

## IN MEMORIAM

**Bryan Williams**

Bryan Williams matriculated at Rondebosch Boys' High School. He attended the Naval Gymnasium as compulsory military training in keeping with the ideology of the South African government in the 1960s. He graduated MB ChB at the University of Cape Town and qualified as a Fellow from

the South African Colleges of Medicine in anaesthetics, rapidly gaining the attention of his teachers as an astute, skilful and caring anaesthetist. He entered private practice in Cape Town, joining Peter Jenkin and Cecil Moss in 1979. I joined Bryan in practice in 1980.

Bryan streamlined our practice and made the system more effective and efficient, initiating computerisation of our accounting service in the early 1980s. He then contemplated a career in computer science, but opted for an MBA which he completed over 2 years at UCT while working full-time in private anaesthetic practice.

Bryan, with his medical and business acumen, together with Mike Edwards, acquired the ownership of homes for the elderly.

Bryan was a member of many societies and committees and his sage advice was sought by and given to many of these institutions, e.g. the Society of Anaesthetists, Kingsbury Hospital Committee and Mountain Club of South Africa. Bryan was a valuable member of the Peer Review Committee and gave unselfishly of his time and person in attending to colleagues with psychological pain and mentoring those with personal problems with his unique existential approach.

Bryan was knowledgeable and well resourced. His professional experience, judgement and research enabled him to provide quality care and guidance on medicine, ethics and business. Quality, value and compassion were his benchmarks. He liked helping people.

Bryan was in solo practice from 1991. He was a keen mountaineer, botanist, conservationist and photographer and participated in many Mountain Club, Archeology Society and Friends of the Museum excursions. On a trip in 2005 to the Gamka River in Die Hel, he fell and fractured his femur, resulting in a helicopter rescue and transfer to hospital. Other abnormalities were discovered and a pathological fracture with myeloma was diagnosed.

Initial chemotherapy appeared to help, with partial remission. Despite several setbacks (pulmonary embolism), Bryan soldiered on with the help of Cilla and his family. In hospital he told me that, at this stage of his journey, being with and interacting with family and friends was paramount. He also valued walking in the mountains, continuing his thirst for knowledge, being able to make decisions, and not being a burden to his family.

The disease progressed and Bryan was offered a marrow transplant with possible amelioration of the disease. Weighing up his options he decided on no further chemotherapy. He then required regular blood

transfusions for anaemia. Night pain and walking in the mountains became an ordeal because of peripheral neuropathy.

Bryan involved himself in and was committed to St Luke's Hospice, counselling patients with similar disease entities.

Bryan had his 'moments of reprieve', attending meetings of the Tennis Club at Trevor and Margie Borchers' home, where he had meaningful conversation with friends and colleagues, and where kind words and compassionate hugs were given. He showed immense courage, fully aware of his falling trajectory; his own intrinsic strength, self-reliance, internal resources, and support of family and friends enabled him to face the approaching darkness.

The saddest thing about death is that every thought, hope, emotion and word of wisdom that he possessed all succumbed to ash. Bryan walked the final bridge between life and death on 10 July 2010. He was a mensch.

I wish Cilla, Oliver and Roland great strength and fortitude for the future.

**Eric Bean**

## BOOK REVIEW

**Davey's Companion to Surgery in Africa. 3rd ed.**

*By Adelola Adeloye, Opeoluwa O Adekunle and Oluyombo A Awojobi. Pp. x + 468. Illustrated. Soft cover (R425.00). Hard cover (R700.00). Acecool Medical Publishers. 2009. ISBN 978-978-902-469-8.*

This book lives up to its name and most definitely focuses on some uniquely African pathology, which is not included in most of the larger First-World surgical texts. Its stated role is that of a book for medical students at universities in the tropical belt of Africa to be used alongside a standard text. As such, the book achieves its goal.

The subject matter is varied and includes content relevant to most of the general surgical sub-specialties, such as urology, neurosurgery, maxillo-facial surgery, ENT and trauma.

Where the book falls short somewhat is in the actual quality of the production, with both print and picture reproduction quality being poor. In addition, there are inconsistencies in the layout as well as academic content of different chapters, some being of higher quality than others. However, for medical professionals and surgeons working in the tropical belt of the African continent, this textbook would be a valuable adjunct to standard texts.

**Sharon Cox**

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