

his death on 14 July in Groote Schuur Hospital.

These are the bare bones of the *curriculum vitae* of a man who graced his profession as a wise and skilful surgeon, as a great gentleman and a beloved friend. His modesty and quiet personality endeared him to colleagues and patients alike. During the war years military rank held no meaning for him. His only desire was to help those who needed it—whether as doctor, as field officer or as friend.

Throughout his life he maintained an interest in boxing. At 'Barts', where I first knew him, he fought as a featherweight, gaining his Hospital colours. Slight of build (as he remained all his life) his success in the ring derived from skill of hand, eye and foot, and he was always a great proponent of scientific boxing. In the postwar years he gave much of his time and leisure to boxing control. For more than 10 years he was a member of the South African Boxing Board and the Chief Medical Officer of the Transvaal Board, in which capacity he had much to do with drafting additional safety measures to the sport. He was always at the ringside and, as Paul Irwin, the sports writer of the *Rand Daily Mail* wrote, 'no boy went into the ring unless he was 100% fighting fit if Bill Trubshaw checked him over at the weigh in. No good game battler was

allowed to continue action if Bill after a quick and expert examination, thought he risked serious eye injury, or worse'. He believed his place was there—just to make sure no fighter was badly hurt.

Apart from that controversial field, Bill was a dedicated and conventional surgeon, always calm, always ready to give—and to seek—help; always modest and conscious of his limitations, always anxious to learn and apply. He was President of the South African Association of Surgeons for over 14 years and was a Founder Fellow of the College of Physicians and Surgeons of South Africa serving on its Council from its inception in 1956 until 1965. There were few surgeons who did not count him friend; and many are the young surgeons to whom he was ever willing and anxious to give a leg up in their early waiting years.

His was a warm and gentle personality; staunch in adversity, always calm in emergency and ever with the gift of friendship. He knew great success and all the rewards of our profession, but was never diminished by it.

He is survived by his wife, Magda, a son and daughter, as well as by his mother, a brother and sister. We extend our sympathy to all of them.

## Die Liefdadigheidsfonds : The Benevolent Fund

Die volgende skenkings gedurende Julie 1971 ontvang word met dank erken:

The following donations received during July 1971 are gratefully acknowledged:

**Geloftekaarte ter Nagedagtenis aan: Votive Cards in Memory of:**

Mrs M. Whitsitt by Dr and Mrs J. R. Reznik.

Dr I. Heller by Natal Coastal Branch (M.A.S.A.).

Dr G. Hochschild by Dr J. B. Lurie.

Dr W. H. D. Trubshaw by Dr J. B. Lurie.

**Totaal Ontvang van Geloftekaarte: R17.00**  
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L. B. Sunn, C. Immerman.

Late Gerald Jaffit by Dr J. I. Koopowitz.

Dr C. van der Merwe *deur* dr. J. Perold en M. B. Johnson.

Dr P. C. Paterson by Dr W. W. Köhler.

Late Mrs T. Kelly by Drs C. C. Akerman, B. F. R. Munro,  
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L. Colenbrander.

Dr E. Holland by Dr G. Roach and partners.

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Daughter of Dr F. E. Hofmeyr by Drs J. Marshall and C. Moss.

Dr E. Fisher by Mr J. N. Bear.

Wyle Christine Gobrechts *deur* professor A. J. Brink en dr. L.  
Keet.

Dr H. L. Cohn by Drs R. Allan, J. B. Bekker, Davis and  
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Dr B. W. H. Scott by Drs M. Pemberton, G. Howes and G.  
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**Totaal Ontvang van Dienste Gelewer: R430.00**  
**Total Received from Services Rendered:**

**Skenkings: Donations:**

Drs G. E. Fawcett, T. G. Jeftha ... .. 7.75

Drs D. Loon, C. B. Maritz, J. E. Racussen, S. J. O.

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G. Nel, W. E. G. Butler (each R24.00) ... 192.00

Drs L. L. Boltman, G. R. Howes (each R10.00) ... 20.00

Dr. H. A. Hallatt (maandeliks) ... .. 5.00

Dr S. Meltz (monthly) ... .. 5.00

Dr. F. Küpper ... .. 7.50

Dr. P. H. Nieuwoudt ... .. 15.75

Drs Muir, Dyke, v. d. Linden and Morrell (monthly)

Dr. F. Nel ... .. 22.00

Natal Coastal Branch, Branch Drive (April-June) ... 233.00

Oos-Transvaalse Tak: dr. F. E. Melzer, E. A.

Zeiss, J. F. v. d. Merwe, M. Spitz; Trichardt, Byrne

en van Niekerk; Schultz, van den Berg, Nel,

Pienaar en Terblanche ... .. 60.00

**Totaal Ontvang van Skenkings: R701.00**

**Total Received from Donations:**

**GROOT TOTAAL : GRAND TOTAL R1 148.00**

## In die Verbygaan : Passing Events

**Anatomical Society of Southern Africa, 3rd Annual Conference.**

The 3rd Annual Conference of the Anatomical Society of Southern Africa will be held on 23 and 24 September 1971. On Thursday 23 September the conference will take place in the Lecture Theatre, New Anatomy Building, Medical School, Observatory, Cape; and on Friday 24 September in the Lecture Theatre, Department of Anatomy, University of Stellenbosch. The programme is as follows:

*Thursday, 23 September* Welcome: The Dean of the Medical Faculty, University of Cape Town.

*Session 1—Gross Anatomy: Vascular.* Intrahepatic portal vein patterns (Professor E. N. Keen); Variations of the carotid system (Dr J. A. M. Campos); Aspects of the arterial supply of the dog's pancreas (Dr A. C. Leite); Contribution to the study of the lymphatic circulation of the dog (Dr P. Alcántara); A case of bilateral inferior vena cavae with absences of the iliac

anastomosis (Professor T. Muller); A study of the arterial blood supply of the vertebral column and spinal cord (Professor D. P. Knobel).

*Session II—Gross Anatomy: Locomotor.* The musculature of the lumbar and lumbo-sacral spine (Professor T. R. Trevor Jones); The lumbo-sacral vertebral transition—a restatement (Professor L. H. Wells); Ligaments of the ankle and foot and deep muscles of the sole of the foot of the Chacma baboon (Mrs E. J. Wood); Anthropometry of walking (Dr R. S. Nogueira); Understanding the pelvic floor (Dr P. M. Wilson).

*Session III—Education Symposium: Objectives in the Teaching of Anatomy.* An anatomist's view (Professor J. van E. Kirsten); A clinician's view (Professor J. H. Louw); A student's view (Mr J. Kock); Objectives for paramedicals (Professor L. H. Wells); Obstacles in reaching objectives (Professor H. P. A. de Boom); Staff/student aims and relationships (Dr P. M. Wilson); Behavioural objectives and taxonomy (Mr M. Fredman).

*Session IV—Education:* A method of teaching the anatomy of the base of the skull (Dr H. J. du Toit); A new look at the place of anatomy in undergraduate medical curricula (Dr A. E. Strover); The Pretoria Curriculum (Professor D. P. Knobel).

Friday, 24 September

*Session V—Anthropology and Comparative Anatomy:* Evolutionary features in the skull of pre-tapino-cephalus zone dicyodonts (Dr T. H. Barry); Sexual dimorphism in man (Professor P. V. Tobias); The ethmoid, the vomer and the palatine bones from the baboon skull (Professor T. R. Trevor-Jones); A note on the age of menarche in Griqua and Coloured schoolgirls (Dr H. de Villiers).

*Session VI—Neuro-anatomy:* Innervation of the alveolar septum (Dr N. L. P. R. Grande); Considerations on the morphology and nomenclature of the cerebellum of the ox and sheep (Dr M. M. M. de A. Abreu); Nomenclature and morphology of the cerebellum of domestic ruminants (Dr M. L. G. Pereira); Morphophysiology of the area postrema (Dr I. Turk); A brain for beginners (Dr R. Hewlett); A study of the arterial blood supply of the vertebral column and spinal cord (Professor D. P. Knobel).

*Session VII—Embryology and Teratology:* An attempt to counteract the teratogenic effect of hypoxia on the chick embryo (Dr R. Kramer); Robertsonian changes in the chromosomes of the house rat, *Rattus rattus* I. (Dr W. H. Gerneke); Catecholamines demonstration by an histochemical fluorescence method (Dr F. T. Veloso); The enzyme histochemistry of the dog thyroid 'C' cell (Dr W. Roediger); The technique and application of freeze drying in histology (Dr W. Roediger); Histological reaction to the intravenous injection of silica particles (Dr P. von Mihalik); Cyclopien monsters (Professor M. J. Toerien).

Among the social events arranged for delegates are a buffet supper as guests of the Principal of the University of Cape Town; a lunch for all delegates and wives at the Lanzerac Hotel, Stellenbosch; and a cheese and wine party at the historic farm 'Plaisir de Merle'.

Further information is available from the Organizing Secretary, Department of Anatomy, Medical School, University of Cape Town, Observatory, Cape.

**Dr Zalmon Wolf**, neurologist/psychiatrist, is no longer practising in partnership with Dr H. E. van Hoepen as from 1 September 1971. Dr Wolf is practising at 1402 Lister Building, 195 Jeppe Street, Johannesburg. Telephones: rooms 23-8592/3, residence 40-4361.

**Universiteit van Stellenbosch en Karl Bremer-hospitaal.** Departement van Oogheekunde, Saalrondes. 'n Saalrondte en bespreking van gevalle word elke Dinsdagoggend om 0815 gehou in Saal 1B, Karl Bremer-hospitaal, Bellville, K.P. Alle dokters wat belangstel sal welkom wees.

**British Council Study Course on Anaesthesia.** The 15th course in anaesthesia arranged by the British Council in collaboration with the Faculty of Anaesthetists of the Royal College of Surgeons of England will be held from 6-19 February 1972 in Cardiff and in London.

This course is intended for experienced anaesthetists from

overseas who have been wholly engaged in the speciality of anaesthetics for not less than two years, or surgeons interested in the way in which advanced techniques in anaesthesia can help them in their work.

The course will start with an introductory lecture to explain the relationship of the National Health Service, the universities and the Royal Colleges to the practice and training of anaesthesia in Great Britain. The course will be centred on London and Cardiff. It will visit a large National Health Service Hospital at Hillingdon, hospitals in London University that teach undergraduate medical students including St Thomas' Hospital, Middlesex Hospital, University College Hospital, Westminster Hospital and the Welsh National School of Medicine at Cardiff. Specialized postgraduate hospitals will be visited including the Royal Victoria Hospital, East Grinstead (burns and plastic surgery), Brompton Hospital (cardiothoracic), National Heart Hospital (cardiac surgery), Hospital for Sick Children (paediatrics) and the National Hospital for Nervous Diseases (neurological). The course will also visit the Medical Research Centre's new unit at Northwick Park, the Royal Postgraduate Medical School and the Research Department of Anaesthetics at the Royal College of Surgeons of England. A panel discussion will be arranged for the final day of the course.

It is hoped to demonstrate various aspects of clinical anaesthesia together with any recent advances in anaesthetic techniques that have been developed. The visits provide an opportunity to see various Intensive Care Units in operation and displays of special monitoring devices. The programme includes demonstrations of anaesthesia for cardiac surgery, neonatal surgery, neuro-surgery, and general surgery. In addition the following will be presented: the treatment of burns and the anaesthetic problems involved in facio-maxillary injury, the use of hyperbaric oxygen, hypotensive anaesthesia, and computers in medicine. It is also anticipated that current research and development will be presented in many of the hospitals visited.

The Director of Studies will be prepared to arrange attachments following the course for a third week to anaesthetic units. Only one attachment will be possible for a course member and will have to be decided on before the course and cannot be changed. It will not be possible to arrange an attachment after the course has begun. The fee for this extra week is given below and must be paid with the main course fee.

There are vacancies for 30 members, and the fee for the course is £150 (demi-pension in London: full board elsewhere). For members staying a third week on attachment an additional charge of £50 will be payable to cover the cost of hotel accommodation and breakfast. Course members will be accommodated in hotels in London and Cardiff.

Applications should reach the Cultural Attache, British Embassy, 6 Hill street, Pretoria, before 24 October 1971.

**South African Institute for Medical Research, Johannesburg.** Staff Scientific Meetings. The next meeting will be held on Monday 27 September at 1710 in the Auditorium, North Block, SAIMR. Professor George Nace, Professor of Zoology at the University of Michigan, Ann Arbor, USA, will be the speaker.

**Universiteit van die Oranje-Vrystaat, 3de Akademiese Jaardag.** Die 3de Akademiese Jaardag van die Universiteit van die Oranje-Vrystaat vind plaas op Saterdag 20 November 1971 om 0900 in die Lesingsaal, Nasionale Hospitaal, Bloemfontein.

Die John van der Riet-medalje sal toegeken word aan die huisdokter of kliniese assistent wat die beste referaat gelewer het. Professor H. W. Snyman, Dekaan van die Fakulteit Geneeskunde aan die Universiteit van Pretoria sal as hoofbeoordelaar optree.

Alle belangstellende medici word hartelik uitgenooi om die verrigtinge by te woon. Verdere inligting is beskikbaar van dr. J. B. Fichardt, Medfontein 511, St. Andrewstraat, Bloemfontein.

**Dr Cecil Bloch**, plastic surgeon, is now also practising at 304 Claremont Medical Centre, Main Road, Claremont, Cape. His practice at Medical Centre, Heerengracht, Cape Town, remains unchanged and appointments for the Claremont practice may be made there.

**Southern Africa Cardiac Society, Johannesburg Branch.** The next meeting will be held on Thursday 23 September at 2015 in the Lecture Theatre of the National Research Institute for Occupational Diseases (previously the Pneumoconiosis Lecture Theatre, Joubert Street, Johannesburg), Professor J. F. Goodwin of the Royal Postgraduate Medical School at Hammersmith Hospital, London, will speak on 'Types of cardiomyopathies in England'.

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**University of Cape Town and Association of Surgeons of South Africa (M.A.S.A.), Joint Lectures.** The next meeting will be held on Wednesday 22 September at 1730 in the E-floor Lecture Theatre, Grootte Schuur Hospital, Observatory, Cape. Dr B. M. Kennelly will speak on 'Resuscitation at Grootte Schuur Hospital'.

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**Universiteit van die Oranje-Vrystaat, en Bloemfontein Op-leidingshospitale.** Die weeklikse vergaderings vind as volg plaas:

*Maandagaand*—daar sal geen referate gelewer word voor 18 Oktober nie.

*Vrydagmiddag 24 September* om 1500 in die Lesingsaal, Pelonomi-hospitaal sal professor F. P. Retief as spreker optree oor 'Maimonides, en die Arabiese geneesher'.

*Saterdagoggend*—Daar sal geen voordragte gehou word voor 2 Oktober nie.

Daar word ook elke Vrydagmiddag om 1600 'n gesamentlike kliniese bespreking gehou in die Lesingsaal van die Pelonomi-hospitaal deur die Departemente Chirurgie en Interne Geneeskunde, gevolg deur 'n gekombineerde radiologiebespreking.

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**University of the Witwatersrand Museum of the History of Medicine, A. J. Orenstein Lecture.** The 4th A. J. Orenstein Lecture, entitled 'Charles Darwin—his illnesses': a lecture to commemorate the centenary of his work *The Descent of Man* will be delivered by Professor P. V. Tobias on Thursday 30 September at 2015 in the Auditorium, North Block, South African Institute for Medical Research, Johannesburg. All interested persons are welcome to attend.

## Briewerubriek : Correspondence

*Die menings gelug in die Briewerubriek van die Tydskrif is nie noodwendig dié van die Mediese Vereniging van Suid-Afrika nie.—Redakteur.*

*The views expressed in the correspondence columns of the Journal are not necessarily those of the Medical Association of South Africa.—Editor*

### THERAPEUTIC ABORTION

**To the Editor:** The plea by Dr A. C. Keast<sup>1</sup> for the urgent establishment of both a National Family Planning programme and a special committee to study and report on the whole problem of therapeutic abortion is timeous and deserves immediate attention. The evasion of the problem by both the medical profession and the legal authorities does not prevent recognition of the fact that criminal abortion with all its sequelae is increasing annually. This is reflected in the strain placed on already overburdened hospital services by such cases.

The situation at one South African hospital provides an excellent example of how great the problem has become. Abortion and its complications are the commonest causes for hospital admission to the gynaecological wards in Grootte Schuur Hospital. During the 6-year period 1960-1965, 9 692 cases of abortion were admitted, out of a total of 32 584 gynaecological cases. The mortality in cases of abortion varied considerably from year to year but the average was 0.29%, representing 28 deaths.<sup>2</sup>

The time has arrived when this country can no longer afford not to investigate and introduce all methods that will be effective in reducing unwanted pregnancies and the unhappy sequelae of septic criminal abortion. I, for one, would volunteer my services towards such a working committee.

Wulf H. Utian

924 Medipark  
Hertzog Boulevard  
Cape Town

1. Keast, A. C. (1971): *S. Afr. Med. J.*, 45, 888.

2. Utian, Wulf H. (1968): *Obstet. Gynaec. Brit. Cwlth.*, 75, 705.

We have to remind members that the Executive Committee of the South African Medical and Dental Council is at present doing a thorough investigation in the whole problem of therapeutic abortion.—*Editor.*

### USE OF DEPO-PROVERA

**To the Editor:** At a recent meeting of the Medical Committee of the Family Planning Association of South Africa, fears were expressed about the indiscriminate use of contraceptive preparations and particularly Depo-Provera. As is well known now, this preparation is as effective as any other type of contraceptive available, with a relatively low drop-out rate and a low incidence of persistent side-effects. Added to this is the

convenience of a three-monthly injection and the ease of administration. However, as is well known, there is no contraceptive preparation at present available which is universally suitable for all patients, and like every other method, Depo-Provera has its definite indications for usage. In particular, care should be exercised in selecting suitable groups of patients and the preparation should, for practical purposes, not be given to young nulliparous women.

The groups of patients at present considered most suitable for this method of contraception are essentially the 'family limiters', and not the 'family spacers', and this general category would include the following large groups of patients:

1. Those who have had a failure with, or are unable to use other forms of contraception.
2. Patients who are poorly motivated and are considered 'problem patients with problem families'.
3. Patients where distance is a problem in respect of clinic attendance.
4. Patients with chronic illnesses where no further pregnancies are considered desirable.

Basil Bloch

1501 Oasim North  
Havelock Street  
Port Elizabeth

### SURVEY IN DEPTH

**To the Editor:** Dr Appleton's<sup>1</sup> letter on the subject of the survey in depth, merits a reply not only because a large number of serious-minded doctors agree with him in principle, but also, I fear, an equally large, if not larger number tend to forget or prefer not to know, that the medical profession has got itself into a situation from which it now cannot retreat.

We have become the servants of a system which we helped to create. The infant conceived in a spirit of compassion and concession and carefully nurtured, has grown into a monster that is tending to engulf us. I refer, of course, to the medical aid system and all related types of prepaid medical care.

All practising doctors today come in contact with some patients who belong to medical aid schemes, and some doctors have a practice consisting entirely of patients belonging to medical aid schemes.

The pattern of private practice today has in it a built-in concomitant, viz. prepaid medical care and the third party. The tariff originally laid down by the Association for people