

early in the infection, whereas others that are genetically homologous would form hypnozoites, is a great malariological mystery! How frequently are these two different paths followed concomitantly by genotypically homologous sporozoites? Or does this never, in fact, happen after all?

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Infant mental health needs a model of service delivery

To the Editor: The United Nations Convention on the Rights of the Child holds governments responsible for ensuring children's right to the highest attainable standard of health by providing breastfeeding support, access to nutritious food, appropriate health care and clean drinking water.¹ If universally implemented, these would lower infant morbidity and mortality substantially. However, this guideline is directed only towards the physical needs of children and neglects their psychosocial and mental health.

The association between malnutrition, infant growth failure and significant long-term adverse psychosocial outcomes in children is well established.² Health policies should be comprehensive, include the psychological wellbeing of the child, and improve the social status of women.

Years ago the Western Cape Department of Health established primary health facilities to identify, assess and render basic services. Significant progress has been made. However, while the importance of early mental health intervention for children suffering from malnutrition may be acknowledged, there is little awareness of the importance of the attachment relationship between the young child and the caregiver.

Pathology in the attachment relationship can manifest in various ways, and health care personnel must identify these to enable appropriate and early interventions. The best outcome is ensured when the physical wellbeing of the child is coupled with the psychosocial needs. To succeed in this huge and essential task, a model for service delivery must be developed that incorporates awareness and knowledge of the importance of the caregiving environment. This should be structured, goal-directed, and integrated within the existing infant and young child community health services.³

The concept of infant mental health is generally not well known, particularly in communities. In the Western Cape there is one designated infant mental health service at primary level, which has a child psychiatrist and a community counsellor.

At an academic and educational level there are also considerable gaps. The University of Cape Town and the Department of Health of the Western Cape offer 1-hour training and supervision in infant and child mental health in the primary nurse education programmes. Medical students from both medical faculties in the Western Cape receive 2 hours in lectures and clinical tuition in this regard.

Registrars in general psychiatry receive one seminar on infant mental health during their 4-year training period. Paediatric registrars are not formally taught or rotate through child psychiatry, despite the fact that paediatricians provide health care for young children.

Can this situation be improved with the available resources and training facilities? How can improved infant mental health be achieved? Primary health must be infused with infant mental health practices.⁴ All stakeholders, provincial health departments, nurse education and pre- and post-grade medical and psychology students' programmes should be engaged.

The primary objective of the model should be adequate delivery of infant mental health services at community level, and if needed select interventions to address concomitant major risk factors. It should train health care workers in assessing and treating at-risk infants and toddlers 0 - 3 years of age. Primary health care nurses are trained mainly in the clinical assessment of physical health, development, and management of childhood illnesses. However, they also must recognise early signs of psychosocial pathology of infants and the developmental wellbeing which is integral to health care. The same programmes can be used for doctors, especially for trainee paediatricians, as both serve the needs of children. Standard tuition models are available to achieve this, but are not taught in any medical or provincial course. The programme should also be available for other professionals in infant mental health and infant-parent psychotherapy.

National and international basic training curricula and protocols have been developed. The provincial and university health departments must be helped to develop and implement policies. If successful, this holds great promise for service and education and will have a lasting effect on the mental health of infants and children.

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Non-emergency patient transport – an integral part of accessible comprehensive health care

To the Editor: The Western Cape province operates a fleet of 73 vehicles specifically designed and dedicated to transport non-emergency patients within the provincial health care system. Its population of close to 5 million is spread over an area of 130 000 km², with 70% of the population located in the Cape Town metropole.

To provide equitable access to the full range of health services from clinics in the rural districts to central hospitals located in the metropole is a challenge being successfully addressed by Health Non-Emergency Transport (HealthNET). The service operates on different levels congruent with patients requiring non-emergency transport, as opposed to emergency care provided by the Ambulance Service.

Within the metropole and districts the daily service operates specifically for patients who for medical reasons cannot make use of public transport to attend special clinics such as tuberculosis and HIV services and specialist outpatient clinics at regional and central

hospitals. The rural service alone transports over 3 000 patients per month to specialist departments only available at the Cape Town central hospitals. The discharge of inpatients from hospitals either to home or step-down facilities in the metropole or rural areas is also an important service in ensuring bed availability in our hospitals.

Expensive and scarce specialist facilities such as magnetic resonance imaging are made available to patients in all hospitals by HealthNET, which ensures that patients are delivered timeously for specific examinations and returned to their hospital of origin. A computer booking system linking hospitals with all the control centres in the metropole and districts ensures that the 900 patient places available daily in the transport fleet are used efficiently.

The HealthNET system is operated by Emergency Medical Services as an integral part of the Emergency Ambulance Service. This has enhanced emergency ambulance availability and provided additional minor patient injury capacity for dealing with multiple casualties occurring daily with minibus taxi accidents.

While difficult to quantify, there is no doubt that a well-resourced, efficient non-emergency patient transport system is a vital link in ensuring patient access to health care, while dealing with the reality, or impossibility, of providing affordable and scarce resources more widely.

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HPCSA emergency care media release

To the Editor: In a media release dated 30 August 2011, the Professional Board for Emergency Care of the Health Professions Council of South Africa states: 'The HPCSA remains committed to the discontinuation of the Basic Ambulance Assistants (BAAs), Ambulance Emergency Assistants (AEAs) and paramedic Registers, thereby halting the current short courses offered.' The closure of the registers is pending the promulgation of the relevant regulations by the Minister of Health.

While the proposed discontinuation of the registers is to be welcomed, the subsequent halting of the short courses is disturbing because it displays a woeful lack of insight by the Professional Board into the real world of operating ambulance services in South Africa.

As far back as 1982 I and other medical colleagues appealed to the HPCSA to register advanced trained ambulance persons from the provincial ambulance colleges in the Cape Province and Natal. The reason for our request was that for the first time ambulance personnel had been trained to administer specific drugs such as adrenaline and atropine to patients.

We did not suggest registration of the basic or intermediate courses, which even today form the backbone of trained ambulance personnel delivering a service throughout the country.

It was predictable that to open registers for thousands of personnel with short courses would lead to an unmanageable administrative nightmare, especially when associated with collection of fees – and to what purpose? Effectively the short courses are upgraded first aid

courses with the accent on ambulance operations in order to provide a professional service to the public – certainly an asset and not a hazard.

To discontinue these short courses as opposed to the registers will be catastrophic to all the state-operated Emergency Ambulance Services, which to a greater or lesser extent depend on these personnel. While the registers should be discontinued, the courses should continue as at present, subject to HPCSA accreditation of training facilities.

If all short courses were to be halted, what remains? (i) A 3-year degree course offered only by the universities of technology, and (ii) the 2-year ECT (Emergency Care Technikon) course.

Apart from the additional financial burden of effectively employing only ambulance personnel with diplomas or degrees in the state health service, it is tantamount to a waste of state resources, as no more than 5% of patients require advanced life support.

The remaining courses are also more theory than practical, so even at greater cost it is more unlikely that the public will be better served!

Is this the role of the HPCSA?

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Breast cancer in antiquity

To the Editor: Retief and Cilliers stated in their interesting article¹ that 'Evidence of cancers in the Egyptian papyri is very uncertain, but the occurrence of the word *weshau* (eating) may on occasion be interpreted as indicative of malignancy, and breast cancer may have been recognised.'

This view is contrary to that held by others, which seems quite specific about breast cancer. The Edwin Smith Papyrus² was written about 5 000 years ago, and is quoted by many. The relevant description is case 45, which has various subheadings (rubrics) in red hieratic:

TITLE: Instructions concerning bulging tumours of the breast.

EXAMINATION: If thou examinest a man [person] having bulging tumours of the breast, and [thou] findest that swellings have spread over the breast; if thou putteth thy hand upon ... these tumours, and thou findest them very cool, there being no fever at all therein ... they have no granulation, they form no fluid, they do not generate secretions of fluid, and they are bulging to the hand ... [from a gloss] touching them is like a ball of wrappings, the comparison is to a green haemat-fruit [probably pomegranate] which is hard and cool under thy hand.

TREATMENT: There is no [treatment].

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