



The Voice of Clinical Engineering in South Africa

Chairman's Report

Dear CEASA Gauteng Members

I would like to thank all for the confidence in allowing me the privilege to Chair this prestigious association.

CEASA has made great progress to date with many accomplishments along the way, including our first Golf Day in 2008, CEASA congresses, business breakfasts, quarterly meetings, revival of the TUT association, and many more significant achievements.

I would like to thank Freddie Gouws for the initiative with our brand new newsletter, this will be another platform for information and advertising.

While on thanks, I would also like to thank Julie Webber for the sterling job she is doing for CEASA, and I know that without her, we would be lost.

Then last, but not least, the wonderful committee that has committed its own time to ensure we move forward. It is the committee that comes up with the ideas of speeches, breakfasts, golf days, venues, and the like. This task is thankless as we always have to ensure the balance of venue, content, attendance and this is a difficult challenge for us all. Thanks to you all.

From the news point of view, as you are all aware, it was the congress of SAFHE / CEASA in Cape Town from 20 – 22 May 2009 at the ICC. I take it most of us were attending. Details available on www.sbs.co.za.

Also, our very own website, mastered by Rob Dickinson of

the National Council is www.ceasa-national.org.za. This link will open many doors for online applications, links to other interested parties, job opportunities, members, committee members, other branches, etc. Please take the time to peruse this website for your own interest.

Future planning includes Golf Days, Business Breakfasts with superb speaker/s, updates on new regulations, new technology roll outs, and many more interesting things.

Please could I urge you to encourage colleagues to join using the link above, and also ask that those members already in the family, to please ensure that subs are up to date, as we have a new policy in at National now that all members who have not paid, will be removed from the members list and a rejoining fee of R250.00 plus the years subs will be due before membership will be allowed. Please let's not fall into that group. Many thanks

Lastly, I would like to thank all the members for the good times and great networking we see happening at the meetings, this is pleasing to us to see how people exchange information, interact, even see old friends and catch up on old times- this warms the soul. Please keep attending and drag your buddies along as well. It is always great to see you all. Also feel free to call me anytime on my cell for any information you may require.

I would lastly like to also take advantage of this opportunity to inform all of you that I have moved from Tecmed into a

private venture. Thanks to all for their support during my time at Tecmed.

Kindest Regards

Phill

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Objectives:

- > Technology
- > Feedback
- > Participation
- > News

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Imaging systems to be installed at SA hospitals

JACQUELINE HOLMAN | FEATURES WRITER

Imaging technology company Lodox will install two of its flexible format digital radiography (DR) system Statscan machines in South Africa in the next few months.

The Statscan machines will be installed at the Charlotte Maxeke Johannesburg academic hospital, in May, and at the Chris Hani Baragwanath hospital's new trauma centre, in August.

Lodox CEO Pieter de Beer says that the machines were donated by the company's primary shareholder, the Industrial Development Corporation, indicative of its role in new ventures and the development of new technologies.

The critical imaging system is aimed at meeting the needs of emergency medical centres and is designed to suit the radiography requirements for trauma and standard emergency patients. It also provides medical staff with a complete analysis of a patient's injuries.

The machine is based on linear slot-scanning

technology, which produces high-quality radiographic images of any size, in seconds, with the least amount of patient manoeuvring. Its DR capability produces scalable images of the human body and allows diagnostic procedures to be completed in about five minutes.

Lodox chief technology officer Herman Potgieter says: "The Statscan quickly picks up multiple injuries and allows emergency workers to make rapid and informed decisions. The system allows for a multiple number of patients to be X-rayed faster than with any other modality."

The machine can be placed in a trauma room, as the scattered radiation emitted into the environment is within the allowable norms prescribed by authorities. As a result of lower radiation, emergency staff can provide life support while the patient is being scanned.

The Statscan's lower radiation emittance

makes it beneficial for use on children and pregnant patients, says Potgieter. This resulted in the installation of a unit at the Red Cross children's hospital trauma centre, in Cape Town.

The system can also be used for forensic pathology imaging and assist crime investigation experts in determining the cause of death, improving investigational proficiency, shortening perpetrator arrest cycles and increasing criminal prosecution.

De Beer says that the company has streamlined the system's mechanical design, which makes for easier transportation, installation and commissioning. The new design occupies less space in a trauma centre, as it can be placed directly against a wall.

Lodox is also in the process of developing a vertical prototype of the Statscan that is related to its original security-usage design.

Research conducted on the Statscan at a trauma centre at Berne, in Switzerland, indicated a 50% reduction in the number of patients sent for computed tomography scans, which involve a much larger dose of radiation.

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The superior man is modest in his speech, but exceeds in his actions.

Influenza - A H1N1

Issued by the Department of Health - 6 July 2009

On Sunday, 05 July 2009 eleven new cases of novel influenza A H1N1 were confirmed in South Africa.

The eleven cases, all university students, presented with flu-like symptoms at various medical centres and confirmed positive by the National Institute of Communicable Diseases. To date, the total number of cases reported in the country is 29.

A total of sixteen cases have been linked to University sports event in Gauteng, majority are males

Scientists at the Swedish medi-

who shared the same residence and were squash players. Further investigations are going on.

The patients appear to have mild illness, no complications so far and being managed in accordance with the World Health Organisation and the Department of Health guidelines.

All the participants at the games were informed of the possible contact with confirmed case on Friday. All the other associated contacts will be followed up and given the necessary advice.

The participants that attended the games came from different

into the cochlea in the inner ear, directly in the brain. One problem with this method is that all cell types in the vicinity of the electrode are activated, which gives undesired effects. Scientists have now used an electrically conducting plastic to create a new type of "delivery electrode" that instead releases the neurotransmitters that brain cells use to communicate naturally. The advantage of this is that only neighbouring cells that have receptors for the specific neurotransmitter, and that are thus sensitive to this substance, will be activated. The scientists demonstrate in the article in Nature Materials that the delivery electrode

parts of the country and the likelihood of more cases from different provinces is expected. The Department of Health advises anybody with a travel history or who has been in contact with a confirmed patient of influenza A H1N1 and who experiences a flu-like symptoms such as fever, sore throat, runny nose/nasal congestion, cough or muscle pain within 7 days after arrival or contact with an infected person to seek medical care from the nearest health facility.

can be used to control the hearing function in the brains of guinea pigs. "The ability to deliver exact doses of neurotransmitters opens completely new possibilities for correcting the signalling systems that are faulty in a number of neurological disease conditions", says Professor Agneta Richter-Dahlfors who has led the work, together with Professor Barbara Canlon. The scientists intend to continue with the development of a small unit that can be implanted into the body. It will be possible to program the unit such that the release of neurotransmitters takes place as often or as seldom as required in order to treat the individual patient.

First artificial nerve cell?

cal university Karolinska Institutet and Linköping University are well on the way to creating the first artificial nerve cell that can communicate specifically with nerve cells in the body using neurotransmitters. The technology has been published in an article in Nature Materials. The methods that are currently used to stimulate nerve signals in the nervous system are based on electrical stimulation. Examples of this are cochlear implants, which are surgically inserted



From ENGINEERING NEWS
May 22-28 2009

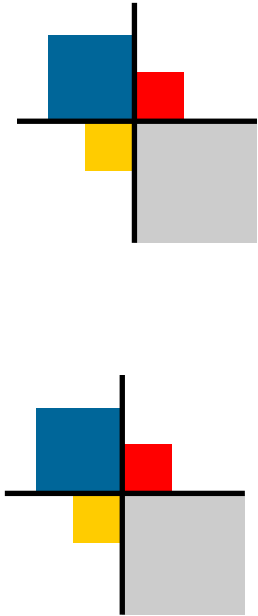
CEASA
**The Voice of Clinical
Engineering in South Africa**

"These machines sure are life-savers doc.

The noise annoyed me right out of my coma."



Research projects that are already under way are targeted towards hearing, epilepsy and Parkinson's disease



Medical Device Innovations Special Interest Group

In an introductory presentation by Mr Brian Goemans, the case and reason for the establishment and purpose for the MDI-SIG was stated!

Brian has been involved in medical device innovation since 1980 and says that government is very much interested in medical device development.

South Africa has a well-established medical fraternity that is

recognized and acknowledged world wide. This fraternity has resulted

in some pioneering develop-

ments such as the first heart transplant

and the invention of the CT scanner. The engineering fraternity is

similarly well-established and active in its contribution to medical

innovation. However, in recent years various factors have led to a

fragmentation and under performance of the South African medical

devices sector.

In July 2007, a group of individuals created the Medical Device

Innovation Special Interest Group (MDI SIG), with the objective of

facilitating and stimulating growth in local medical device innovation.

The group takes the premise that those enabling factors which allowed

the development of the pioneering technologies and products

mentioned above are still in place. The MDI SIG has achieved

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Medical Device Innovations Special Interest Group - continued

widespread support, including that of the Department of Science and

Technology (DST). The DST is to establish a Medical Devices Centre of

Competence, whose role will be to co-ordinate activities of

stakeholders to ensure that product ideas and prototypes successfully

reach the market.

The MDI -SIG continues to facilitate networking and interaction

between all those involved in medical device innovation. With the

support of the DST, a stakeholder's summit was held in Feb 2008.

With support from UK Trade &

Industry, an inward trade mission

visited the UK in July 2008, and attended Medica 2008. The MDI -SIG is

building relationships with SAMED, SABS and other parties.

For news and future events : info@mdi-sig.org.za

For more info on CEASA visit www.ceasa-national.org.za

Training Day Success at Drager Medical SA

A training day hosted at Drager Medical SA in Bryanston was held on 18 February 2009 for hospital clinical engineering personnel. The focus of this training event was First Line Maintenance of anaesthetic machines and participants were awarded "Train Certificates" on completion of the day's course.

The attendants wish to thank Mr Lucas Fourie and Mr Johan Strydom of Drager and Drager

Medical for the use of their impressive Bryanston facilities and the catering provided. They are Aslam Ooni and Danny Sheldon (Milpark Hospital), Tefo Makhoana, Obakeng Shoai, Thapelo Lekoko, Lesego Mogo-motsi (Garden City Hospital) and Freddie Gouws (Krugersdorp Hospital). A further tour of Drager SA's workshop was offered by Mr Paolo Boschetti, Group Technical Manager, for

their interest glimpses behind-the-scenes.



Healthcare Technology

The Seven Habits of very successful engineers and technicians

Mackay's Musings

Dear Colleagues

Through my observation of engineers and technicians over the past 30 years I have discovered that certain traits or habits make them successful - very successful, in some cases. I believe that we can all become extraordinarily able through the adoption of these practices. Thanks to Buckbee and Covey for the inspiration to write this.

1. Know your Process, Operator and Client/Customer

Firstly, before you can commence engineering a project you need to have an in-depth understanding of all aspects and angles of the project that you are working with. If it is designing a better control and instrumentation system you need to understand the process intimately. If it is for the electric distribution system for an arc furnace; you had better understand the characteristics of the metal you are arcing and the resultant harmonics.

Secondly, naturally you have a client with a set of requirements to be considered and facilitated. For example, she may want you to build a wind turbine for renewable energy, but is also concerned about the plight of a particular breed of bird in the locality, on the verge of extinction, which may be hurt in the turbine blades.

Finally, if you are designing a wonderful engineering system you will probably require an operator to use it. You need to understand what his needs are. The operator generally knows far more about how the process behaves (esp. at 2am) normally, abnormally and during failures. Sometimes the operator and the client are the same – for example, Steve Jobs when designing the iPod had to consider an unpredictable teenager (client and operator) making peculiar demands on the hardware.

This all takes an enormous amount of effort and time. But there are no short cuts here. Failure to adequately understand the process, operator and customer is effectively the same as building a house of straw (rather than with mortar and bricks). And we all know what happened to the little pigs when the big bad wolf came calling.

2. Be Proactive with your Engineering

Unless you drive the engineering project and your team the project will never reach completion. It is essential to be constantly on the lookout for problems and their solutions. It always amazes me that even the tiniest issues can hold up an entire multi million dollar project - a screw or chip missing, or an unsecured wire.

Always apply the maxim - "when there is any doubt; there is no doubt" - when engineering something. If you suspect the HVAC design hasn't taken into account the amount of dust in the air or the PLC's have a memory sizing problem, then check check check. You will no doubt find that your worst suspicions are correct. An apt quote from Andy Grove of Intel (the almost chemical engineering founder): "Only the paranoid survive in engineering". (He actually referred to business in the original quote).

Being proactive means that you need to be committed and have a passion for what you are doing in engineering. (Our lives are too short to waste doing things we don't want to do). So show your passion and take everyone along with you. Be precise and meticulous at all times and demand this from everyone on your team. A slight miscalculation or delay in ordering a critical item can be a disaster for a project.

3. Prioritize at all Times

As Covey says: "The main thing is to keep the main thing the main thing". You will be inundated on a daily basis with fighting fires, including equipment failures, meetings and people demanding your time. Constantly clarify what the most important issues are and focus on them (filter out all other distractions). For example, Buckbee suggests that in a process manufacturing environment, the main things are probably:

- Unit Cost
- Production rate
- Quality
- Energy costs
- Reliability
- Environmental and safety

Note how (and engineers hate this) the emphasis is on \$\$\$; not direct technical things to prioritize.

Yours in engineering learning

Steve

To read more of Steve's blog, check out this link:
<http://idc-online.com/blogs/?country=South+Africa>

ISO14971

A 1-day seminar on ISO14971 Risk Management for Medical Devices – will be presented as follows :

Cape Town – 29 Sep – at the Wild Fig restaurant, www.thewildfig.co.za

Midrand - 1 Oct – at Johnson & Johnson, 2 Medical road, Halfway House

Start time 9am, end time 4pm.

There are a few spaces left for each – if you have not already registered your interest, please do so ! Click link below and send !

Cost R250, payable in advance.

Lunch and tea/coffee included.

Kindly supply your company name & address for invoice purposes.

[I will attend ISO14971 CT 29 Sep](#)

[I will attend ISO14971 Midrand 1 Oct](#)

This seminar is targeted at those who need to use ISO14971 – for the design, maintenance or management of medical devices.

You are encouraged to come with real examples of risks of your products. The seminar will include some practical examples.

Introduction to medical regulations

A short presentation introducing the medical device regulatory framework will be presented as follows :

Stellenbosch – 28 Sep, at the JC Smuts building room A203,
16:30 for 17:00

Followed by drinks and snacks.

This is intended for students but may be of interest to others.

Topics to be covered (in brief)

CE marking and FDA approval

QMS – ISO 13485

Risk management – ISO14971

Product standards – such as IEC60601

Please indicate your interest by clicking [I will attend Seminar on 28 Sep](#), then click send !

Regards

Brian

Brian Goemans
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Cape Biotech Trust

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SA: Pandor: Remarks by the Minister of Science and Technology at the opening of the National Biotechnology Workshop, Pretoria (23/07/2009)

Date: 23/07/2009

Source: Department of Science and Technology

Title: SA: Pandor: Remarks by the Minister of Science and Technology at the opening of the National Biotechnology Workshop, Pretoria
Programme Director

Workshop Chair, Prof. Jennifer Thomson

Distinguished Guests and Representatives

Ladies and Gentlemen

Thank you for inviting me to open this important workshop.

"Biology is likely to become the greatest single driver of the global economy"

"It has become part of the accepted wisdom to say that the twentieth century was the century of physics and the twenty-first century will be the century of biology."

So wrote Freeman Dyson in the 19 July 2007 issue <<http://www.nybooks.com/articles/20370>> of the New York Review of Books. Freeman Dyson, the renowned American physicist, is controversial because of his views on global warming, but I think there are many of you here who will agree with him on the future importance of biology or bio-technology.

He says biology is now bigger than physics measured by the size of budgets, the number of people employed, and the number of major discoveries.

He says biology is more important than physics measured by economic growth, ethical considerations or its ability to overcome poverty (the promotion of human welfare).

Because of this, he goes on to predict that "the domestication of biotechnology will dominate our lives during the next fifty years at least as much as the domestication of computers has dominated our lives during the previous fifty years."

Food, clothing, shelter, fuel, health. These are the main sectors in which biotechnology will make the 21st century its own.

For millions of years we used wood and charcoal (fossil fuels) to make fire to cook our food and to warm our homes. For millions of years burning fossil fuels did not damage our environment. It does now. And now biotech gives us a way of averting a catastrophe. Our future energy will be green and safe.

Biotechnology will probably develop most rapidly and significantly in the field of health. We are only beginning to see what can be done through gene therapy.

Biotechnology will affect every aspect of our lives, from the food we eat to the materials we use, to the energy we consume, and to our health.

No other single technology has or will have such far-reaching consequences.

This sector has grown phenomenally in the last ten years. However, the seeds were planted even earlier.

For example, thirty years ago manufacturing in North Carolina meant textiles and furniture. That was the old economy. Then the state began to invest in biotechnology. North Carolina now has more than 54,000 people working for some 500 biotech companies. It is the third-largest biotechnology centre in the country, after California and Massachusetts. The aggregate economic impact, according to one report, is almost \$46 billion a year.

Similarly, Brazil leads the world in biofuels and preventing citrus diseases, thanks to R&D programs launched decades ago.

Japan leads in fermentation technologies and is growing plastic car parts from bacteria and plants.

Singapore considers life sciences a vital part of its development strategy and invests hundreds of thousands of US dollars in each of its graduate students.

China is building a genome city while the United Arab Emirates attempts to use scale and petrodollars to leapfrog everyone.

For now, the United States remains, by far, the leader in R&D and new venture creation, but there is much debate over whether it will be able to maintain this lead.

Between 2000 and 2007, biotech revenues added more than \$100 billion to the US economy, representing 2.5 percent of US GDP growth. This was accomplished by a biotech workforce of only about 250,000 people, less than one-sixth of 1 per cent of the national workforce.

This raises the question. Are there jobs in bio-tech? Are there jobs for South Africans in the future? Are there more jobs in the new economy than in the old? I know that there are commissioned papers for this workshop - or papers that will be discussed at this workshop - and that is one of the questions raised and answered there. In my view it is the absolutely critical question to ask.

"The South African biotechnology sector is simply too small"

These are old numbers, but to give you some idea of the size of the South African sector in world terms, in 2003 the USA led the world with US\$50 billion (at PPP rates) while South African sales were US\$290 million. Half of our biotech firms were in the health sector, followed by agro-food (19%) and then industry-environmental (15%).

The sector is simply too small, Jo Lorentzon of the HSRC tells us, "to exhaust the pool of graduates, be they those already on the labour market or those still in training", (p. 76).

This is a sector that we have to build and grow.

South Africa has long recognised the importance of a successful biotechnology industry. The National Biotechnology Strategy was published as long ago as 2001 and in 2007, in Ten-Year Innovation Plan we settled on an ambitious vision.

We want to make South Africa one of the top 10 nations in the world in terms of the pharmaceutical, nutraceutical, flavour, fragrance and biopesticide industries by 2018.

We are committed to this vision.

Structures have been established across the country in order to enhance biotechnology research and innovation. Four of the most important of these are CapeBioTech, BioPAD, LIFElab and PlantBio, referred to collectively as the Biotechnology (Regional) Innovation Centres. All of these structures will soon be migrating to the recently established Technology Innovation Agency or TIA.

The Technology Innovation Agency, (TIA) will improve coordination and allow an integrated approach for the promotion of innovation, including in biotechnology.

TIA has been established as a public funding agency that will ensure that local research and development is converted into commercial products and services.

Its primary objectives are to stimulate the development of technology-based products, services and enterprises; develop a technology base for the South African economy; and facilitate the development of human capital for innovation. At the beginning of the month we inducted TIA's board members - a group of people with the skills, experience and drive to take TIA far.

Various other organisations and programmes are active in funding research and development, building research capacity and transferring technology, although not for biotechnology alone.

The National Research Foundation is the major body responsible for funding research and human resource development at higher education institutions, national institutions and other councils. It administers the Innovation Fund, which will move to the TIA next year. In addition, the Department of Trade and Industry's Technology and Human Resources for Industry Programme provides funding to innovative research programmes that involve an industry partner.

Taken together, these initiatives will help us achieve several important objectives for South Africa and the region, such as the development of therapies for Aids, TB and other diseases.

The heavy burden of disease in our region gives our search for biotechnology solutions added impetus. The development of research and innovation platforms and programmes will facilitate rapid drug discovery, rational drug design and development, the validation of traditional therapies, and advances in diagnostics, genomics and proteomics, which will, we hope, help us produce radical and affordable treatments and cures.

Another area of biotechnology that requires debate and policy is that of genetically modified crops. South Africa has not fully discussed this science and we need to do so.

Another area of focus that has received specific attention in recent years is the exploitation of South Africa's indigenous knowledge to, amongst others, develop medicinal products from plants.

South Africa is rich in biodiversity and the government has initiated programmes for the development of medicines based on traditional remedies. Already, we have initiated four bio-prospecting and product development flagship projects - on traditional medicines, cosmeceuticals, nutraceuticals and ceramics - and registered a Bachelor of Indigenous Knowledge Systems degree, the first of its kind in the world.

A related area of critical interest for the Department is intellectual property, arguably the cornerstone of the life sciences sector. The Intellectual Property Rights from Publicly Financed Research Bill was signed into law last year, clarifying the ownership of intellectual property arising from research and development carried out using public funds, and ensuring that intellectual property emanating from publicly financed research is protected and commercialised for the benefit of all South Africans.

This piece of legislation gives the country's knowledge-generating institutions clear guidance on how best to manage intellectual property that has commercial potential, and how to make sure it gets out into the marketplace and is used to benefit South Africans.

The legislation also provides for the establishment of the National Intellectual Property Management Office, which will be responsible for the establishment of offices of technology transfer at higher education institutions.

The Act helps to create an enabling environment for the innovation our country needs to become globally competitive. Public equity markets are now less welcoming to biotechnology companies

Despite the tremendous progress that has been made, not only in South Africa but worldwide, the biotechnology sector still faces some challenges in the months and years ahead.

For instance, the 2008 Ernst & Young Global Biotechnology Report notes the impact of the global credit crunch on the biotechnology sector. Public

equity markets have become less welcoming to biotechnology companies, leading many companies to cancel their first sale of stock to the public or IPO's. There has also been a global slump in the market capitalisation of listed companies and many companies are facing difficulties in raising capital in such a risk-averse environment.

Science, technology and innovation tend to advance much faster than the general public understanding of the issues - or the government's.

For example, the scientific, legal, and ethical issues related to embryonic stem cell research and cloning technologies have generated considerable media and public attention in the past few years. Stem cell research has the potential to provide cures for several currently incurable diseases and tissue injuries. However, it has raised intense ethical, legal and policy debates.

Any proposed regulation of this research would have to find a way to navigate these issues, and would have to be framed in such a manner as to maximise the benefits and minimise the risks associated with the research.

In conclusion, it is safe to say the recent emphasis on biotechnology in South Africa is beginning to pay dividends. Although the development of a sustainable and vibrant biotechnology industry remains a complex task, and although the global biotechnology environment is highly competitive, we are confident that South Africa will be successful.

It is important that all our stakeholders work together constructively, and this tional Biotechnology Workshop provides us with the opportunity to do precisely that. I hope it will be a great success.

Thank you.

From: Polity.org.za



Na-

Naledi Pandor

[http://
www.ceasa-
national.org.za/](http://www.ceasa-national.org.za/)

Events Calendar:

CEASA Breakfast to be held On 20 August 2009.

See the next edition of CEASA News Gauteng due in August for more upcoming news and events

The objectives of the Association are fully defined within our Constitution, however some key fundamentals are:

To encourage and promote the personal and professional growth and development of all our Clinical Engineering members.

To further reinforce and elevate the Clinical Engineering professional seen by all healthcare professionals.

To strive for continued Clinical Engineering excellence and partnership within all healthcare provision environments.

To directly represent all levels of the clinical Engineering profession within the engineering council of South Africa.

To foster and establish international links and cooperation surrounding standards development and all aspects of Clinical Engineering.

We are involved in the planning of ongoing educational meetings, programs and interaction with other healthcare professionals and their Associations, both locally and abroad.

CEASA

The Voice of Clinical Engineering in South Africa



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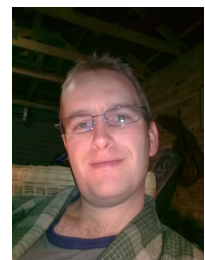
Be sure to visit our education page at the following link for any for any placement for work integrated learning requirements- <http://www.ceasa-national.org.za/Education/Education.htm>

The purpose of this page is also to post anything of member interest. So don't delay! Send your notices [Julie Webber](#) or [Freddie Gouws](#). Feel free to send anything that you may feel is of importance or interest to our members. Remember! This is your news letter.

Biltong Competition:

**RIGHT! ANY-
ONE WITH A
SENSE OF HU-
MOUR? SEND
US YOUR BEST
JOKE/
THOUGHT FOR
THE DAY
(DOESN'T
HAVE TO BE A
JOKE) AND
WE'LL RE-
WARD YOU
WITH A KILO-
GRAM OF
ROODE-**

**POORT'S FIN-
EST BILTONG.
RUNNER UP
GETS A BOX OF
CHOCOLATE
COATED RAI-
SINS OR PEA-
NUTS- THEIR
PICK. PLEASE
SEND ALL EN-
TRIES IN TO
US BEFORE AU-
GUST 28 2009.**



FrEditor