STROKE SYNDROMES


About 83 authors from across the globe have contributed to the 54 chapters covering 700 pages.

This detailed guide to patterns and syndromes describes clinical problems and differential diagnoses to help the clinician differentiate between possible locations for stroke lesions on the basis of clinical symptoms and signs. It also fully details lesion patterns in patients with infarcts and haemorrhages in various loci and vascular territories, and syndromes that occur in unusual and infrequently encountered conditions.

The first half of the book is devoted to the clinical manifestations of strokes. Chapters include types of transient ischaemic attacks; headaches and strokes; vertigo and vestibular syndromes; eye movement abnormalities; memory loss and post-stroke dementia; disorders of movement; agnosias; hapraxias, and disconnection syndromes.

Graham Hankey’s chapter on TIAs gives a good account of the spectrum of symptoms and the different underlying mechanisms including low flow TIAs. Dietrich and Brandt elaborate on the mechanisms of vascular vertigo and illustrate how infarcts can mimic vestibular neuronitis. The chapter on the neuroanatomical substrate for agitation and delirium in stroke is helpful to those encountering this clinical problem.

The second half of the book contains detailed information on vascular topographic syndromes (e.g. anterior choroidal artery territory infarcts; superficial middle cerebral artery syndromes; border zone infarcts) of the anterior and posterior arterial circulation; venous infarctions; subarachnoid haemorrhage and spinal stroke syndromes.

There is also a detailed chapter on the organisation of the brain’s arterial circulation and contains numerous diagrams including colour plates of arterial topography that are well annotated, easy to follow and can be related to scan images. Infarcts in different territories are discussed with the emphasis on mechanism of stroke and clinical features and are illustrated with appropriate CT or MRI scan images.

Since receiving the book for review, I have had cause to refer to this text on a number of occasions and have found it to be a very useful and informative reference.

The focus of the book is not on the management or treatment of strokes, but it provides valuable references for those wishing to explore and understand any atypical or unusual neurological manifestations encountered in clinical practice with stroke patients.

Alan Bryer

WYNDHAM HARRIS

Wyndham Harris passed away on 13 October 2000 at the age of 91. He was born in Kroonstad and educated at DHS in Durban. His medical training was at St Mary’s Hospital in London, where in 1937 he graduated MRCS, LRCP. He also received training at the Hospital for Tropical Diseases in London.

During his early years in Vryheid, he was in private practice and also fulfilled the role of district surgeon. His typical day would involve travelling by mule or horseback into the bush to do a postmortem while on his way to a smallpox outbreak to vaccinate the whole magisterial district.

After six years Wyndham moved to Pinetown where he joined Dr Morton, with whom he had a 40-year-long partnership. He was joined during that time by Drs Kee and Hickman, also from St Mary’s. He was a lifelong member of SAMA.

I became associated with Dr Harris in 1982 when I purchased his practice and 21 years later am still reminded of the considerable skill and respect he commanded from his patients.

He is survived by his wife, Joyce, and daughters, Anne and Eve.

AV Skinstad

JANETHA LION-CACHET

Janetha Deborah Lion-Cachet is in Piketberg gebore waar haar pa vir 50 jaar algemene praktisyn was. In 1939 het sy aan die Hoërskool Piketberg gematrikuleer en die daaropvolgende jaar MB ChB aan die Universiteit van Kaapstad gaan studeer. Janetha het uitgeblink op kulturele sowel as akademiese vlak, was joolprinses en lid van die universiteitskoor. In 1946 het sy haar huisdokterjaar by die destydse HF Verwoerd Hospitaal in Pretoria voltooi. Terwyl sy as intern by die hospitaal se departemente pediatrie en interne geneeskunde gewerk het, het sy vir Jannie Lion-Cachet, wat ook sy internskap by dieselfde hospitaal voltooi het, ontmoet.

Hulle is in 1946 getroud, nadat sy vir ‘n tyd saam met haar pa gepрактиese het. Sy het teen 1970 weer begin werk by die Departement Anatomie, Universiteit van Pretoria. In 1986 is sy as hoof van Departement aangestel, maar het in 1987 uitgetree om na Jannie, by wie toe Parkinson se siekte gediagnoseer is, om te sien. Hul oudste seun Petrus het twee jaar later in ‘n motorongeluk gesterf.

Nadat Janetha se man in 1996 oorlede is, het sy baie meer tyd aan haar gemeenskap gevestig deur huisbesoek te doen en
Janetha het kort voor haar dood onverwags pneumonie opgedoen en as gevolg van komplikasies, op 24 Julie 2002 gesterf.

Sy word oorleef deur haar kinders Antoinette, Shani, Amelia, Deborah en Jan, sowel as 10 kleinkinders.

WS van Niekerk

WALTER GORDON

Walter Gordon died in Cape Town on 8 September 2002 after a short illness. He had an enormous impact on the practice and teaching of dermatology in South Africa as a whole. He was born in Cape Town and attended SACS, where he excelled in mathematics and Latin and enjoyed music and acting. He also participated successfully in many sporting activities and represented Western Province in hockey. He attended UCT and qualified in medicine before he was legally old enough to practise as a doctor.

After housemanship in Pretoria and a short locum in Mafikeng, Walter joined the army where he served as Captain. In 1941 he married Leska Gershon.

After leaving the army, he practised medicine in Namibia and then in Thabanchu. During this time he obtained membership of the Royal College of Medicine in Edinburgh. He moved his practice to Bloemfontein, working long hours at his large general practice for 16 years. He was widely known as a kind and devoted doctor, who would regularly treat people without seeking financial remuneration.

In 1962 Walter decided to specialise in dermatology. His diagnostic and bedside skills were an enormous asset and he never ceased to find excitement and stimulation in the daily clinical challenges that he encountered.

In 1967 Gordon succeeded Dr J Jacobson as Head of the Department of Dermatology at UCT, a position he occupied until his retirement at the end of 1982. In 1973 he was promoted to Associate Professor for his contribution to academic dermatology. He created a department of academic excellence where clinical skills, critical reading and research were supported and the individual members were actively encouraged to explore fields of personal interest. The sense of excitement he communicated to his junior staff and to students at all levels, gave them enthusiasm for the clinical practice of medicine.

During his time as Head of Department, he helped to initiate the monthly combined academic meetings with Tygerberg Hospital dermatology department. These meetings have proved a very valuable teaching forum for registrars from both schools, as well as providing a crucial meeting point for academic colleagues and dermatologists in private practice.

Walter also developed a collection of dermatology books, both in the department and at the medical library. He had a particular interest in the photosensitive and genetic skin disorders, and obtained a doctorate for his work in the field of porphyria and phototesting.

We remember him with the greatest respect and gratitude as a passionate and inspiring teacher. Doctors locally and abroad remember his exciting lectures and his eagerness to teach anyone who was willing to learn.

He had a remarkable visual memory and could frequently identify rare skin conditions that he had not encountered before. Working for him was difficult at times, as routine work was delayed by frequent visits to other departments and even to other hospitals to see people with skin disorders. He was an outstanding rolemodel who had an enormous influence on numerous doctors and on generations of medical teachers and clinicians.

In 1982 Walter retired from the Department of Dermatology, but continued to teach students and registrars at New Somerset Hospital for 20 years until shortly before his death.

He is survived by his wife Leska, daughters Glenda, Zelda, and Joy, and grandchildren.

Susan Jessop, Ephraim Benjamin and Mohamed Docrat

ERRATUM

The SAMJ apologises unreservedly for any inconvenience caused by the omission of the name of WK Andrew, the author of the obituary on John Hoyland, in the November 2002 edition.

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 regretfully cannot give contributors foresight of edited versions prior to publication. Obituaries should preferably be submitted via email to news@sammedical.org and be no longer than 350 words.
FRANCES RIX AMES

The SAMJ Izindaba section details many of the factual highlights of Professor Ames’ contribution to medicine. This obituary contains sentiments not expressed in that tribute. The following are edited excerpts from the eulogy delivered at her funeral by Dr Greg McCarthy on behalf of UCT’s Psychiatry Department. It includes part of the citation he gave her at the SASOP conference two months before her death.

Frances Ames was my neurology teacher, confidante, dear friend and mentor.

Those who had the privilege of her tutelage knew that Frances disliked flattery of any kind. In her memoir entitled Mothering in an Apartheid Society, she quoted Sigmund Freud’s statement that biographers ‘bound themselves to lying, concealment and flummery’.

After completing her basic medical education in the 1940s, Frances went on to become a fulltime consultant in neurology in the 1960s and head of the Neurology Department at Groote Schuur in 1976. That year was renowned for massive social upheaval in South Africa, and 1977 is remembered particularly for the death of Steve Biko after torture in detention.

For anyone recently widowed with four sons, the responsibility of running a neurology department in a prestigious hospital would have been onerous enough. But Frances lived her life constantly aware of the truth of Burke’s famous aphorism: ‘The only thing necessary for the triumph of evil is for good men to do nothing’.

She found herself surrounded by bewildered white male colleagues too afraid to speak out against the horror that was enveloping this country, for fear of having their government subsidies cut.

To quote from the SAMJ, November 1995: ‘Once involved in the Biko case, and as the widow of a well-known journalist, she could not let go, as the press kept phoning her to find out how the case proceeded. And the story was spreading that she was looking for personal publicity.

‘I dreaded those calls from the press. But once seen as the spokesperson, it just went on and on. Once the medical superintendent phoned me and said I was welcome to go into private practice. My job was threatened, I had four sons...It was really bitter to be disliked that much. But after a time I was getting a certain wry satisfaction out of it, because I got so contemptuous at what was going on. It hardened my resolution, which is interesting, because if you ever speak to political detainees, many said they went in still ambivalent about their political feelings, but after a period in confinement, became resolute and committed. This I experienced myself.’

While many are familiar with the facts of the Biko case, few know that Frances was confronted with open hostility by her apparently liberal colleagues at medical school during this time. She was begged to drop the case even by people who taught their students to practice medicine ethically in accordance with international declarations.

What Frances taught us through personal example was that ethics is about what happens on the ground, in our daily practice, when we are alone – not Tokyo or Helsinki Declarations. She had to do what was she believed to be right, and if necessary as a lone voice at UCT.

The wisdom, foresight and dogged determination she has shown around social issues have already been widely recognised:

1. Her longstanding outspokenness on the therapeutic value of cannabis is gradually being vindicated. In Britain, cannabis is being grown by a pharmaceutical company for medical use. Possession of cannabis as a medicine has been decriminalised in most of Europe, Australia, Canada and some states of the USA.

2. The rights of domestic workers are now being addressed by the government through minimum wage legislation.

3. Her long-held view of the importance of pre-school education in the development of healthy children is given personal expression in deed, as well as word, in her latest publication.

When Nelson Mandela handed Frances the ‘Star of South Africa’ in 1999, he did not do so in recognition of her academic prowess – the university had done this years before by awarding the professorships and honorary degrees.

He gave it in recognition of her courage, integrity and wisdom. It was awarded in recognition of her contribution to this country as a whole - for standing up for humanity in a time of legislated cruelty and dehumanisation. For speaking up at a time when her colleagues were not only silent, but hostile.

How can we really honour someone of this caliber now? A person who has spoken out on such a wide range of issues, always in touch with the social realities of her time?

I would like to suggest that we do so with humility, by saying: Thank you for the example you have set. Thank you for your perseverance, your honesty and, above all, your integrity and courage.

Thank you for your ability to tolerate being ‘disliked that much’ and the very satisfaction you derived from that. Thank you for allowing your contempt for what was going on to harden your resolution.

Thank you for all you have done for medicine, for professional ethics and for setting the standard of humanitarianism in our beloved country with its tortured past and uncertain future.

Hamba kahle Mfundisi wethu, lala lakuhle ngoxolo - Go well, teacher, rest in peace.

Greg McCarthy