



## In good time: New CEO Dr Thulare

Chris Bateman, in his interview with the new CEO of the Medical Association (p. 554), uncovers the fact that the middle name of Dr Aquina Motlakapele Thulare means 'the one who came before her time'. Her appointment in fact marks an important time in our history: she is the first woman to be appointed to the senior post in the South African Medical Association.

Dr Thulare's qualifications and broad experience in several organisations, often in leadership positions, make her well suited to her new role. It is hardly fair to expect someone who has not been close to the workings of the office to be able to provide a comprehensive vision for the future. However, her responses to Chris's questions provide a glimpse of a thoughtful person with views that accord well with the ideals of the medical profession.

## Amazing Mr Naki: The truth

It is unusual for the *SAMJ* to publish an obituary on a non-medical person, let alone someone with limited education in the formal sense (p. 584). But Hamilton Naki was very unusual! Hami, as he was known, was born in 1926 in Transkei, left school early and found work at UCT as a gardener. He was attracted to the research laboratory by Professor Robert Goetz and subsequently worked under Professors Chris Barnard, John Terblanche, Rosemary Hickman and Del Kahn. He taught and influenced over a dozen individuals who were to become professors of surgery in many parts of the world, and ultimately retired having become an indispensable member of the surgical research laboratories. His work was recognised, *inter alia*, by the award of the degree of Master of Medicine, *honoris causa*, from the UCT in 2003. Rosemary Hickman outlines the wonderful nature of Hami in her obituary.

Sadly Hami's outstanding work and the recognition he received were inaccurately reported in the *Economist* and picked up and repeated in the *BMJ*. The *Economist* falsely asserts that Naki, with the agreement of the hospital, was a member of Chris Barnard's team and was responsible for the removal of the heart of Denise Darvall, donor of the world's first transplanted human heart. It dramatises his 'secret role' in the apartheid era and, not satisfied with this, goes on to exaggerate by claiming that 'over 40 years he instructed thousands of trainee surgeons'.

Senior academics have written to the *Economist* and the *BMJ* to put the record straight. John Terblanche, former head of surgery and of the surgical research laboratory, who had a close working relationship with Naki, was justifiably distressed about the seriously false allegations and misinformation, and chronicles the background to Naki's surgical laboratory career in a letter to the Editor (p. 539).

Naki was a fine man with a wonderful personality and

exceptional skills that should not be diminished by untrue and opportunistic reporting.

## Leipoldt's sexuality

In another debunking exercise we publish a research paper on the sexuality of C Louis Leipoldt, whose career included many years as *SAMJ* editor (p. 576). Kay de Villiers wrote an article for the *SAMJ* (2004; **94**: 552 - 556) about Leipoldt and his role as a journalist doctor. In a letter to the editor Dr Kaplan (2004; **94**: 796 - 797) took De Villiers to task for not being more outspoken about Leipoldt's supposed homosexuality. At our request Leipoldt's biographer, John Kannemeyer, examines this topic anew in his characteristically thorough manner.

Kannemeyer briefly relates relevant aspects of Leipoldt's career: his early years in Clanwilliam, his increasing interests in botany and culinary matters, journalism during the Anglo-Boer War, medical studies in the UK, and subsequent medical career including his leading role as a school doctor. He explores aspects of Leipoldt's upbringing that may have influenced him. Through personal interviews with people who lived with or knew Leipoldt well he concludes that allegations of his homosexuality are '*los praatjies*' – loose talk!

## Pacemaker policies and death

Turning down a pacemaker to enable a patient with a hopeless prognosis to die from the underlying disease is similar to switching off a ventilator under the same conditions. Thus asserts McQuoid-Mason (p. 566), and apparently the Living Will Society of South Africa agrees.

## Valvular heart disease in South Africa

In the opening paragraph of his article on valvular heart disease in South Africa, Pat Commerford jolts us with realities (p. 568): there are no good statistics, and the condition remains common and is not managed well.

South Africa had great clinicians who made considerable contributions to world knowledge in the area of valvular heart disease. These included the first descriptions of mitral valve prolapse syndrome and features of sub-mitral aneurysm.

Commerford explores reasons for the decline in our professional expertise and for the inferior management of a disease that is particularly common among poor young people. While the move to provide greater access to primary health care to more of our citizens is admirable, some of the negative effects include the decline in our academic leadership and capacity to deal with complex medical problems. Can we afford this?

JPvN