# **SAMJ** FORUM



Each case is succinctly encapsulated to trigger a short series of questions which are then deftly answered on the succeeding page.

The cases are wide-ranging and contributed by some 20 - 30 experts within the field drawn from Europe (mainly the UK) and North America, and edited by between two and three coauthors. The text providing the answer(s) is right up-to-date and much richer than the bare solution to the quiz, capturing genetics, modern diagnostic techniques, developments in understanding of pathophysiology and molecular genetics and, where appropriate, evidence-based treatment protocols.

Each problem is fully indexed so that, for example, that of 'nephrotic syndrome' in *Renal Medicine* yields 17 typical casebased examples sorted into 8 sub-categories. 'Hepatitis B' in *Hepatobiliary Medicine* yields 9 problems offered in 4 subcategories.

While the stated aim of these books is to advance the learning of the trainee specialist, whether generalist or subspecialist, and assist, as a self-assessment tool, with preparation for examinations, they serve also as handy reference manuals and as refresher courses for the established sub-specialist.

The titles *General Critical Care and Paediatric Emergency Medicine* are also useful handbooks for all senior students and junior doctors and especially for those doing their community service. In this context one looks forward to similar books dealing with obstetrics and gynaecology, and surgery and the surgical sub-specialties.

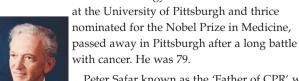
Finally, the title *Clinical Anatomy* is aimed at 'new curriculum' students and teachers of anatomy. This volume is again beautifully illustrated and highlights the key anatomical knowledge base that every clinician needs; this is given emphasis in the clinical scenarios that are used to illustrate the application of such knowledge at the bedside or in the clinic.

Janet Seggie

#### IN MEMORIAM

### **Peter Safar**

Medicine has lost one of its great leaders. Professor Peter Safar, first Chairman of Anaesthesiology and Critical Care Medicine



Peter Safar known as the 'Father of CPR' was born in Austria into a medicine family endowed with a strong sense of history and a

talent for music. His parents were both physicians — his father

was Chairman of Ophthalmology at the University of Vienna and his mother a paediatrician. Peter graduated from the University of Vienna Medical School in 1948, at a time when Europe was recovering from the ravages of war. Together with his wife Eva, he moved to the USA, starting initially as a fellow in surgery at Yale University, but later changing to anaesthesiology.

Following his residency, Peter moved to Peru to fulfill his visa requirements before returning to the USA. In Lima, he helped establish the first Academic Department of Anaesthesia in that country. He returned to the USA to assume the Chief of Anaesthesiology position at Baltimore City Hospital and established the first ICU in the USA. While at Baltimore City Hospital he did his pioneering work on mouth-to-mouth ventilation and was able to prove that humans can be kept alive by exhaled air for considerable periods of time. Following this work in 1958, he published the well-recognised steps in CPR: A (airway), B (breathing) and C (circulation).

In 1961 at age 37, Peter moved to Pittsburgh, to the new Chair of Anaesthesiology at the University of Pittsburgh. During his tenure the department became internationally recognised. Critical care was in its infancy and the 16-bed ICU at Presbyterian University Hospital, became the first multidisciplinary unit of its kind in the USA.

Peter helped restructure the development of the emergency medical system in Pittsburgh with the design of new ambulances and the first training programme for emergency medical technicians. He was particularly concerned about educating the public in CPR techniques. Today the citizens of Pittsburgh and the world are that much better off as a result of the efforts initiated by Peter Safar.

Peter was a generous, modest and kind person always recognising others who worked with him. He was recognised in many countries for his outstanding contributions to medicine and received numerous awards and honorary degrees.

Peter stepped down as Chairman of the Department and embarked on his new challenge — founding the International Resuscitation Research Center, later the Safar Center for Resuscitation Research. This Center was established to continue various research aspects in CPR and disaster medicine. A focus of his activity was research on 'suspended animation for delayed resuscitation'. He continued his interests in preventing brain injury especially the role of moderate hypothermia in ameliorating damage, right until his death.

Peter was a man of many talents. He was an expert skier and mountain climber. The mountains of North America and Europe had a particular attraction to him and his family. He and his wife Eva were graceful ballroom dancers and on many occasions won the Pittsburgh Symphony Orchestra Ball Waltz competition.

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The world has lost a wonderful humanist who devoted his professional career to making life better for us all. He appreciated the gift of life and the futility of prolonging the inevitable. Dr Peter Safar died peacefully at his home in Pittsburgh. His wife Eva, and his sons Paul and Philip survive him.

Jan D Smith, MB, MRCP, DTM&H, FACP Vice Chairman and Professor of Anaesthesiology Professor of Internal Medicine University of Pittsburgh

### Joseph Norman Bear

(1928 - 2003)

Jos Bear was born in Witbank and when he was 18 months old, his parents moved to Dannhauser, Natal. He matriculated at Durban High School and then studied medicine at the University of the Witwatersrand, graduating in 1950. After his internship at Addington Hospital, Durban, he embarked on a career in orthopaedic surgery which included a stint as surgical registrar at Baragwanath Hospital. He then went to Edinburgh for further training, obtained his FRCS and returned to Addington Hospital as a fully-fledged orthopaedic surgeon. He next joined the practice of Cyril Kaplan and a later partner was Leonard Seimon. Jos afterwards went into practice on his own in Durban until his retirement two years ago.

He achieved the reputation of being a highly competent conservative orthopaedic surgeon loved by his patients for his compassion and care and respected by his colleagues for his knowledge. He was an active member on the executive of the South African Orthopaedic Association and served as President in 1988 - 89. He was a dedicated teacher and for many years was a part-time senior consultant in the Department of Orthopaedics, King Edward VIII Hospital and the University of Natal Medical School later the Nelson R Mandela School of Medicine. He served the community in many ways, as a Rotarian, as honorary consultant at McCord Hospital and as a member of the voluntary team that flew to outlying centres to render orthopaedic treatment.

In 1965 Jos married Elma Losman, a Cape Town medical graduate who became a paediatric cardiologist and is now on the staff of the Nelson R Mandela School of Medicine at the Albert Luthuli Hospital, Durban. The two were alike in nature and shared many interests including a love of music and gym. They were inveterate travellers and spent several vacations cruising around the Greek isles with Jos serving as the ship's doctor. For many years Jos could be found jogging with friends along the beach in the early morning or playing squash.

I was privileged to have been a friend since our first year in medical school in 1945. Jos was a modest man, always with a smile and friendly greeting for everyone. He possessed a quiet sense of humour and was generally popular and loved by all he came in contact with socially and professionally. All will testify to his kindness, his generosity and his integrity. Never did he have a harsh word to condemn anyone.

Two months ago he suffered a cerebral haemorrhage and on 9 August 2003 he died. We shall remember him as one of nature's gentlemen. We extend our sympathy to Elma who has lost her ideal life's companion.

Asher Dubb

### **Books Received**

The receipt of these books is acknowledged, and this listing must be regarded as sufficient return for the courtesy of the sender.

Books that appear to be of particular interest will be reviewed as space permits. The SAMJ does not publish unsolicited reviews.

International Travel and Health. 2003. WHO. Pp. viii + 193. Sw.fr.17.50. WHO. 2003.ISBN 92-4-158028-3.

Adherence to Long-term Therapies. Evidence for Action. WHO. Pp. xv + 196. Sw.fr.30./US\$27. WHO. 2003. ISBN 92-4-154599-2

Communication for Health Sciences. Communication Series. By Bridget Wyrley-Birch and Jenny Wright. Pp. vii + 153. R110.00. Oxford University Press. 2003. ISBN 0-19-578143-0.

Letting them Die - why HIV/AIDS intervention programmes fail. By Catherine Campbell. Pp. 214. R130.00. Double Storey Books (a Juta Company). ISBN 1-919930-11-6.

**South African Health Review 2002.** Edited by Petrida Ijumba, Antoinette Ntuli and Peter Barron. Pp. xii + 546. R300.00 plus postage. Health Systems Trust. 2002. 2003. ISBN 1-919743-74-X.

**Environmental Health in Emergencies and Disasters.** Edited by B Wisner and J Adams. Pp. xx + 251. Sw.fr.60./US\$54. WHO. 2002. ISBN 92-4-154541-0.

**ABC of Diabetes.** Fifth edition. Edited by Peter Watkins. Pp. v + 101. Illustrated. £18.95. BMJ. 2003. ISBN 0-7279-1693-9.

**ABC of Psychological Medicine.** Edited by Richard Mayou, Michael Sharpe and Alan Carson. Pp. ix + 57. Illustrated. £16.95. BMJ. 2003. ISBN 0-7279-1556-8.

### **Notice to Contributors**

The *SAMJ* endeavours to reflect the original sentiment and vital facts of submitted obituaries, letters to the editor and book reviews. We regrettably cannot give contributors foresight of edited versions prior to publication. Obituaries should preferably be submitted via email to <a href="mailto:news@samedical.org">news@samedical.org</a> and be no longer than 350 words.

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