



advanced breast cancer, incorporate all the many special medical problems that the clinician may encounter and clearly outline therapeutic strategies to manage pain due to disease extension, bone secondaries, visceral metastases and the terminal care of these patients.

This is a commendable edition and the contents are succinct to modern clinical practice of this disease.

I D Werner

## IN MEMORIAM

### David Jacobus Botes

David Botes is op 1 Augustus 1922 in Bultfontein in die Vrystaat gebore en het op 4 Mei 2003 sag heengegaan in Pretoria. Op die Vrystaatse sandvlaktes het hy geleer om te jag, ondernemend te wees, dinge fyn waar te neem, en sy sintuie te gebruik.

In 1939 het hy as jong seun van 16 jaar in Johannesburg aangekom om sy mediese studies by Wits te begin. Vir die beskeie plaasseun het daar 'n nuwe wêreld daar oopgegaan en hy het die geleentheid met beide hande aangegryp om homself te bekwaam en sy kennis uit te brei. Eers het hy 'n BSc-graad in fisiologie en anatomie met lof verwerf en daarna, in 1947, 'n mediese graad.

In 1943 het hy vir 'n jaar as junior lektor in die anatomie-departement van die Universiteit van Pretoria gaan werk en daar met verskeie van ons land se bekendste Afrikaanse geneeshere (die pioniersgroep) paaie gekruis.

Nadat hy sy studie voltooi het, het hy homself in Bronkhorstspuit gevestig.

Hy het gou wyd en synd bekend geword as 'n toegewyde en goeie geneesheer met 'n bogemiddelde mediese en anatomie-kennis. Sy eerlikheid en reguit benadering het hom baie gewild gemaak. Hy het altyd deernis gehad met enige iemand wat gesukkel het of wat arm was, en het nooit geweier om na iemand te gaan wat hom ontbied het nie. Hy het 'n goeie geheue gehad en kon fyn detail goed onthou. Sy hele lewe lank het hy aangehou studeer en mediese joernale bly lees.

Vir ± 30 jaar het hy uitgebreide mediese klinieke gehou in die gebied noord van Bronkhorstspuit, waar hy letterlik duisende mense behandel het. Uit nood moes hy ook tande trek en skeidsregter speel waar daar familietwiste was. Hy het baie kere bevallings by private huise of hutte moes doen.

David was veelsydig, energiek en kleurryk, maar tog ook baie nederig. Hy was sterk familiegebonden en individualisties. Hy laat sy vrou Dorothy, met wie hy 53 jaar getroud was, 2 dogters, 'n seun ('n ortopediese chirurg), en 14 kleinkinders

agter. Hy sal onthou word as iemand wat vir ander mense omgee het.

Daan Botes

### Professor Gaisford (Gai) Gerald Harrison (1926 - 2003)



Gaisford Harrison was born in Cape Town and schooled at St Aidan's College, Grahamstown, before returning to Cape Town to study medicine at the University of Cape Town (UCT). After graduation he spent a few years in general practice, but then commenced training in anaesthesia at

Groote Schuur Hospital in 1951. He completed his training in the UK, obtaining the FFA RCS diploma in 1955 and returned to Cape Town to embark on a remarkable career in academic anaesthesia.

In the early 1950s, anaesthetic mortality was estimated to be in the order of one death for every 1 000 anaesthetics performed and probably higher than that in South Africa. Indeed, in 1936, the Minister of the Interior appointed a committee 'to investigate the causes of the high death rate in the Union from anaesthetics'. Professor Harrison began his study of the problem in 1956, and in 1966 was awarded his MD for the thesis entitled 'Death Due to Anaesthesia'.

He did not stop there, but continued to study the problem in a remarkable, unique study spanning over 30 years documenting the dramatic improvements in safety of anaesthesia. This work became a standard reference for all papers dealing with the incidence and causes of anaesthetic mortality, and established his reputation, and that of the Department of Anaesthesia at UCT, worldwide.

However, it was for his work in the field of malignant hyperthermia for which Professor Harrison gained his greatest international recognition. Working in the JS Marais surgical laboratory of UCT, Professor Harrison described the first valid animal model for this condition that enabled laboratory



research to be conducted into this problem. He and his coworkers subsequently demonstrated much of the biochemistry and genetic background to this rare but frequently fatal condition. He was also the first to describe the lifesaving effects of the intracellular calcium antagonist, dantrolene, in his animal model, and was able to demonstrate that this therapy was lifesaving, reducing the mortality of attacks from 70 - 80% to virtually zero. The original paper describing his observations on the development of malignant hyperthermia in the Landrace pig has become one of the most widely quoted papers in the medical literature and is now a citation classic.

Professor Harrison also took a close interest in the uniquely South African problem of variegate porphyria and, in cooperation with the Department of Medicine, he demonstrated the safety or hazards of an array of agents in this condition, and was instrumental in establishing a safe drugs list for the anaesthetic management of patients in this country with porphyria. In recognition of his academic achievements, Professor Harrison was appointed as an associate professor in 1973.

Professor Harrison became the second incumbent of the Chair of Anaesthesia at UCT when he succeeded Professor Bull as Head of Department in 1981 — a post he held until his retirement in 1987. As Emeritus Professor he continued his involvement in departmental teaching and research until finally retiring from clinical practice in 2002.

In 1993, UCT conferred the degree of Doctor of Science upon him for his contributions to scientific research into the safety of anaesthesia. He received many other national and international awards for his work, including honorary membership of the Australasian and Zimbabwe Associations of Anaesthetists, FFARCS (Hon Causa), and the MASA Medal in 1991. He was also highly active in the College of Medicine, serving as the honorary secretary at one time, and the South African Society of Anaesthesiologists, from whom he received a citation in recognition of his remarkable achievements.

Professor Harrison will be fondly remembered by all who knew him for his warmth and compassion as well as for his intellectual achievements. His academic contributions placed the Department of Anaesthesia at UCT on the world stage, and his achievements in the Department were an inspiration to generations of young academic anaesthetists. He is survived by his wife Mary and three children, one of whom is an anaesthesiologist.

## Saul Zwi

Professor Saul Zwi, dedicated physician and pioneering professor of pulmonology, died in Sydney, Australia, on 11 August 2003. Born in Johannesburg, he matriculated at 16 years of age from Athlone High School with the best results of the year (1946). He had a brilliant educational career at the University of the Witwatersrand. Branching off from his medical studies, he completed a medical BSc, majoring in physiological chemistry, histology and embryology: he was the outstanding student of his class. In 1953, he qualified with the degree of MB BCh, receiving the Medical Graduates' Association Prize for the highest mark in Medicine. As a supervisor of his micro-anatomy project, I recall him as an intensely hard-working, conscientious and modest student, qualities that remained with him all his adult life.

His internship was fulfilled at the Coronation Hospital and in the professorial unit at the Johannesburg General Hospital. He spent most of the following 2 years in England, at Hammersmith, St. Stephen's and Queen Mary's hospitals. His interest in the respiratory system and pulmonary and bronchial function was already evident. He was to devote his life to this area, through appointments and consultancies in the Pneumoconiosis Research Unit of the CSIR, the Pulmonary Function Unit of the Johannesburg Hospital and the Medicine Department at Wits, the Asbestosis Research Project of the Medical Research Council, the Council on Smoking and Health for Southern Africa, the South African Pulmonology Society, the International Academy of Chest Physicians and Surgeons, the Medical Reviewing Authority for Occupational Diseases and others.

Saul Zwi was appointed to an *ad hominem* chair of respiratory medicine at Wits in 1973. This led to his recognition as Professor of Pulmonology and Chief Physician, a position he held from 1985 to 1994. These were pioneering appointments at Wits. Interspersed with his 40 years' experience of clinical practice, teaching and research in Internal Medicine and Respiratory Medicine, Zwi held Visiting Professorships at the University of Chicago in 1971 and again in 1980, and in the Royal Brompton Hospital, National Heart and Lung Institute, London in 1993. He continued to serve after he and his family settled in Sydney in 1994, through associateships and consultancies at the Royal Prince Alfred Hospital and the Eastern Sydney Area Health Service.

Zwi's researches were mainly clinical and almost entirely in pulmonology. His 128 publications (80 in peer-reviewed journals), covered in broad terms the therapy of asthma, respiratory intensive care, occupational lung disease, pulmonary physiology, and the effects of smoking on the lungs. He made early studies on the detection of newly

described diseases, such as legionnaires' disease and bronchiolitis obliterans.

With his lifelong preoccupation with bronchial asthma, he researched the role of the autonomic nervous system in the pathogenesis of asthma. Other focal points were *Pneumocystis carinii* pneumonia and the pulmonary manifestations of AIDS. Zwi published the clinical spectrum of both fibrosing alveolitis and sarcoidosis in the largest series of black South African patients. He explored the relationship of asthma to alpha-1-antitrypsin phenotypes, haplotypes and deficiency in black and white patients.

Professor Zwi was elected Deputy Dean of the Wits Faculty of Medicine in 1981. It was a challenging time for the Wits Faculty and myself as Dean, for two principal reasons. First, on the instigation of Frances Ames of UCT, Wits Professor Trefor Jenkins and I joined her in lodging a complaint with the SA Medical and Dental Council about the handling, by the doctors concerned, of Steve Biko in his dying days. When the complaint was rejected, we took the matter on review to the Transvaal Division of the Supreme Court, as did Drs Mzimane, Variawa and Wilson. The Wits Faculty of Medicine set up a Professional and Ethical Standards Committee and a Steve Biko Medical Ethics Fund, which are still in existence. The second cause of upheaval was the relocation of the Medical School from Hospital Hill to Parktown, Johannesburg, in December 1982 and January 1983. While I, as Dean, was preoccupied with these major actions, Zwi's role as Deputy Dean was invaluable. He was a logical choice to be the next Dean (1983).

Saul Zwi's sustained contributions were recognised by the award of prizes, fellowships and honorary life memberships in the UK, USA, Australia and South Africa. Among others he was a Fellow of the Royal College of Physicians (London), the American College of Chest Physicians, the Royal Australian College of Physicians, and an associate founder of the College of Medicine of South Africa. On his retirement, he was made Professor Emeritus.

This quiet, unassuming, serious-minded professional was a gentleman of great humility and sensitivity. He is remembered with affection and immense respect by his friends in the medical profession and the Faculty of Health Sciences, many students and protégés, and hundreds of asthmatics whose life he made easier.

Our compassion is extended to Saul's widow Helga (née Getz) and his four children, Michele, Anthony, Paul and Karen (three of whom are medical graduates).

**Phillip V Tobias**