel's diverticulum and the conditions of cleft palate and hare-lip; hypospadias, bicornuate uterus, and the congenital forms of hernia; the ductus arteriosus; the obliterated hypogastric (umbilical) arteries; the circuitous course of the recurrent laryngeal nerves; microcephaly; and spina bifida.

The appointment of the first two 'medical professors' precipitated a flurry of activity. The medical course was immediately extended to a second year. The Anatomy Act (No. 32 of 1911), modelled on the Anatomy Act of Great Britain, was assented to on 25 April 1911. In the *Government Gazette* of 4 July 1911 appeared Government Notice No. 1072 of 1911 authorising the South African College School of Anatomy as coming under the Act.<sup>3</sup>

The new building for anatomy and physiology was opened with due ceremony on 6 June 1912, the honours being performed by the Hon. F. S. Malan, the Minister of Education, in the presence of the Governor-General and other distinguished guests. Dr E. Barnard Fuller, who had laboured long and hard to see the Medical School established, said on that auspicious occasion: 'In the matter of these anatomy and physiology departments, we have kept before us the motto "Thorough", for we realise that we are the pioneers in South Africa. One false step would throw back the movement many years, and I need hardly remind you that every new movement has many critics round it who are glad of any excuse to erase and stay it.

'We can now successfully carry out the first two years of the medical curriculum, and I can conscientiously say I know as thoroughly and efficiently as anywhere in the world. This is not an idle boast, but knowledge by recent investigation in Europe. . . .

'When we have consolidated these two years of medical study, assured ourselves that our students can get a thorough knowledge of the subjects and have secured recognition of our courses in schools of medicine across the water, then we shall push slowly and surely forward until we have established under the shadow of Table Mountain, a complete medical school that will be a credit to South Africa.'<sup>13</sup>

Mention has been made of the collection of human skeletons built up by Sir William Turner at Edinburgh. Although no such collection was made by Thomson at Cape Town, perhaps because of the difficulty of obtaining specimens, there is evidence that a collection was at least started during Thomson's stewardship. I am indebted to Dr Alan Morris<sup>14</sup> for an interesting snippet of information in this regard. The well-known social and cultural anthropologist, Winifred Hoernlé (née Tucker), on her first expedition to Namaqualand in 1912, collected a number of human skeletons. Some of these she donated to Thomson's department. They represented the start of the department's collection. Morris comments: 'It seems to have been Hoernlé's intention to help in providing teaching material because she tells Thomson in her letter that she is sending him the complete skeletons despite the fact that [Dr Louis] Perinquey at the South African Museum wanted them. The 5 specimens that she presented were not only the first holdings of the new department but were also the very first specimens from this institute to have been described in a publication (Thomson 1913).'<sup>14</sup>

In the paper in question, Thomson<sup>15</sup> speaks of 3 (not 5) skeletons procured by Miss Winifred Tucker in the Richtersveld during the previous year. These are numbered respectively S.A.C. 1, S.A.C. 2 and S.A.C. 3, their catalogue numbers

testifying to their primacy in the department's collection. In Thomson's paper, the first two were described as 'traditionally Bushman skeletons' from what Miss Tucker considered to be Hottentot graves; while the third was found exposed near the mouth of the Orange River and was in rather poor condition.

Thomson devoted his paper to 'A note on the vertebral column of the Bushman race of South Africa'. Following the racial typological approach of that time, Thomson claimed to detect 'characteristic racial structure' in the vertebral columns of these supposed Bushman skeletons. On the basis of means computed from the 3 skeletons collected by Miss Tucker, and from 3 'European skeletons' studied for comparative purposes by Thomson, he claimed to find that in these Namaqualand skeletons there was no adaptation of the bones to the spinal curves, neither in the lumbar region (as F. C. Shrubhall<sup>16</sup> had previously claimed for the San) nor in the cervical or thoracic regions. He concluded that the structural adaptation to the curvature must, in the San, be entirely cartilaginous. To explain the findings, Thomson stated: 'In higher races the spine has sacrificed flexibility for stability. Lower races have preserved the suppleness essential for their mode of life and needs, hence in the maintenance of the erect attitude the ligamentous and muscular mechanism must be brought more into play than in higher races.' The tendencies in much physical anthropological thinking of the day are well illustrated by this quotation.

In a joint paper with S. H. Haughton and L. Perinquey on ancient human remains from the Transvaal, Thomson studied the limb-bones of Boskop Man.<sup>17</sup>

A purely anatomical paper, the only one by Thomson that I have managed to trace, appeared in July 1911<sup>18</sup> and was based upon work he had carried out while still at Edinburgh. It records 2 cases of complete unilateral interruption of the central sulcus (or fissure of Rolando): the fissure was interrupted by the so-called annectant gyrus of the central sulcus. This is a rather rare variant of the human cerebrum and Thomson quotes only 5 previous studies in which it was reported. He appears to have missed such 19th century contributions on the interrupted rolandic sulcus as those of Wagner, Féré, Heschl and Giacomini, as well as the 1907 paper by Tricomi Allegra,<sup>19</sup> who collected all the data then available and found an incidence of 1,05%. What is interesting in Thomson's paper is that he ascribed developmental significance to the interrupted fissure of Rolando. The fissure, he declared, arises by two pieces, which usually run into each other to form a continuous furrow, but the continuity is to some extent interrupted by a deep annectant gyrus, showing that the union of the two pieces does not at this point sink to so deep a level as the rest of the fissure. Occasionally, as in Thomson's 2 cases, the two pieces entirely fail to unite, the annectant gyrus remaining permanently on the surface. It is possible that in these comments Thomson was influenced by the views of another Scottish anatomist, David Waterston of Aberdeen, who had published on the subject in 1907.<sup>20</sup> Much later, Bailey and Von Bonin,<sup>21</sup> following the major study by Symington and Crymble,<sup>22</sup> drew attention to the fact that in 9 out of 10 human brains there is a fairly constant elevation within the depth of the sulcus, in the trunk field; at the position in question the depth of the sulcus is much less than elsewhere. Occasionally, this elevation may rise to the surface, thus leading to an interruption of the central sulcus.

Drennan<sup>12</sup> speaks of Thomson's restless spirit, aggravated perhaps by a latent illness. He hints at Thomson's mercurial temperament. Hardly had he settled in to the building up and equipping of his department when the Great War broke out and unsettled Thomson, as it did everyone else. Thomson volunteered for service in 1914 and was appointed Captain in the South African Medical Corps on 18 December 1914. He spent time training recruits for the Medical Corps. He was



released from service at the end of February 1915 and re-attested on 16 November 1915. From 1916 onwards he was on full-time military service, at first as Captain at the Military Hospital, Wynberg, and from 12 May 1916 as Registrar (with the rank of Major) to the Alexandria Hospital, Maitland (R. G. Slater — personal communication, 1989). During his absence Dr M. R. Drennan was released from military service to become acting head of the Anatomy Department.<sup>2</sup>

### Quest for a diagnosis

In June 1916 Thomson suffered a major breakdown in health and he was later unable to return to his teaching duties. It has proved difficult to identify the nature of his illness. All of the references to it are couched in the vaguest of terms. One possible clue is provided by the statement that medical opinion regarded it as desirable for him to live in a dry inland climate rather than return to live at the coast. This is the kind of advice that was given to asthmatics and tuberculosics and would tend to focus our interest on his respiratory system. In this regard, we recall Drennan's words<sup>12</sup> that Thomson had a restless spirit, 'aggravated perhaps by a latent illness'. Such words could have been applied to a person with an asthmatic tendency, but equally to one with a variety of other constitutional weaknesses. One recalls also his smoking habits: they emerge in a delightful anecdote conveyed to Professor J. H. Louw<sup>3</sup> by J. de Vos Meiring, one of Thomson's first class of 3 anatomy students. Recalling the first ever dissecting class at Cape Town, Meiring states: 'The first day's dissecting was preceded by a little ceremony at which Professor Thomson impressed upon us the historic nature of the occasion. He then personally made the first dorsal incision and set us dissecting the upper limb. Having offered his class of non-smokers cigarettes all round, he left us to cough and splutter our way along this new road of learning as best we could.'

One wonders whether Thomson's smoking habits might have contributed adversely to a chronic airway narrowing.

In Professor H. M. Robertson's account of these days,<sup>2</sup> we read: 'As the war dragged to its end, with Thomson likely to be available again yet, owing to illness, not likely to be capable of resuming his duties in full, it was decided to prolong Drennan's appointment as acting professor at least till 31st December 1918, and to ask Professor Thomson himself to assist with an honorarium, up to the end of the year, of £150. Before this period was up, it had become necessary to prolong Drennan's tenure. He was invited to serve as acting professor for the whole of 1919 at a salary of £800. If at the end of that period his services were no longer required, he was to be offered a "golden handshake", viz. an honorarium of £220. . . . Meanwhile Thomson was to be given a year's recuperative leave, but, by May or June at the latest, must inform the university whether he proposed to resume his duties. If necessary, he should submit a medical report by a board of two, one appointed by himself, one by the University' (p. 255).

This account, based on such official sources as Council and Senate minutes, fails to specify the nature of Thomson's illness. All allusions are vague, all references couched in what look like diplomatic language and comfortable generalities.

The most extraordinary contribution to the debate on Thomson's illness is to be found in the obituary that appeared in the *Farmers' Weekly* of 22 December 1937<sup>23</sup> (Thomson's later life as a farmer and his contributions to the breeding, reading and feeding of domestic animals made his life and work well known in farming publications). In that issue of the *Farmers' Weekly*, published 4 days after Thomson's death at Jamestown on 18 December 1937, appears the statement: 'He took part in the Great War, but was compelled to resign his commission as a result of being badly gassed, his health being permanently impaired.'

I have one major difficulty with the story in the *Farmers' Weekly*. I have been unable to trace any evidence that Thomson served in France where gas warfare — both by chlorine and by phosgene — took place in World War I. Both of these forms of gassing produce respiratory effects. If the victim survives the initial acute pulmonary oedema, late sequelae include chronic bronchitis, obliterative bronchiolitis and a liability to chronic pulmonary infections (S. Zwi — personal communication, 1988). The wording of the obituary suggests that his illness was the direct result of his war service: as is stated also in the University of Cape Town Senate resolution of 18 March 1919.<sup>2</sup> Yet Drennan spoke several times of a possible latent illness in Thomson, suggesting that his weakness might have been present from an earlier period. This aspect of the problem bears an interesting analogy to a comparable question about Charles Darwin's chronic ill-health: did Darwin's illness start with some or other of his experiences during the voyage of HMS *Beagle*, or were there signs of illness, however latent, before Darwin embarked upon the voyage? In an earlier study of this question,<sup>24</sup> I found myself drawn to answer: both, recognising two aspects — or a dual pathology — in Darwin's life of malady: he had the familial neurotic tendency even before the *Beagle* set sail, and he acquired the chronic form of Chagas' disease during the voyage.

Were there two aspects to Thomson's illness, one possibly latent, even before the outbreak of the Great War, the other the consequence of wartime experiences? Unlike the Darwin case, in which every symptom was documented methodically, we have in Thomson's case, not a plethora, but a paucity of clues, no clinical reports, no self-description, no known recorded accounts by friends and contemporaries.

We have no record of Thomson's having availed himself of the University's proposal that a two-man medical board report on his condition. All we know from that time, 1919, is that a meeting of the General Purposes Committee of the University on 11 March 1919 had before it Thomson's resignation as Professor of Anatomy. A week later, on 18 March 1919, the Senate was informed of Thomson's resignation and resolved to send him a letter of thanks for his past services and 'a letter of sympathy in his breakdown of health *through military service* [my italics].'<sup>22</sup>

### Thomson, Drennan and the University of the Witwatersrand chair

An interesting sidelight is the fascinating revelation in Robertson's account<sup>2</sup> that the University of Cape Town came close to losing Drennan to the new medical school in Johannesburg! At the same meeting of the General Purposes Committee which received Thomson's letter of resignation, immediately before the Committee's resolution on Thomson, there appeared a resolution headed 'Testimonial for Dr Drennan', by which it was resolved to refer to the Principal and to Professor Jolly (the Dean) a letter from Drennan *asking for the official support of the University for his candidature for the chair of anatomy at the South African School of Mines and Technology*. It is not generally known that Drennan almost became a candidate for the chair to which E. P. Stibbe was appointed. Indeed, it is most interesting to speculate what might have transpired had such an application been successful. The loss to Cape Town would have been severe, not only in the sense of losing Matthew Drennan who was to serve the University of Cape Town for 40 years as professor of anatomy, but also in the blow his departure would have entailed to the plans for the completing of the Cape Town medical school, with virtually no provision for anatomy teaching at all. It is interesting, too, to muse on what might have happened if it had been Drennan who, sitting in the chair of anatomy in



Johannesburg, had been the recipient of the Taung hominid skull a mere 5 months later. How would the history of African palaeo-anthropology have fared in the hands of Maxie Drennan, compared with its polemical unfolding in the hands of the intuitive, impulsive and ebullient Raymond Dart<sup>25</sup> (who was soon to follow Stibbe in the Johannesburg chair)? Would the world's 25 years' reluctance to accept Taung have occurred if the protagonist had been Drennan? To answer this fanciful query would require a profound analysis of the characters of the two men, of the historical circumstances which militated against the acceptance of Taung in 1925, of the role of geographical and other biases in the acceptance or rejection of a new discovery and a new concept in the history of science. Neither relevance nor time permits me here to go down this enticing side-alley: but a Drennan-Dart Lecture devoted to some aspects of this heuristically profound speculation might repay a rich dividend of insight into the philosophy of science and discovery.

Drennan did not go to Johannesburg. With remarkable agility, the Board of the Faculty of Medicine at Cape Town set up a subcommittee to fill Thomson's chair. Two days later, on 21 March 1919, on the advice of the subcommittee, the Senate recommended to the Council that Drennan be appointed professor of anatomy, without the chair being advertised in the usual way. Thus did the Senate give Drennan a testimonial for the Cape Town chair, instead of the one he had asked for, for that of Johannesburg.<sup>2</sup>

Thomson heeded his physician's advice and moved to Aliwal North, becoming a country doctor and a respected farmer. His judgement was in demand for livestock shows and, in 1929, he published 'A practical handbook on economic farm live stock with special reference to southern Africa' under the title *Have Dominion* from the Bible's reference to man's power to 'have dominion over all things'.<sup>6</sup> Drennan called this book a standard guide to the subject.<sup>12</sup> He denotes Thomson's major achievements in this direction as the evolution of the 'fat-lamb' of breeders, and his introduction of it into the meat trade. Thomson carried off leading awards for his stock at the big cattle shows and sales. Clearly, he had wandered far from his anatomical beginnings and, it seems, even his general medical practice took a back seat to his passion for animal breeding.

Cut off from academe in the outback of Aliwal North, we may suppose that Thomson must have had regrets over the career he had been obliged to forfeit and must now and again have hankered to return to anatomy for the teaching of which he had shown such a flair. Indeed, there is evidence that on at least one occasion he did try to re-enter the portals of academe. After Stibbe was forced to resign from the University of the Witwatersrand Chair of Anatomy in 1922 and the professorship was again advertised, the person the Witwatersrand Senate recommended for the chair was 'a Dr Thomson'.<sup>4</sup> Thus, just as Drennan had nearly become an applicant for the chair to which Stibbe was appointed, so Thomson was very nearly appointed to the Wits chair — for he was the Johannesburg Senate's first choice. Before, however, he could be appointed to the chair, Thomson withdrew his application. Was it through a renewed flair-up of his old illness? Was it the lure of the pastoral life that reasserted itself? So the University of the Witwatersrand Senate resolved on 9 October 1922 that the chair should be re-advertised. The University Council would not accept this advice and insisted that an appointment be made forthwith from the available applications. The Senate then resolved to accept the first choice of its London Committee and Raymond Dart was appointed.<sup>4</sup>

Thomson continued to live for some 18 years at Aliwal North.

Assailed with a long and severe illness — the nature of which is as shrouded in mystery as had been the earlier ill health that led to his resignation from the country's first chair

of anatomy — he moved in about 1937 from Aliwal North to Jamestown, there to be looked after by an old friend and there to die in December 1937.

### Addendum — the mystery solved

More than 3 months after I delivered this lecture, the problem of Thomson's illness was solved when I managed to obtain from the office of the chief of the South African Defence Force (R. G. Slater — personal communication, 1989) not only details of Major R. B. Thomson's war service, but a certified true copy of 'Maj. Thomson's last medical report' dated 16 September 1918. This report describes Major Thomson's disability as 'chronic bronchial catarrh' and gives June 1916 as the date of origin of the disability and No. 2 General Hospital: Maitland, as the place of origin of the illness. The report gives the following case history, apparently based on the patient's own statement: 'States: was quite healthy until June 1916, when he contracted a severe cold which developed into bronchitis with pain between the shoulder blades. Was boarded at Maitland Hospital and granted a month's sick leave which was extended. Since then he had continuous coughs with pain between shoulder blades. Lost weight and felt run down, but since last board on June 17th 1918 has been on high veldt living on farms. He has improved in health during this period cough and pain in chest have improved. He has also put on a few pounds in weight.'

The report includes the following revealing questions and the medical officer's responses:

- '14. (a) State whether the disability is clearly attributable to
- (i) Active Service during the present war? ... Yes
  - (ii) Climate (causing special liability to the disease in question)? ..... Yes
  - (iii) Constitutional predisposition or heredity? ... No
  - (iv) Want of proper care (e.g. misconduct or intemperance) on the part of the officer or man? ... No
- (b) If due to either of the first three of these causes, to what specific conditions is it attributed? ... Exposure and overwork.'

Thus my initial reading of the vague clues as pointing to a respiratory problem has been proved correct. No corroboration of the war-gassing claim has been forthcoming and the source of the *Farmers' Weekly obiter dictum*<sup>23</sup> to this effect remains a mystery. Likewise, the degree to which Thomson's smoking habits contributed to his bronchial catarrh must remain conjectural.

Released from military service on 20 April 1918, Major Thomson was placed on the Retired List with effect from August 1922. He received the British War Medal and the Victory Medal.

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