



### We can train them, but how can we retain them?

**To the Editor:** The Department of Surgery at the Nelson R Mandela School of Medicine is proud of its 100% pass rate in the October 2008 Colleges of Medicine of South Africa examinations held in Durban. Most candidates attended the graduation and joined the 3 who passed in May as registered specialists in general surgery. This represents a stalwart effort on the part of the candidates and their tutors, the consultants in the department. Professor Robbs, in his retirement year, was justly proud of this achievement and honoured that our candidates asked him to robe them at the graduation ceremony.



Fig. 1. The graduating candidates.

Despite the quality and success of the trainees, only 3 of the 15 have been appointed as consultants in KwaZulu-Natal province, one has left for Witbank, and one is about to leave to take up an appointment in Johannesburg – this despite the fact that the departments of surgery in the province have the posts to employ the majority of them. Unfortunately, although a total of 9 posts are available and have been motivated to be financially unfrozen, no interviews have taken place. This inertia at the provincial administrative level to finance and advertise these posts exists despite a public statement to the contrary. The Medical School has also been ineffectual in influencing the provincial health authorities to fund over one-third of these posts which are on the 'joint medical establishment', i.e. joint university and provincial posts.

This impasse surely needs to be addressed so that interventions to institute meaningful dialogues between the province and the Medical School can occur.

If no urgent solution to this problem is found these individuals will leave, and at least 3 are actively pursuing an overseas option. Others will head for the already over-manned

private sector or to other provinces. Once they leave they are unlikely to return.

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### The tokoloshe homunculus

**To the Editor:** The hippocampus is that part of the limbic system responsible for short-term and spatial memory. Increased activation of the hippocampus and related structures during seizures and REM sleep has been demonstrated in functional MRI (fMRI) studies. In fact, the hippocampus is particularly susceptible to electrical overstimulation and seizure sequelae. The dorsal extension of the hippocampus (the indusium griseum – also called the supracallosal gyrus) comprises two thin grey-matter strips that overlay the corpus callosum; it is a vestigial structure of unknown function in the postnatal brain.

A popular theory in neuroscience literature, proposed first by David Chamberlain<sup>1</sup> and later by Michael Persinger,<sup>2</sup> is that the indusium griseum plays a functional role in the developing fetus; it is viewed primarily as the embryonic equivalent of the adult hippocampus and secondarily as the sensory homunculus of the fetus. In the latter function, it has a somatotopic representation of the fetus equivalent to the adult postcentral gyrus representation of the adult form. This fact implies that stimulation of this vestigial structure could conceivably result in the visual or otherwise experience of the stored sensory homunculus of the fetus. The outcome would be visual hallucinations of a small humanoid with a large head, big eyes and a small body.

Various descriptions of visitations by tokoloshe-like small humanoids have been documented over the centuries; they are named differently by different cultures, e.g. cherubs, harpies, muses, incubi, succubi – and perhaps even Martians. Temporal lobe epileptics are known to have formed hallucinations that include a human form of varying sizes. It is likely that activation of the indusium griseum secondary to hippocampal stimulation, by moments of distress, dreaming or seizures, can result in a visual experience of small humanoid creatures of this type.

The tokoloshe (or tikoloshe or tikoloshi) in African mythology is a humanoid creature about 1 m tall, with a large head, big eyes and a slender torso. It is (allegedly) mostly nocturnal and friendly to children but can be harmful to adults if under the influence of evil witches. Raising one's bed by placing it on bricks (allegedly) offers some protection against



the tokoloshe (which is also now allegedly responsible for spreading HIV infection).<sup>3</sup>

It has often been argued that the search for answers to age-old conundrums cannot always be found in scientific study. Beliefs are just what they are and should be left alone. But this instance does beg the question: Could the tokoloshe be the experience of a stimulated indusium griseum? And do we here in Africa have a pre-programmed tokoloshe homunculus waiting to be activated in times of distress, dreamlike states or during a seizure? And lastly, but most challengingly, can a tokoloshe homunculus be imaged by fMRI during an episode?

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## HRT prescriptions linked to 25% of breast cancers in California

**To the Editor:** I am a breast radiologist, running a multidisciplinary breast care centre together with two surgeons and a practitioner in oncology. We add about 90 - 100 new cancer cases to our files annually.

I am amazed to see how we doctors persist in our old ways of prescribing medicine and how reluctant we are to change, despite recent data. Our medical history is flawed with mistakes that sometimes took hundreds of years to correct (400 years to admit that vitamin C prevents scurvy, decades to admit that Semmelweis was right in washing hands and that bloodletting had no benefit). It took the USA's Food and Drug Administration (FDA) 37 years to ban diethylstilbestrol, after the first synthetic oestrogen caused vaginal cancer in female babies.

Despite many colleagues criticising the composition of the Women's Health Initiative (WHI) study<sup>1</sup> on hormones, it nevertheless had a major impact on breast cancer figures. Women became scared, stopped their prescriptions, and then ... breast cancer figures tumbled – for the first time in 30 years<sup>2</sup> – and in the 1970s also dropped after the scare of oestrogen causing endometrial cancer.<sup>3</sup>

The Stanford University Group could find no other cause of the unprecedented drop – other than women stopping their

HRT prescriptions.<sup>4,5</sup> A calculation by Donald A Berry, Cancer Research Professor of Biostatistics, Anderson Cancer Center, shocked us: that 25% of breast cancers in California before 2002 could have been caused by HRT prescriptions.<sup>6</sup> Which means that we, well-meaning doctors, caused cancer in our patients. This was 67 years after Dr Charles Dodds (inventor of the first synthetic oestrogen, diethylstilbestrol) and Dr Boris Shimkin warned that it caused cancer in their laboratory rats and that we did not know what the long-term effect might be on the human female!<sup>7</sup>

It is high time that our patients be informed about the side-effects of prescription drugs and encouraged to make their own decisions, irrespective of whether the drug is thalidomide, Vioxx or HRT. After all, hormones are misused in a non-disease state like the menopause. How long will it take us to discard the financial gains, to admit that we are harming many of our patients, and to start changing our prescription habits?

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## Medical aid double standards

**To the Editor:** I am distressed by obvious discrepancies in clinical standards applied by medical aids.

A friend, due for delivery of her first baby, was under the care of a midwife. When she went into labour, the midwife was unable to find her a bed at the birthing unit because all the beds were occupied by women who had had elective caesarean sections (CS). Eventually she laboured and delivered in a suboptimal side-room, with poor facilities for monitoring and delivery. She was then moved into a regular room, but she was told that she could only use it until the morning of the next day because it had been booked for another woman having an elective CS.

There are only a few institutions to which a midwife can directly admit women, and seemingly these few places are oversubscribed by largely unnecessary cases.

Elective CSs at maternal request are more costly, with longer recovery periods than elective vaginal delivery, with no clear