



## Miracles and non-accountability

Miracles still happen. Chris Bateman, senior reporter for the *SAMJ*, provides further evidence that individuals with guts and drive can transform health care services despite significant opposing odds — a good pre-festive message! (p. 940)

## Another take on Islam

Emotional temperatures were considerably raised following the editorial by the editor, Dan Ncayiyana, concerning some of the extremes perpetrated in the name of Islam. Several letters condemning his viewpoint and editorial right to have ventured into this contentious field have been published in subsequent issues of the *SAMJ*. Editors are ideally expected to be impartial, so what is the evidence? Scrutiny of recent *SAMJ*s demonstrates that apart from his inimitable general commentaries, the editor had voiced criticisms about the harm to health and more resulting from political practices in Israel and Zimbabwe. Political and managerial incompetence in the Eastern Cape also came in for a drubbing. One positive measure of the health of our democracy, and of the strength of the *Journal*, is that forceful viewpoints can be expressed and that vigorous response is welcomed.

The popular press and radio talk shows have demonstrated the divide in South Africa based on cultural experiences, religious beliefs and just plain prejudice concerning the major events in the world. It is therefore refreshing to have a thoughtful appraisal of his experiences in an Islamic country, Pakistan, by Peter Baillie, a South African-educated doctor (p. 955). He identifies *inter alia* three major areas requiring resolution — extremism versus moderation, Islamic democracy versus the Western version and Sharia law versus Western law.

## Door-handle symptoms

Has Chris Ellis identified a new consultation syndrome? (p. 951). Most practitioners have undoubtedly encountered the ploy he describes of patients to divulge the real reason for their consultation, but few could describe it so wittily! He notes that patients may not reveal their real motive for coming to the doctor for several reasons such as shyness, perceiving that the doctor is too rushed, or because the doctor is on a different wavelength. This may mean that they mention their most pressing problem almost as an aside, as their hand is on the door handle.

## 'Tik' on the rampage

Drug abuse in South Africa is increasing rapidly among the young. Parents with children at school may be aware of the new word that has entered the vocabulary, particularly in the Western Cape, namely 'tik', the popular name for methamphetamine. Parry and his colleagues at the Alcohol and Drug Abuse Research Group of the Medical Research Council outline the dangers of regular use of this drug and suggest strategies

for combating the dramatic increase in its use (p. 964).

## Osteoporosis and the spine

Position statements by authoritative bodies on clinical practices are often helpful as they gather often-conflicting evidence and attempt, usually with reasonable success, to distil the essence of good practice. The National Osteoporosis Foundation of South Africa comments on instant vertebral assessment/lateral vertebral assessment, which they regard as an integral and essential part of osteoporosis assessment (p. 967).

They note that prevalent vertebral fractures and bone mineral density are key criteria in assessing fracture risk. Vertebral fractures often go clinically undetected. Back pain is often minor or absent, and when it is present is often attributed to other causes. An existing fracture increases the risk for subsequent fractures by 3 to 5 times. They therefore state that in most circumstances the assessment of a patient for osteoporosis and fracture risk is incomplete without an assessment of the dorsal and lumbar spine for prevalent fractures. Their answer to this problem is the use of the rapid low-dose, safe, point-of-care method for the assessment of bone mineral density using advanced state-of-the-art DXA scanners. Although such machines involve considerable cost, they consider that the long-term cost, savings and long-term benefit to patients are obvious.

While the benefits outlined may be fine for the small wealthy part of the ageing population, its wider use for the majority of the population is unclear and further consideration is required.

## Worms and albendazole

Albendazole is categorised as a Schedule 4 medicine in South Africa. Its efficacy in the treatment of *Ascaris* and the whipworm *Trichuris* is demonstrated in the trial reported by Adams *et al.* (p. 972). Results indicate that a single deworming treatment with an anthelmintic had a positive effect on growth. Anaemia in women and children *en masse* also responds positively to regular anthelmintic treatment. Their findings, together with others in the world, lead them to strongly motivate for the de-scheduling of the drug in South Africa.

## Cerebral aneurysm outcome improved

Cerebral aneurysms are one of the treatable causes of potentially catastrophic cerebral events. Taylor and LeFeuvre (pp. 977 and 981) report on the reduction in major disability and death as a result of endovascular treatment compared with surgery. Furthermore, despite the high cost of endovascular devices, appropriate use of this technology ultimately means less expensive treatment than microsurgical clipping of aneurysms.

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