

A personal tribute to Ralph Kirsch

To the Editor: The last few months have been awkward for a few reasons. The first was that Ralph's illness and subsequent passing seemed so sudden. The second was that when one is not close family appropriate behaviour is elusive, and finally because there are things I felt were left unsaid.

Ralph's many academic and organisational achievements have been eloquently told by many and are not the subject of this personal account. Let me explain. When I first met Ralph in the mid 1990s, he struck me as a talkative, overly nice, trying-to-make-up-for-apartheid type of man. Our family later moved to Oxford, and one day Ralph and Beverley happened to pass through. Amidst the pleasantries, I was struck by how much attention they both gave to our children – then 7 and 5. Ralph established that what the children missed most about Cape Town was playing in the swimming pool. By the end of the visit, the kids had an open invitation to swim in his pool. After 2 years of seemingly unending English winters we visited Cape Town, arriving on a warm summer's day. Needless to say, we were made to deliver on the promise and spent far too many hours in the blazing sun.

A few years after our final return home, I sat for my final specialist examinations of the College of Dermatologists. I hate to admit that I failed the examination. Many reading this will have no idea of what that feels like: it's like a gnawing pain that eats one inside, a pain so deep that it threatens to overwhelm. Words of comfort came from many sides, including my favourite which I still use to this day: 'When writing an undergraduate exam, you've passed unless you fail yourself; for specialist exams, you've failed until you pass yourself.' It makes sense, as supposedly the buck stops with specialists. In the midst of this dark cloud, Ralph phoned unexpectedly one evening. He uncharacteristically said only a few words, something like, 'Nonhlanhla, I know this is a difficult time, but I just want you to know that I also had to repeat my FCP examination'. That was it! I was to turn those words round and round in my mind for many months. He was a busy Head of Department who did something he did not have to do, and that was completely unexpected. And for me it was timely and crucial encouragement.

My specialist training left me with a deep desire to explore scientifically unanswered questions on the causes of and treatments for alopecia. I enrolled to do a PhD in Public Health at UCT, having naïvely overestimated the attractiveness of hair loss to potential research funders. When I'd exhausted my options, I went to Ralph who listened and encouraged me to pursue this unlikely research subject in spite of sceptical smiles and sometimes open criticism. He advised on various options and I was able to do the first 2 years full-time through funding from the Carnegie Fund. The rest, as they say, is history! I have no doubt that I would have completed the PhD ... eventually, but it would have been much harder and taken much longer doing it part-time.

What do I now think of Ralph Kirsch? He was a kind man, who cared about apparently insignificant things like organising a swimming date for sun-starved children. He went beyond

expectation and encouraged the best in me. He was my hero. *Hamba kahle qhawwe! Akuhlanga lungehlanga, Beverley nabantwana.*

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Sudden death on an aeroplane

To the Editor: I was much interested in the report by Tiemensma *et al.*¹ Considering the extent of the tension pneumothorax as seen in Fig. 1, one would have thought that the doctors on board should have diagnosed it – was the clinical examination done properly? Was the position of the trachea palpated, the thoracic cage percussed, auscultation of lung and heart sounds done?

With the wonderful and rapid progression of technology and sophisticated diagnostic facilities, it seems that the importance of a proper and detailed medical history, and the value of a complete, meticulous and careful physical examination, are no longer appreciated.

My impression is that the subject is neglected in present-day teaching of medical students. Too time consuming? Life too hurried?

I know of a case in which after a (normal) computed tomography brain scan in a stuporous patient, the correct diagnosis of diabetes was eventually made. I can cite several similar examples.

Patients also constantly complain that their doctors appear so busy that there is no time for questions or explanations.

My 'window of medical experience' over several decades convinces me that there is still a place for a basic down-to-earth clinical approach. Many doctors are going to work far from tertiary care centres.

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1. Tiemensma M, Buys P, Wade SA. Sudden death on an aeroplane. *S Afr Med J* 2010; 100(3): 148-149.

Pathology request guidelines: Haematology questioned

To the Editor: We refer to the Haematology section of the article by Stanfliet, King and Pillay.¹

The assessment of iron deficiency anemia (IDA) is incomplete without demonstrating iron-deficient erythropoiesis, by looking at the red cell indices (mean corpuscular volume, mean cell haemoglobin and mean cell haemoglobin concentration (MCV, MCH and MCHC)).^{2,3} A serum ferritin is mandatory if the indices suggest microcytic hypochromic anaemia (MHA). A low ferritin confirms IDA, but a normal ferritin does not exclude iron deficiency. A normal