randomised into 1 of 3 groups. The first group received cryotherapy if the woman had a positive HPV DNA test. The second group received cryotherapy if the woman had a positive VIA test and the third group were given delayed evaluation.

The team found that the prevalence of high-grade cervical intraepithelial neoplasia and cancer (CIN 2+) was significantly lower in the two screen-and-treat groups at 6 months after randomisation than in the delayed-evaluation group. At 6 months, CIN 2+ was diagnosed in 0.8% of the women in the HPV DNA group and 2.23% of the women in the VIA group, compared with 3.55% of women in the delayed-evaluation group. A subset of women had a second colposcopy 12 months after enrolment. At 12 months the cumulative detection of CIN 2+ among women in the HPV DNA group was 1.4%, 2.91% among women in the VIA group and 5.4% among women in the delayed-evaluation group.

The authors concluded that both screen-and-treat approaches are safe and result in a lower prevalence of high-grade cervical cancer precursor lesions compared with delayed evaluation at both 6 and 12 months.

The second study took place in community health centres in predominantly Latino areas of cities in the USA. Wendy Brewster and colleagues point out that the incidence of cervical cancer is higher among low-income and minority women who have never had a conventional PAP smear or who do not return for follow-up after testing. They set out to look at how feasible and acceptable it was to immediately treat women with severely abnormal PAP smears by using a single-visit cervical cancer screening and treatment programme and to compare treatment rates and 12-month follow-up rates with those of women who received the usual delayed care.

They recruited 3 521 women aged 18 or older. The women who were randomised to the normal delayed care were discharged immediately after examination. The women who were randomised into a single-visit group stayed at the clinic until the result of their PAP smear was available. A large loop electrosurgical excision procedure was performed on the single-visit patients who had either a diagnosis of a high-grade squamous intraepithelial lesion (HGSIL), atypical glandular cells of undetermined significance (AGUS) or a suspicion of carcinoma. All other patients with abnormal PAP smears were referred to cytology clinics or received care outside the study.

The overall rate of abnormal PAP smear was 4.1%, and 1% of these abnormal smears showed high-grade lesions. In the single-visit group, the average visit time was 2.8 hours and the average time for delivering and processing the PAP smear was 66 minutes. Six months after randomisation 14 (88%) of the 16 single-visit and 10 (53%) of the 19 usual-care patients with HGSIL/AGUS had completed treatment. Half the women in the single-visit programme and slightly more than half the women in the usual-care programme with less abnormal PAP tests had completed treatment within 6 months. Overall, 36% of the women in each group returned for follow-up within a year. Those women in the single-visit group who had had high-grade lesions were more likely to come for a repeat PAP smear 12 months later than women with similar lesions in the usual-care group.

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The researchers concluded that the single-visit programme was feasible and acceptable in this underserved population. Both these studies show that there are ways to provide acceptable levels of care to women in under-resourced areas of the world and will hopefully lead to wide-scale implementation of similar programmes and so reduce this unnecessary source of illness and death among women in the developing world.


Bridget Farham

IN MEMORIAM

Muriel Gruss (1912 – 2005)

Dr Muriel Gruss (Mrs S Gild) passed away on 13 July 2005 in Johannesburg at the age of 93.

Born in Aberdeen, Eastern Cape, on 15 April 1912 to William, a Jewish immigrant from Austria and Esther (née Vilenski, second-generation South African) Gruss, Muriel was raised and schooled in Aberdeen and St Dominic’s priory in Port Elizabeth. She was the second oldest of 5 children.

Muriel attended UCT Medical School and received her MB ChB degree in 1935. She was one of only 6 female graduates in a class of 39 students and was, to the best of the author’s knowledge, the last surviving member of her class.

Following her graduation, Dr Gruss worked in Villiersdorp (Western Cape) as a locum tenens, after which she studied for the Diploma in Public Health (DPH) at UCT. For a number of years during the late 1930s she worked at the Free Dispensary in Woodstock. From the mid-forties she worked, on a sessional basis, for the Cape Town Department of Health at a number of primary care and antenatal clinics, including the ‘old’ District Six, and Chiappini Street in the Bo-
William Gild

Daughter Hilary (Johannesburg), son Henry (Israel), son medicine for the best of motivations.

Medical practitioners who practise the art and science of with her passing, sadly, came a diminution in the number of the practice of medicine was more a calling than business, and of integrity and professionalism. To her, like many of her era, and private life, Muriel Gild maintained the highest standards medical theories and practices. Throughout her professional era, as well as a myriad of other medical advances, she conferred honorary life membership on her in 1989.

Walter Savage

Walter Savage died at his Cowies Hill home on 27 August 2005. He was a very loyal friend and respected colleague. He qualified at Wits in 1951, and during those student years I got to know him extremely well. I also did my midwifery session with him at Baragwanath Hospital. He was a wonderful tonic – full of wit and quick repartee that always endeared him to his fellow students. He completed his internship at King Edward Hospital, Durban, and thereafter opened a general practice in Pinetown. At that time Pinetown was a small village on the outskirts of Durban, with dirt roads and none of the industrial development that has since taken place. He remained in active practice over a period of 30 years, right until his death. In his latter years he became part of the team at the Pinetown Medicross, where he will be sorely missed.

Wally grew up in Jagersfontein and the family subsequently moved to Harrismith, where they opened a hotel. Wally received his education at Grey College, and although small in stature he played hooker for the first rugby team – no mean achievement when one considers the quality of rugby from that school. He remained a lover of rugby, and in fact of all sport, and had permanent seats at King’s Park and Kingsmead.

Not only was he a dedicated doctor, but also an extremely accomplished one, who revelled in diagnosing rare and esoteric conditions. Mosey Suzman was his mentor and hero and Walter often said that if Mosey was here he would diagnose what to him was a puzzling case. His past few years were dogged with ill health – he had undergone two coronary bypass procedures, and went into cardiac failure with recurrent pleural effusions and eventually cardiac cachexia. He lost a tremendous amount of weight and was hardly recognisable by his friends and colleagues, but remained in active practice until his death. He showed great courage, although he could only manage working in the mornings, and rested in the afternoons.

Apart from his dedication to medicine he had many other interests, including photography and exploration of the delights of the computer world, and was also a very active radio-ham, communicating with many people throughout the world. He achieved the highest honours in freemasonry, joining the Lodge of Israel, and eventually became President of the Board of General Purposes of District Grand Lodge of Natal, and a Grand Lodge Officer. He had a wonderful sense of humour and I recall attending a lecture with him on gall bladder disease, when the lecturer said, ‘that if the bag is diseased take it out’, and Wally replied as quick as a flash, ‘that is funny’, ‘my professor always told me that if the bag was diseased, you do not take her out’. Serious medical lectures were often disrupted with his humour and to his death he always had some new and entertaining story.

He joined his brother, the late Lionel Savage, in practice in Pinetown, and remained there until his death. He also became medical officer for Pinetown, among his many other achievements.

His greatest love, however, was his family. He is survived by his wife Lenore, his children Anthony, Jeremy and Phillipa and grandchildren Jami, Hannah, Zachary and Emmylou, to whom we extend our deepest sympathy and condolences. His funeral at the Jewish Cemetery in Red Hill, Durban was an extremely emotional and moving affair. I was honoured and proud to be one of his pallbearers, and will always remember him with the greatest respect and love.

Roy O Wise

December 2005, Vol. 95, No. 12 SAMJ