IZINDABA



anaesthetist and pharmaco-economics researcher. Bengu told the *SAMJ* in mid-July that an interview was 'about 2 months premature'. 'We're only just getting into top gear, entering agreements and finalising funding. I'm not keen to go into detail because we haven't communicated our plans to government and I don't want to surprise them.' He said that long before it was registered, cycloserine had been made available to the government in terms of

a special Section 21 agreement, but this had meant Eli Lilly could not promote it. 'Now we'll be looking at promotion, but you really don't want to hand it out like candy — you have to be extremely sensitive to protocols — our main customer will be the government, the mining houses and the private sector.'

He was reluctant to reveal the names of his 4 proposed fellow directors because some were resigning their present posts and had yet to tell their employers. 'I just don't have their permission and there's obviously sensitivity,' he said.

His prediction with current lead times was that the manufacturing plant would be churning out the MDRTB drugs by 'the second half of next year'.

Chris Bateman

The South African Medical Journal

100 years ago: Case of needle in the knee joint stimulating tubercular disease

ARNOLD H WATKINS, MD, FRCS

A female aged 18 months came under my care at the Kimberley Hospital on 16 July on account of a swollen and stiff left knee thought to be due to a broken needle having run into it on 11 June. The only evidence in support of this idea was that a broken portion of needle had been found on a sack on which the child was playing when it suddenly began crying and complained of pain in the knee, and that from that time the knee had been swollen, stiff, painful, and kept in a flexed position.

I had some doubt about the needle, being in the knee when I saw it. It presented the typical appearance of a tubercular joint, but the skiagram taken at the hospital plainly shewed a portion of needle buried deeply at the inner side, and almost behind the joint. On 20 July, I opened the joint by a straight incision on the inner side, in the axis of the limb. The synovial member was oedematous, but there was no pus in the joint. The needle was not easy to find, as it lay very deeply, and could not be felt at any stage of the operation, but, keeping straight on the line indicated by the skiagram, I cut into the epiphysis of the femur, and, just below the cartilage came on a small cavity, in which about half an inch of a fairly thick darning needle lay embedded. The operation wound healed per primam, the temperature, which had been slightly raised, became normal, and, when the child left the hospital on the 30th of the month, the swelling of the knee was very much reduced, and the joint could be freely moved with very little pain to the patient. There is every reason to hope that a perfect joint will result.

This is most clearly a case in which the roentgen rays were of the greatest value, as, even had one been sure of the diagnosis, it would have been impossible to have found the needle, had it not been that the skiagrams taken in two planes gave one the exact position in which it was located.

50 years ago: The ultra-violet fluorescence of the tongue in African children

The ultra-violet fluorescence phenomenon of the tongue was described a quarter of a century ago by Hymans van den Bergh and more recently Tomaczewski has studied it, both in health and in relation to certain diseases. Van den Bergh described a more or less visible red fluorescence of the tongue.

To maczewski noted that when the tongue is observed through a magnifier, the fluorescence is seen to be composed of small discrete fluorescent points, which he believed to correspond to the filiform papillae. The incidence of fluorescence is greatest in the age group 0 - 20 years (89 %), but with increasing age, the incidence declined to 47% in the 81 - 100 age group.

Tomaczewski states that the fluorescence is due to the bacterial production of porphyrins; there is, however, no evidence as to the origin of these compounds, which might be synthesized by bacteria, or decomposition products of haemoglobin derived from food or from the host. The significance of the porphyrins is also obscure at present.

Finally, the macroscopic appearance of the tongue bears no relation to the incidence of fluorescence, for tongues which appear normal often exhibit no fluorescence. There seems to be, however, according to investigations now in progress, a broad correspondence between the incidence of fluorescence and the ratio between the number of filliform and fungiform papillae per unit area of the tongue surface (papillary ratio) as calculated by the tongue print method.

(Abstract from original article.)

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