



reported.¹ In a series of 19 patients at Groote Schuur Hospital over a 27-year period,² 1 patient was diagnosed *ante mortem*, 11 were found on autopsy to have nodular lesions, and 7 had miliary lesions; acid-fast bacilli were demonstrated in only 1!

Myocardial tuberculosis spreads from mediastinal lymph nodes, tuberculous pericarditis or retrograde lymphatic and haematogenous spread. The favoured sites are the right atrium and left ventricle. Pathological varieties are nodular/miliary tubercles or diffuse infiltrative tuberculosis of the myocardium.

Ante mortem diagnosis is rare; patients may present with arrhythmias, superior vena cava obstruction, right ventricle outflow tract obstruction or left ventricular obstruction. The mechanisms of death include arrhythmias, impaired

myocardial contractility, cardiac rupture, coronary occlusion, and obstruction to pulmonary blood flow leading to fatal haemorrhage.

I thank Dr Isabella Brouwer (forensic pathologist, UCT), Drs Helen Wainright and Maureen Duffield, and Professor Govender (histopathologists, UCT), Professor A Rose (cardiac histopathologist, University of Minnesota Medical School, Minneapolis, USA), Professor B Mayosi (cardiologist, UCT), and Dr Sasha Maistry (registrar, UCT).

1. Biedrzycki OJ, Baithun SI. TB-related sudden death due to myocarditis complicating miliary TB: a case report and literature review. *Am J Forensic Med Pathol* 2006; 27: 335-336.
2. Rose AG. Cardiac tuberculosis: a study of 19 patients. *Arch Pathol Lab Med* 1987; 111: 422-426.

LETTER FROM MOSCOW

Roads, partings and Port wine – destinies of Russian intelligentsia

Sergej Jargin

I was genetically predisposed to be thin, round-shouldered and short-sighted but, thanks to canoeing with my uncle, two years of military service, and – from 1977 to 1988 – construction and forestry work during holidays, I was in such good form that some girls took me for an athlete. My last construction job was helping to finish a stadium in a city near the Arctic circle, north of St Petersburg. Temporary workers were taken on because of the short construction period, for which the regular staff did not suffice. We worked on average 16 hours a day without holidays. We levelled the surfaces, laid concrete here and there, and put kerbstones into position. The concrete was carried in a barrow by two men, and the 90 kg kerbstones on crowbars. A kerbstone can be carried on one's own, embraced as a beloved woman, but not so captivating. When the work was nearly finished, a new watchman appeared on the scene.

'Dr Sergej' practised in South Africa during the 1990s. In contemplative (and occasionally contentious) mood, he reflects on this period, along with some frank autobiographical detail.

Corresponding author: S Jargin (sjargin@yahoo.com)

Ludmila was a young lady with a technical education and a small son. She came to work at an industrial complex, but someone did not keep his promise, and she had to take the temporary job of night watchman at the stadium. The boy stayed at home in Saransk (capital city of the Mordovian autonomic territory to the south-east of Moscow; the Mordovians are a Finno-Ugric people in central Russia). She chose me probably on the principle of the attraction of extremes: she was a tall and strong girl. 'Come for a cup of tea after work,' she suggested to me while I was digging in a trench.

In manual labour, as in many other things, I overestimated myself; my vertebral column sent feedback through the afferent channels: I should not carry heavy weights. But the work had to be finished, I carried and carried – and Luda was waiting for me in the evenings. 'You are so slim! And not heavy at all, that's why I love you so much.' The barrow became heavier and heavier, and the pain in my spine was getting worse.

The work was finished at last, and we had to separate; we almost cried over two glasses of port. Then we met in Moscow, then I went to see her in Saransk. She asked, 'Do you want me to stay with you?'

'Of course I do! But my aunt from Paris has sent me an invitation, I must go before they close the border again, I will



let you know as soon as I find a job over there and then you can come.' Luda was deceived, not for the first time in her life. In 1995, when I returned to Russia for a short while, I wrote to her and got back a note: 'Please don't bother. Husband.'

My spine started to hurt again, 12 years later, in the C6 cervical area, when I practised abroad and started to go on long-distance bicycle trips (I had to do something to counteract the hypodynamia from sitting all day at a microscope). At first, it was painful to turn my head to the left while changing traffic lanes; the pain later became almost permanent, forcing me to get off the bicycle and walk. Then came nocturnal pain in the neck and the back of the head, dizziness, and symptoms of vertebro-basilar insufficiency. Conclusion after radiography: an old compressive fracture of the sixth vertebral body with pronounced osteochondrosis in this area. I had to avoid any load on the shoulder girdle, and my figure returned to its predisposed nature: thin and round-shouldered, but now with excessive fat in the abdominal area, hardly controlled by diet.

Now I think of her almost every night, on a hard couch without a pillow (a pillow causes neck pain), in a cottage at a hospital in the far north of South Africa. Ah, Luda, she smelled so wonderful, she did not need to use perfume. Once, during the 1985 - 1988 partial alcohol prohibition in Russia, we drank eau-de-Cologne with forestry workers in the taiga forest, on the bank of the mighty Angara River in Siberia. Everything seemed easy then, the world stood before me ... Paris, then perhaps New York ... in the end, successful examinations for the South African Medical and Dental Council and a limited registration. I had plenty of health and energy then. When did I do 'it' the last time? Let me see ... a year before in Durban, I went with Russian sailors to a night club. How much did I lay out? At least R1 000; they have high moral values there.

Time to get up now. How long shall I stay in this place? I have headaches, decreasing visual acuity, a pigment spot growing on my left cheek; must do a biopsy.

In 2001, I moved to a suburb of Johannesburg and started practising at a large hospital. E-mail facilitates communication and decision-making. Early in 2005, Ludmila joined me. She found a job at a mediator firm and started speaking Afrikaans sooner than English.

'They raised my salary last month, by the way. Don't drink from the bottle, Sergei dear, take a glass ... I want some wine, too. They presented me with a bracelet yesterday.'

'Show me, dear. You have had a manicure! It is your colour exactly, but it can be a little lighter because of the suntan, and on the toes the same colour. What a smart girl you are! Luda, why do I love you so much? And you don't love me at all.'

'I do love you, Sergei dear, I have loved you all my life, since I saw you in the ditch near the stadium. Do you want me to cut an apple?'

'It was a cable trench. An apple is okay with the port, bring also some cheese and strawberries, please. Are you not tired from walking on high heels all day?'

'Quite the contrary, I get tired without high heels. What are you doing - it tickles! I must go to the shower.'

'Young and beautiful girls don't need any shower. Luda, darling, don't drink it in one gulp, it is a quality wine!'

Cape Port is a good wine; some Russian imitations of Port are also of good quality ... But the original Portuguese product is the best ... It warms up the stomach from inside ... Madeira wine is also a wonderful thing ... At last, over fifty, something like family happiness ... For how long? We don't know it ... Thank goodness, no children ... A cat at the gatehouse has kittens; we shall take a little kitty ... On holiday we are going to the Kruger Park, to look at the animals ... They are so good ...

Everything good has its end. My contract was not prolonged. My position was given to a young doctor from south-east Asia. I no longer drink. I go to the library and search for employment on the Internet. I have already got several offers from some African countries. Ludmila will be returning to Saransk; she found a job as an office manager, with her English knowledge (office clerks are called managers in Russian firms today). At the bar of Jan Smuts Airport, we recollect a Soviet-era song:

Goodbye! We are parting forever

Under the sultry sky of January ...

(In the original song it was 'starlit sky', but in Russian the word *zvezdny* (starlit) and *znoyny* (sultry, hot) sound similar.)

This account is typical of the better segment of Russian intelligentsia of the post-Soviet period - the other segment is underqualified, forgot what was studied at university, and did not acquire sufficient modern knowledge. Our graduates find it increasingly difficult to compete with young specialists from countries that until recently were referred to as developing. What is the solution? I believe that Russian doctors and physicians should be engaged more widely, particularly in hospitals where predominantly white citizens are treated.