



## Political insanity 1

The National Minister of Health provided ample ammunition for cartoonists by her discredited punting of beetroot, garlic, lemon and the African potato to deal with the HIV/AIDS epidemic. A political squall some twenty years ago featuring another vegetable, the tomato, has parallels in a more recent fracas occasioned by a dumped photograph of the head of health in KwaZulu-Natal province.<sup>1</sup>

The throwing of overripe tomatoes at the then State President P W Botha was a protest against the increasing encroachment of the National Party government on university autonomy. Sally Hitchings, who threw the tomatoes, was promptly deported. The dumped photograph was a reaction to a criticism of rural doctors for not caring about their patients and a warning that antiretroviral therapy was toxic. Dr Mark Blaylock was suspended for his action.

In her editorial Marlise Richter laments that the recent incident points to the fact that AIDS denialism is still alive and well. But the reactions of Ms Peggy Nkonyeni, supported by the Health Minister (who invoked 'anarchy' in describing Blaylock's conduct), points to other disturbing aspects of our governance. First of these is the Department of Health's drive to centralise control despite demonstrable lack of capacity and sound leadership. Secondly, the public health services are in disarray, in part because professionals and other staff are not respected, as illustrated by the events outlined. Thirdly, appointments are often made because of political loyalties and corrupt practices rather than competence.

It is sad that civil society has had to challenge the government to provide proper treatment for AIDS patients and to take to court dissidents such as Dr Rath, who peddled his vitamins as a substitute for AIDS treatment and who enjoyed the support of the Minister of Health.

Finally, why the narcissistic need to display the photographs of party and other officials at all? Respect is earned by delivery and not by display.

## Political insanity 2

South Africa has been shaken to its core by the eruption of xenophobic attacks across the country, and the world has taken note. The brutal beatings, burnings and displacements of our emigrant communities suggest that we are still a sick society. The first waves of denials and blaming have given way to more measured and thoughtful responses about the phenomenon, such as the editorial by Chris Kenyon.<sup>2</sup>

Vast and convincing evidence points to the key role that economic inequality plays in determining population levels of violent crime. Excess violence is not determined by poverty *per se*, as communities where most of the population is poor but there are few (or no) wealthy persons (to compare oneself to) are characterised by low levels of violence.

We live in one of the most violent societies in the world, and in an unequal society in which inequality has increased since 1994. The outburst of xenophobic attacks should rekindle in us the egalitarian spirit of the pioneers of social medicine.

## Mad leadership?

Zimbabwe is wracked by the actions of a leader often spoken of as 'mad Bob' in the press. The decline of a struggle hero to a ruthless despot who has ruined the economy of a once prosperous country and sacrificed a peaceful people in his desperate fight for power and for survival has cast a deep shadow over the continent, especially affecting South Africa, where millions of Zimbabweans have sought refuge. There are parallels between the life of Robert Mugabe in Zimbabwe and that of Joseph Stalin, who was the uncontested dictator of the Soviet Union for nearly 25 years. Retief and Wessels pose the question 'Was Stalin mad?'<sup>3</sup>

The horrendous atrocities that Stalin inflicted on ordinary people, leaders and intellectuals and his very friends make for harrowing reading. The known history of Mugabe's actions is also appalling. Is he mad?

Retief and Wessels postulate that Stalin did not suffer from a psychosis (true insanity, with loss of contact with reality), but that he had a markedly psychopathic personality.

## Haemangiomas and bleomycin

Haemangiomas are neoplasms of the vasculature and are the most common tumours of childhood.

Intralesional bleomycin has been employed to treat these tumours with good results. Mabeta and Davis<sup>4</sup> investigated the mechanism of bleomycin in inducing haemangioma regression. They found that bleomycin inhibits haemangioma growth by inhibiting angiogenesis.

The major complication of systemic treatment in the treatment of cancer patients is the development of pulmonary fibrosis, which is considered to be dose-dependent. Ionescu and colleagues<sup>5</sup> found that patients receiving intralesional bleomycin had levels of the order of 100 times lower than cancer patients receiving it intravenously, implying lower risks of pulmonary fibrosis.

## JPvN

1. Richter ML. Does the power of overripe tomatoes and dusty photos equal that of the bomb? *S Afr Med J* 2008; 98: 487.
2. Kenyon C. What do the xenophobic attacks reveal about the health of South African society? *S Afr Med J* 2008; 98: 531-232.
3. Retief F, Wessels A. Was Stalin mad? *S Afr Med J* 2008; 98: 526-528.
4. Mabeta P, Davis PF. The mechanism of bleomycin in inducing haemangioma regression. *S Afr Med J* 2008; 98: 538-539.
5. Ionescu G, Mabeta P, Dippenaar N, Muir T, Fourie P, Shelver G. Bleomycin plasma spill-over levels in paediatric patients undergoing intralesional injection for the treatment of haemangiomas. *S Afr Med J* 2008; 98: 539-540.