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Virodene — support misguided

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consumed by the suckling infant (about 40 µg/kg/d) would be about a tenth of the maximum daily dose recommended in infants (500 µg/kg; 100 µg/kg in premature infants).[4] There are no published studies on adverse effects in the neonate, although some authors are concerned about CNS effects that the drug could produce.[6,7] Because metoclopramide is administered only for a short period when used to stimulate lactation, its use is acceptable for this indication.[3,8] Lactation improves after a delay of 2 - 5 days owing to physiological changes required in the breasts after prolactin levels increase. All mothers with inadequate milk output can experience an improvement, whereas the success rate is lower if there has been no breast-milk or no lactation for more than 30 days.[9]

Sulpiride increases prolactin by increasing hypothalamic prolactin-releasing hormone.[3] The dosage that has been used to enhance lactation is 50 mg 2 - 3 times daily. However, most references suggest that at present the data are insufficient to recommend sulpiride to improve lactation.[4] Maternal side-effects (extrapyramidal) and possible endocrinological effects are cause for concern. Sulpiride may also seem to be effective as a lactation stimulant due to its sedative effect — a stressed mother may have a poor let-down reflex, which will improve if she is more relaxed.

Chlorpromazine in low doses (25 - 100 mg 3 times a day) may enhance breast-milk production. It decreases hypothalamic dopamine-catecholamine levels, leading to a diminution of PIF activity.[3] However, maternal side-effects and neonatal drowsiness and lethargy mean that its use to enhance lactation is probably not justified.

In conclusion, drugs prescribed to enhance lactation are unlikely to be effective if their use is not combined with correct feeding technique and frequent regular breast-feeding. It is important to follow up mother and baby to assess success after advice and drug treatment.

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Virodene — support misguided

To the Editor: The editorial on Virodene[1] has the potential to cause unprecedented harm to research in South Africa, and to damage our scientific reputation internationally. It has detracted attention from and undermines some of the fundamentals governing the conduct of research on human subjects. It does so by subverting the jurisdiction of university research ethics committees and of the Medicines Control Council (MCC).

There are good reasons for 'the rigid conventions of medical research', chief among which is the ideal to protect individuals and the public from unscientific and possibly harmful procedures and medications. The majority of people with HIV/AIDS in South Africa are in no position to judge the merits of new therapies for the condition. Thus it is most dangerous, and irresponsible, to give tacit support to the uninformed demand 'We're dying anyway, so why not give us the bloody Virodene?' Moreover, the editorial seems to suggest that, in 1997, researchers' belief in their hypothesis, and a government Minister's 'perfectly understandable' 'enthusiasm for Virodene research', are sufficient reasons to ignore the deliberations of a formally constituted research ethics committee, and to bypass the statutory body which governs the use of new or experimental medicines. Is HIV/AIDS so 'unconventional' in South Africa that we have reached a situation, when considering AIDS, in which ethical standards in research can be ignored, and therefore that 'the end justifies the means'? The comparisons between the Virodene 'research' and the past achievements of Semmelweiss and Steptoe are spurious: they serve to detract attention from the real ethical and scientific issues at stake in this debate.

Neither the interests of patients with AIDS nor those of scientific and ethical research in this country have been well served by the editorial.

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Formal reports on the Virodene research have been issued by the investigating committees of the MCC and the University of Pretoria/Gauteng Provincial Administration. These deserve publication in the *SAMJ*, in full, in order to counteract the damage done by the editorial to properly conducted peer-reviewed human research in South Africa.

W J Kalk, P E Cleaton-Jones, C W Allwood, P A Cooper, M Mokhachane, C Feldman, G J Hofmeyr, M A Lownie, M Lucas, S Mark, B W McKendrick, C Penn, B Robertson, R Saadia, I Segal, A St Q Skeen, C J van Gelderen, A A Wadee, J R Kriel, R Broekman, T Jenkins, M Price, G C Beckett, C Penn, M Ross, W Pick, B Sparks, K Huddle, H Mendelsohn, Y Veriava, A Wright

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1. Ncayiyana DJ. Give Virodene and the Minister a break! (Mini-editorial). *S Afr Med J* 1997; **87:** 523.

Medical emigration

To the Editor: President Mandela's plea to emigrating highly skilled professionals to remain and support his regime is futile.

In recent months, seven skilled consultants — two anaesthetists, a physician, a paediatrician, an ophthalmologist, an ENT surgeon and an orthopaedic surgeon — have departed from our small city taking their excellent skills and abilities with them. In recent years more than half our interns and medical officers have left for overseas. Advertisements in the *SAMJ* clearly indicate the high regard for their skills that exists there. These skills are not the property of any political party in government.

They have all left because President Mandela's plea has no credibility, his promises no substance, and his administration even less so.

They have left because, like many of us, they are angry at being robbed by an effective 40% income tax burden, which is double what can be expected in Britain and the USA. In Hong Kong, the more you produce the less you are taxed — it is exactly the reverse here.[1]

They have left to be relieved of the burden of the myriad of other impoverishing taxes, licences, dues, levies and regulations, at both national and local level.

They are relieved of the huge cost of insurance and security measures to protect their families and possessions. They are freed of the depredations of criminals who now have free run of the country. Crime costs our citizens R30 billion a year.[2]

They are relieved of the mismanagement and sheer incompetence of President Mandela's 'good woman' Health Minister Zuma and her Department. Millions were squandered on 'Sarafina', yet there is no money to stock government hospital and clinic dispensaries, where there are huge documented thefts.

'Affirmative action' — blatant racism — has resulted in the exit of lay skills necessary to run provincial hospitals. This is the background to the collapse of the once excellent provincial hospital service and to medical emigration.

The sick are no longer getting what they used to get, and won't get what they have been promised.

Those of us who remain have no loyalty to this political party in government and the situation it has created, being too busy fighting to save ourselves from being drowned by taxation, crime and mismanagement.

Unless the above situation is reversed, presidential pleas will simply continue to be regarded as empty promises.

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Isaac's diabetes

To the Editor: Drs Levin[1] and Reisenberger[2] touched on the interesting references to medical matters in the Bible in their correspondence about Isaac's diabetes.

Isaac's illness apparently didn't affect his sexual powers:

> . . . Abimelech king of Philistine looked down from a window and saw Isaac caressing his wife Rebekah.
>
> Genesis 26:8

The King James version reads: 'Isaac was sporting with Rebekah', while the Good News Bible leaves nothing to the imagination: '. . . saw Isaac and Rebekah making love'.

During research for our book, *God Makes Sex Great* (CUM Publishers, 1996), Professor Stander and I came across many such fascinating narratives. As a specialist in Biblical languages, Professor Stander often went back to the Bible in the original languages to clear up some of the vagueness of modern translations.

For instance, in Biblical times the caper-berry was thought to be a strong sex reviver. Ecclesiastes 12:5 reminds us that:

> . . . Your hair will turn white; you will hardly be able to drag yourself along, and all desire will have gone.

The Hebrew of the last phrase can be translated as: '. . . and the caper-fruit becomes useless'.

Another intriguing story is that of Ruth who, helped by her mother-in-law Naomi, is planning to get Boaz as a husband. She finds him in the middle of the night, sleeping on the threshing-floor:

> Ruth approached quietly, uncovered his feet and lay down.
>
> Ruth 3:7

Experts on the Bible think that the Hebrew word which is here translated as 'feet' is probably a euphemism — a 'softer' word — for genitals.

> 'I am your servant Ruth', she tells him. 'Spread the corner of your garment over me . . .'
>
> Ruth 3:9

The flirtation worked. It usually does. Boaz begs her, 'Stay here for the night', and in the end Ruth's boldness paid off. Boaz bought Elimelich's land and married her.

In 2 Samuel 11:8 the word 'feet' is again used in the context of genitals.

After King David had sex with Bathsheba, he wanted to cover up in case she fell pregnant. He recalled her husband Uriah from the war and told him: 'Go down to your house and wash your feet.'