



IN MEMORIAM

William Duckworth

Three months after celebrating his 70th birthday on a barge in France, with his beloved wife and three daughters and sons-in-law, Dr Bill Duckworth died suddenly on 13 November 2005. Although he had not been well recently, his death came as a tragic shock to Jenny and the family, and to Bill's many friends, colleagues and patients. Four nights previously, Bill and Jenny were at the year-end Pietermaritzburg Physicians' Society (PIPS) meeting and dinner – a lucky opportunity for fellow physicians and their spouses to see Bill for the last time. As he arrived, my wife said spontaneously to the person next to her: 'Bill Duckworth – what a good man he is!'

William Calvert Duckworth was born in Ahmedabad, India, on 24 August 1935, but from the age of 14 lived in South Africa, and had a great love for the country and continent that adopted him. He went to school at St John's College, Johannesburg, and to medical school at the University of the Witwatersrand, where he specialised as a physician. Housemanship at Grey's Hospital, Pietermaritzburg, gave Bill a yearning for the Midlands of Natal, seriously compounded by his falling in love with the Grey's nurse who would become his finest friend and partner in their marriage of almost half a century.

In 1964 Bill became a consultant physician at Edendale Hospital, and went into private practice in Pietermaritzburg in 1965. He only formally retired early last year, although he had confined himself to his rheumatology and oncology expertise for the preceding few years.

I joined Drs W C Duckworth and B H Gibb in practice in 1977, and we continued thus for more than 20 years, until Bryan retired and Bill gradually lessened his general medicine involvement. My future partners came with a strong recommendation from the fellow registrar who introduced me to the practice, and they more than fulfilled their reputations as physicians and human beings. Bill's slow, gentle manner, courteous hospitality and quiet, considered speech belied a sharp intellect, a hilarious wit and steely resolve. While he and his charming family were entertaining Pat and me, newly-weds, around the swimming pool on a hot weekend, beer-in-hand he looked me straight in the eye and said: 'Well, Robert, are you joining us?' It was an offer we were glad we could not refuse.

Bill Duckworth was ideally suited to private practice. Thorough as he was, he got to the core of the matter from the outset, and shouldered a huge patient load with apparent relentless ease. He always had the interests of patients, colleagues and staff at heart – the practice could not have flourished without his subtle leadership, which inspired loyalty from us all. He had an astute and prudent financial brain, essential to the management of a large practice. He read widely and his advice and knowledge were invaluable. In turn, he would regularly seek the opinion of his friends and colleagues, engendering mutual reliance, trust and warmth.

Bill adored his wife and family, and they their handsome great teddy bear of a husband/father. Jenny shared his love of southern Africa and the outdoors, and they had many a far-

off adventure together, often sleeping under the stars. They had four lovely daughters, the second of whom, Jacquie, died tragically young. The daughters' husbands became Bill's good friends, and he influenced one of them towards his own sub-specialty, oncology.

Bill played as enthusiastically and expertly as he worked. He was a good all-round sportsman, latterly a golfer, and a renowned fly-fisherman. Fishing and all that went with the art was probably his greatest passion, as his many angling friends will attest. Not for nothing is a fly named after him: the DDD – Duckworth's Dargle Delight. He enjoyed food and drink enormously, provided that good company went with it.

Bill instilled in our older son the love of fly-fishing, and was godfather to our younger son. He was an esteemed colleague and one of my best friends. Patients, colleagues, friends and family, in Pietermaritzburg and far beyond, will miss him greatly. We can only imagine the huge loss that Jenny, and Robinne, Jane and Lynette and their husbands and children are suffering, and our hearts go out to them.

Bill Duckworth – one cannot think of a person to whom this Shakespearean quotation is more applicable:

'His life was gentle, and the elements
So mix'd in him that Nature might stand up
And say to all the world, 'This was a man!'

Doc Caldwell

William Duckworth

I met Bill Duckworth in 1961 at a Saturday morning medical meeting at Edendale Hospital, Pietermaritzburg. A large man, an honest face, a slow smile – a person who listened intently and only spoke if he had something worth saying. These were my first impressions and they did not change.

In those days Edendale was one of the top non-teaching hospitals in the country and attracted some of the best graduates of Cape Town and Wits medical schools. It was soon appreciated that when Bill gave an opinion on a difficult case, he took his time in carefully assessing matters, and then spoke concisely and precisely. He was not one to waste words and it was wise to listen carefully.

Forty years ago, some physicians may have had a special interest, but all were essentially general physicians, especially in a place the size of Pietermaritzburg, even though our 'territory' was large – virtually all of Natal save Durban and the Coast, calling for a good deal of travel, often at night. It was my good fortune that Bill joined me in private practice after a few years at Edendale. We were both young, he in his late twenties. Our houses were separated by a common boundary, our consulting rooms by a narrow passage, so we saw a lot of each other. Hardly a day went by that we did not cross the passage to discuss difficult cases. Not once during the 16 years we were partners did a word of acrimony pass between us.

Bill was an above-average sportsman, although you would never have known it if you spoke to him. He was too modest. He had played 1st team cricket and rugby at St John's, but by the time he arrived in Pietermaritzburg he had lost a bit



of speed. His preferred recreational sport was golf and trout-fishing. The annual golf trip to Port Elizabeth was an important event. Bill made sure no patients were booked from noon on the Thursday to noon the following Tuesday. The Union Castle mail-ship left Durban at 16h00 on a Thursday, and the golfers spent the next day on the course at East London. The following day while they played golf in PE their luggage was transferred to the northbound mail-ship, which arrived in Durban on Tuesday morning in time for Bill to see his first patient. His trout-fishing ability was reflected in a fly's being named after him. Bill also enjoyed deep-sea fishing, from the rocks in front of the family cottage in Ramsgate and the boats that left Durban harbour at 06h00 for the Aliwal Shoal off Scottburgh.

1961 was not Bill's first visit to Pietermaritzburg. During the fifties he was a houseman at Grey's Hospital where Jenny was nursing. They spent nearly 50 happy years in Pietermaritzburg and were blessed with 4 children. To Jenny and the family we offer our sincere condolences.

Colin Dancaster

MIXED BAG

Obesity, lifestyle modification and pharmacotherapy

Obesity is a disorder that leads to many other medical conditions. Excess body weight is the sixth most important risk factor contributing to the burden of disease around the world. Ten per cent of children and 1.1 billion adults are now classified as obese or overweight. The main adverse effects are cardiovascular disease, type 2 diabetes and several cancers. The World Health Organization describes obesity as one of the most visible and yet most neglected public health problems that threatens to overwhelm developed and developing countries. Small wonder that the search for a wonder pill continues, among patients and doctors alike. Over the past several years pharmacological approaches to obesity have come and gone. Now, the only agents currently accepted by most regulatory bodies are orlistat and sibutramine. Thomas Wadden and colleagues, writing in the *New England Journal of Medicine*, point out that, while weight loss medications are recommended as an adjunct to a comprehensive programme of diet, exercise and behaviour therapy, they are typically prescribed with minimal or no lifestyle modifications. They postulate that this is likely to limit therapeutic benefits.

In their year-long study, they randomly assigned 224 obese adults to receive 15 mg sibutramine daily only, lifestyle modification counselling only, delivered in 30 group sessions, sibutramine plus 30 group sessions of lifestyle-modification counselling (combined therapy) or sibutramine plus brief lifestyle-modification counselling. All participants were prescribed a diet of 1 200 - 1 500 kcal per day and a similar exercise regimen. They found that, at 1 year, those who received combined therapy lost an average of 12 kg, while those receiving sibutramine alone lost only an average of 5 kg. Those who received sibutramine and brief therapy lost an average of 7.5 kg. They also found that those in the combined-therapy

group who often recorded their food intake lost more weight than those who recorded their food intake infrequently.

Not surprisingly, the authors concluded that the combination of medication and lifestyle modification resulted in more weight loss than either medication or lifestyle modification alone. This may sound trite, but all too often patients are prescribed weight loss medication as an alternative to lifestyle modification. We know that serious lifestyle modification can and does result in weight loss and that sticking to the changed lifestyle generally maintains at least most of that initial weight loss. There are no quick fixes in weight control and neither patients nor doctors should be misled into believing that medication can take the place of a certain amount of discipline and effort.

Wadden TA, et al. *NEJM* 2005; 353: 2111.

Low-fat diets and weight change

To continue the theme of weight control, an interesting recent development is the way in which certain popular diet books are trying to overturn the conventional wisdom that says that a low-fat, high-carbohydrate diet takes the weight off. In fact, these books are suggesting that the current increase in obesity in the Western world is as a direct result of this type of diet. Predictably enough, these books are pushing the high-protein approach and claim that the high proportion of carbohydrates in the diets recommended by most medical authorities for the prevention of chronic diseases causes people to gain weight.

In fact, there are 3 studies that have recently reported that people given a low-calorie diet that is high in proteins and fats but low in carbohydrates lost more weight over 6 months than those on a low-fat, higher-carbohydrate regimen. However, in one study that was extended to 1 year, there were no differences seen in weight loss between the low-carbohydrate and low-fat groups after 12 months.

This study, by Barbara Howard and colleagues, used 48 835 postmenopausal women in the USA who were participants in the Women's Health Initiative Dietary Modification Trial. Their objectives were to report on the effects of a low-fat diet trial on body weight in the long term and also the effects of this diet on breast and colorectal cancer. The team also looked at the relationship between weight changes and changes in dietary components.

The women were randomised either to group or individual sessions to promote a decrease in fat intake and increases in vegetable, fruit and grain consumption, but no weight loss or calorie restriction goals. The control group simply received diet-related education materials. Women in the intervention group lost weight in the first year and maintained a lower weight than women in the control group during an average of 7.5 years of follow-up. Furthermore, the women in the intervention group showed no tendency to weight gain over this time and weight loss in either group was greatest among the women who decreased the percentage of their energy intake from fat. There was a similar trend among women who increased the amount of fruit and vegetables that they ate.

The team concluded that a low-fat eating pattern does not lead to postmenopausal weight gain. So much for all the high-protein diet hype – which promises lifelong weight loss.

Howard BV, et al. *JAMA* 2006; 295: 39-49.