IN MEMORIAM

Theo Sacks (1929 - 2003)



It was with much sadness that I learned that my long-standing school and varsity friend Theo passed away peacefully in his sleep. He bore his terminal illness with so much courage and dignity, always trying to be independent until the very last day, trying to spare his dear wife and family as much pain as he could.

He went to Pretoria Boys High School where he matriculated in 1944. He then attended Pretoria University Medical School where he completed his medical degree at the end of 1950, 2 months before his 22nd birthday.

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Those were the early days of Pretoria Medical School. The first class to qualify in medicine at Pretoria was in 1947.

He then joined his brother Martin in the Pathology Department of the University of Cape Town where he specialised in medical microbiology, which became his special field for the rest of his working life. His outstanding ability led to his appointment as a consultant well before the age of 30.

In 1964 Theo and his family emigrated to Israel, where he worked as a microbiologist until he retired in 1997. Professor Mervyn Shapiro from the Medical School Hadassah Hospital Jerusalem kindly provided me with the following information on Theo's medical career in Israel.

Theo Sacks was a great microbiologist, who established the true meaning of the profession of clinical microbiology. First and foremost, he was a physician who understood the value of applying laboratory findings to the treatment of patients. The Petri dish was the window through which he first saw the patient. In this way he educated generations of laboratory technicians and doctors. Even to this day, one can get the feeling in the department and all its divisions, the deep responsibility that is felt by the staff at all levels, to the patient whose culture is being examined.

'Professor Sacks was among the first physicians in Israel to engage in the prevention of cross-infection. He lead a team of doctors who fought to establish new methods and they supervised the care of every patient who was injured during the Yom Kippur war, to ensure that infection would not spread from patient to patient. In order to develop clinical microbiology, Professor Sacks encouraged and employed doctors from all over to work in his department.

'Theo had the honour of being appointed as the first Chairman of the Israeli Association of Microbiologists and Association of Infectious Diseases.

'He was also renown as a teacher in the Medical School Jerusalem where for may years he was the sole lecturer on the subject and taught several generations of students. Many of us here were privileged to be his students and sadly regret his passing.'

Theo was essentially a family man and in 2002 he and his beloved wife Bubbles (whom I first met during his courting days during the late forties) left Israel to live in London to be near their only son Mark, daughter-in-law Lucy and two much-loved grandchildren.

Theo and Bubbles were blessed with a happy marriage of more than 50 years. They were a very devoted couple who respected and loved each other very much. I can only hope that Bubbles will find some consolation in the pride she can feel at the respect Theo earned and by the legacy of the important role and contribution he made to the science of microbiology during the relatively early days of medicine in Israel.

We extend our deepest sympathy and condolences to Bubbles and to Mark and family.

Isidore J Movson (Durban)

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 regrettably cannot give contributors foresight of edited versions prior to publication. Obituaries should preferably be submitted via email to news@samedical.org and be no longer than 400 words.

IN BRIEF

Aspirin-induced asthma prevalence higher than suspected

A systematic review of the literature published in the *BMJ* (2004; **328**: 434-437) shows that the pooled incidence of aspirin-induced asthma was 21% regardless of whether patients had a history of aspirin-induced asthma or markers for an increased risk of the syndrome. Guidelines accompanying the article recommend that patients with aspirin-induced asthma or those who have ever had an asthmatic reaction to aspirin or NSAIDs, or anyone with severe asthma, nasal polyps, urticaria or chronic rhinitis, should avoid aspirin or NSAIDs indefinitely. If they are younger than 40 years of age or have not used aspirin or an NSAID recently without incident, they should be aware that aspirin-induced asthma may develop late in life, and should be informed of the risks – paracetamol should be recommended unless contraindicated, and a first dose of NSAIDs should be taken under medical supervision.

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