



## Unitra celebrates its 20 years

Born in controversy and bravely battling adversity, the medical school of Unitra (now Walter Sisulu University) celebrated its 20th birthday in 2005. Its detractors gave it little chance of succeeding and official investigations recommended closure. The medical school was able to start as Transkei at that time was an 'independent homeland' and could map its own course without reference to the then rulers of South Africa. When South Africa's democratic process got under way in 1994 it suffered further setbacks. The Eastern Cape was reconstituted to include the Transkei and Bishu, near East London, was chosen as its political capital, thus resulting in the loss of an important economic contributor to Mthatha. Medical strength and independence was eroded when the Medical Council of the Transkei was lost by incorporation into the Medical Council of South Africa. Today the medical school has a thriving undergraduate programme. Its postgraduate specialist education programmes have distributed the teaching to take advantage of the medical strengths in Mthatha, Port Elizabeth, East London and Grahamstown (the latter for psychiatry).

Kwizera, Igumbor and Mazwai tell the story of the medical school and its remarkable progress (p. 920), and Chris Bateman fleshes out the story further (p. 910). The *SAMJ* also carries several contributions from staff members of the medical school (pp. 932, 950, 955, 959, 963).

## Firearm fatalities

We are a violent society. People in the developed world rarely personally know someone who was murdered. This includes the USA, which many imagine has one of the most violent cultures on earth. However, in South Africa most of us can cite members of family or friends who have been murdered. Our police force is under-staffed, often poorly trained and under-resourced, resulting in low morale. Meel (p. 963) graphically illustrates the extent of violence in South Africa, especially the Transkei region, compared with the rest of the world.

Globally injuries are a leading cause of death in all age groups and in both sexes. According to a United Nations survey, South Africa has one of the highest firearm-related homicide rates in the world, second only to Colombia, and firearms are increasingly being used as murder weapons.

The global burden of violent death in low- and middle-income countries (42.2/100 000 persons) is more than double that in high-income countries (17.3/100 000). A recent study showed that the average annual incidence of violent and/or traumatic death in Transkei was 162/100 000. At 43/100 000 of the population per year, firearm-related deaths have contributed substantially to this high incidence. The highest

homicide rates among males and females occurred in the 15 - 44-year age group. On average 4 males are killed for each female firearm-related homicide. However, women are under increasing threat as the number of firearm fatalities among women increased from 14% in 1993 to 27% in 1998. The violent death rate in this study is at least 5 times higher than in low- to middle-income countries, and at least 11 times that of high-income countries. The high prevalence of HIV-infected persons in the Transkei provides further fertile ground for violent deaths, as their suicide risk is much higher than that of the general population (perhaps 20 - 26 times).

Deaths tell only one part of the story. Statistics from developed countries indicate that for every person who dies as a result of injury, around 30 times as many people are hospitalised and 300 times as many are treated in the hospital emergency rooms and then discharged.

The role of the health sector in dealing with this epidemic has largely been 'damage control'. Society needs to take a much more active role in prevention, and the introduction of a gun control bill in South Africa is a step in this direction.

## Initiate antiretroviral treatment earlier

At the AIDS Conference in Durban earlier this year a debate was staged to argue for early initiating of antiretroviral treatment versus delayed treatment. By all accounts the experts presented entertaining arguments for all sides of the question, although there were disturbing reports that some of the health officials who attended the debate misunderstood its intentions (their interpretation was that even academics could not agree on the appropriate time to commence antiretroviral treatment).

In response to our request Robin Wood examines whether antiretroviral treatment should be initiated earlier in South Africa (p. 926). He concludes that extending the treatment guidelines of the South African Department of Health to include the treatment of HIV-symptomatic patients (i.e. WHO stages 3 and 4) will bring us into line with all other major national and regional treatment guidelines. A CD4 count < 200 cells/ $\mu$ l will only become a practical entry threshold to ARV programmes when CD4 counts are more widely available.

## Sagas of surrogate motherhood

Given the technological advances, surrogate motherhood seems a simple concept. However it remains a controversial and emotional concept. In their editorial (p. 942), Nosarka and Kruger provide a timely consideration of its many legal, social, ethical and psychological implications.

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