trends were seen in the mean number of episodes of AF between the 2 groups. At 6 months of follow up, the improvement in quality of life of the patients in the PVI group was significantly greater than those in the antiarrhythmic group. There were no thromboembolic events in either group.

The authors conclude that PVI does seem to be a promising first-line treatment for symptomatic AF, but caution that larger studies are needed to confirm safety and efficacy.


GIVING BIRTH AS A FORECAST OF DEATH

On a totally different note, but one that is important to us in a country where maternal death is far from unknown, an interesting paper in The Lancet reports on the incidence of maternal death in 4 districts of Afghanistan between 1999 and 2002.

Linda Bartlett and colleagues, including the Afghan Maternal Mortality Study Team, point out that maternal mortality in Afghanistan is uniformly identified as an important public health issue. They looked at the numbers, causes and preventable factors associated with maternal deaths among women in 4 districts as part of a study to guide the implementation of reproductive health services.

The authors carried out a retrospective cohort study of women aged 15 - 49 years who died between 21 March 1999 and 21 March 2002 in Kabul province (urban); Alisheng district, Laghman province (semi-rural); Maywand, Kandahar province (rural); and Ragh, Badakshan province (rural, mostly remote). A survey of households was carried out in randomly selected villages using verbal autopsy interviews of family members.

The authors found that in a population of 90 816 women, 357 women of reproductive age died – 154 of these deaths were related to complications during pregnancy, childbirth or the puerperal period. Most maternal deaths were caused by antepartum haemorrhage, except in the remote district of Ragh, where more women died of obstructed labour. All measures of maternal risk were high, particularly in the more remote areas. The maternal mortality rate was 418 per 100 000 livebirths in Kabul, 774 in Alisheng, 2 182 in Maywand and 6 507 in Ragh. The women who died in the 2 most remote areas were not attended by skilled birth attendants.

After more than 20 years of international and civil conflicts, drought, famine and epidemics, health infrastructure in Afghanistan is poor. In 2002, 60% of Afghans had no access to basic health services, with services for women being particularly scarce. In 2002, two-thirds of Afghanistan’s districts lacked maternal and child health services and only 10% of hospitals were adequately equipped for caesarean deliveries – a poor state of affairs in the 21st century.


Bridget Farham

IN MEMORIAM

W G Daynes (1916 - 2005)

Among the great medical missionaries of the middle 1900s was Guy Daynes who, after 25 years’ service in Transkei and a further 16 at Madadeni Hospital in KwaZulu-Natal, came to final rest on 19 February 2005.

He was born in England, qualified at Westminster Hospital in 1940 and completed the Diploma in Child Health at the Great Ormond Street Hospital for Sick Children. During the war he joined the Royal Army Medical Corps, later becoming Assistant Director-General at the War Office.

After the war Guy worked in paediatrics. He was in charge of the re-opening of Westminster Children’s Hospital and helped to re-establish Great Ormond Street as Britain’s foremost children’s hospital. He moved to Hove near Brighton to practise as a GP where he, Jan his wife and their five children enjoyed the next 11 years. In 1952 he was a founder member of the College of GPs in London.

In 1960, following a call to work as a Christian missionary in South Africa, Guy took up the post of medical superintendent at St Lucy’s Hospital at St Cuthbert’s, a mission in Transkei. Over a period of 15 years he built up St Lucy’s into a modern and thriving hospital and community health centre. His extraordinary recruitment efforts brought many GPs and specialists to serve in the Anglican hospitals of the Eastern Cape. Colleagues and medical students were influenced by his original and provocative, sometimes unorthodox, thinking on the origin and development of disease in rural Africa.

Guy was a keen researcher and an astute physician and always insisted on the highest standards in scientific medicine. He wrote several books including Clinical Medicine and Health in Developing Africa, and over 60 articles in medical journals. He established the Transkei and Ciskei Research Society, and for 10 years he was Provost of the Eastern Cape branch of the College of GPs.

Guy was the first chairman of the Transkei and Ciskei Association of Mission Hospitals, which represented all Christian denominations involved in medical work. It later played a significant role in the planning of the Transkei government health service.

Because of the growing problem of alcoholism he launched the Transkei Association for Action Against Alcoholism; and with Jan, a social worker, provided at St Lucy’s the first hospital facility in Transkei for treating alcoholics.

In 1975 Guy Daynes was awarded the CBE in recognition of his work.
The establishment of a hospital for mental disease at Umzimkulu became Guy’s next challenge. Five years later he took over as head of the Umtata Hospital with a view to it becoming a teaching hospital, so that a new medical school could be established there.

Guy and Jan retired from Transkei at the age of 70 to settle in Newcastle, Natal. However, within 3 days he was phoned from Pretoria requesting him to take charge of the psychiatric side of the large Madadeni Hospital and run the psychiatric services of half the province. He accepted the challenge, and within a couple of years took over as medical superintendent of the whole hospital! In 2002 he finally retired at 86 and was given a wonderful send-off at Madadeni.

Among further awards were the medal of Meritorious Service to Psychiatry in South Africa and the Jubilee Award of the College of Medicine of South Africa. Guy and Jan were jointly admitted to the Anglican order of Simon of Cyrene in honour of their tireless Christian service over the decades.

For a life dedicated to God and lived to the full, for his care, good humour, positive approach and example, and for his enthusiastic leadership in the profession we give thanks.

Ivor Jardine

Leon du Toit (26.01.49 - 08.07.04)

As ons, as kollegas en familie, moet terugdink aan Leon, besef ons papier en woorde is te min om hom werklik te beskryf. In 'n paar woorde kan 'n mens net sê 'Wat 'n man! Wat 'n voorbeeld vir duisende!'

Leon kon altyd 'n slegte situasie omdraai en kyk na die positiewe wat 'n mens daaruit kon haal. Met deernis sal ons onthou hoe hy in sy laaste dae van ergste pyn en lyding geglimlag het, die Here geprys het, en gesê het ’U genade is vir my genoeg'.

Leon het grootgeword op 'n plaas naby Bronkhorstspruit. Na sy skoolopleiding is hy vloot toe, waar hy sy militêre opleiding ontving.

Tussen 1977 en 1979 was hy superintendent by die Nylstroom Hospitaal en tussen 1979 en 1985 en het hy die selfde posisie beklee by die Universitas Hospitaal in Bloemfontein.


Gedurende 1995 het hy die privaatsektor betree en die uitdaging aanvaar om privaatsektor-dienste te verbeter. Sy prestatie om die Krugersdorp Hospitaal die beste hospitaal van die betrokke groep te maak, was vir hom vervullend en 'n bewys van sy suksesvolle bestuursmetodiek.

Voor sy finale siekte het hy in die privaatpraktyk by die goudmyne van die Vrystaat diens gelewer, waarna hy tydens sy laaste tye die rustigheid van Jongensfontein by die see geniet het.

Hy was gelukkig getrou en het sy kinders gehad. Sy gunsteling stokperdjies was om Sondae na kerk saam met sy familie en vriende te wees, te swem, en somtyds skeppende werk te doen. Sy lewensfilosofie was om aan ander te doen wat hy graag aan homself gedoen wou hê.

Ons as sy kollegas en familie mis hom.

Hans Steyn

Jacob Maree du Toit

Jacob Maree du Toit was born in Britstown in the northern Cape on 2 April 1919. He completed his MB ChB in 1944 at the University of Cape Town and then practised in Kuruman and Ceres for a few years before leaving for the UK. Jacob received his FRCS (general surgery) from Edinburgh in 1954.

After his return to South Africa, Jacob settled in Worcester, where he worked as a general practitioner for almost 30 years. He enjoyed giving lessons to members of the nursing profession and was also district surgeon during some of his years of general practice (Kuruman). He retired in Cape Town for a few years, after which he moved to Johannesburg and then to Pretoria. His four children were living in Johannesburg and Pretoria at the time.

Jacob was a caring and conscientious doctor and shared in his patients’ joy, but also supported them in their times of grief. His empathy towards those who had entrusted him to care not only for their physical state, but also for their emotional state, earned him many loyal patients. Jacob’s kindness towards, tolerance of and concern for his fellow human beings never wavered, and up to the end of his life he showed a great interest in every person he met, both young and old.

Jacob met Carol (Caroline) van Rensburg while they were both first-year students and they were married in 1943. She predeceased him by almost 6 years.

Jacob passed away on 16 May 2005 in Pretoria after a brief illness. He was 86 years old. His daughters, sons-in-law and 12 grandchildren will miss him greatly.

Luccile Bütow-Dûtoit (daughter)