

MYCOTIC INFECTIONS

A variety of fungi which have a wide geographic distribution are pathogenic and can produce infections. In certain parts of the world some of them occur quite commonly although their incidence is usually rather low. The introduction of antifungal antibiotics and other agents for the treatment of these diseases and advances in knowledge of their pathogenesis have aroused great interest in these disorders.

Actinomycosis is caused by *Actinomyces israeli* (bovis), which has characteristics intermediate between those of bacteria and those of the higher filamentous fungi or moulds. The 'sulphur granules' may be demonstrated in lesions or exudates. The disease is subacute or chronic in type, and involves especially the cervicofacial tissues, and thoracic or abdominopelvic viscera. Cervicofacial actinomycosis accounts for the majority of cases; abdominopelvic actinomycosis usually begins in the caecal region. Diagnosis is made by cultures and biopsies. Successful results are obtained in many cases when penicillin is administered; tetracyclines are also effective.

Nocardiosis is a related species which is ordinarily saprophytic and aerobic. The 'granules' may be yellowish-white, red, or black. The filaments may be partially acid-fast and mistaken for tubercle bacilli. The infection may be localized or generalized and it is one of the causes of Madura foot syndrome, which can also be caused by other fungi and moulds. Pulmonary involvement may produce symptoms that are nonspecific. The central nervous system may be involved. Sulphonamides given in full doses for many weeks are the drugs of choice, but when the central nervous system is infected amphotericin B may be tried.

Cryptococcosis (*Forula histolytica*) is a budding fungus found in nature. It can produce an infection that may remain localized to the skin for years, but pulmonary or meningeal involvement may be prominent. Spontaneous remissions of long duration may occur. The advent of amphotericin B has led to a great improvement in the prognosis of this disease.

Blastomycosis may be North American (*Blastomyces dermatitidis*) or South American (*Blastomyces brasiliensis*) in type. The North American type may cause pulmonary infection rather than primarily dermal infection. The disease may persist for years. Diamidines and amphotericin B have been used in the treatment of this condition, but amphotericin B appears to be more effective. In the South

American type, infection of the mouth and face, of the cervical glands, or of the lymphoid tissue of the intestine, and hepatosplenomegaly are more common. Sulphonamides usually produce a good response.

Histoplasmosis (*Histoplasma capsulatum*) usually causes a chronic pulmonary disorder, but it does occasionally lead to reticulo-endothelial involvement. Most cases of histoplasmosis infection have been reported in the United States. Amphotericin B has proved effective in some cases, and even curative in localized forms in the mouth, pharynx, and lungs.

Coccidiomycosis is ordinarily a highly infectious, acute, benign respiratory infection. In a small percentage of patients dissemination may occur, which in the past had a grave prognosis, but amphotericin B appears to be effective in some cases.

Sporotrichosis is world-wide in distribution. Biopsies and smears of pus show small gram-positive, cigar-shaped organisms within the neutrophils. Cutaneous sporotrichosis usually responds to iodides given orally. Griseofulvin has also produced good results. Disseminated sporotrichosis is rare, and in the treatment of this condition amphotericin B would be the drug of choice.

Candidiasis (moniliasis) is well known as the cause of infection in the mouth, vagina and skin. Gentian violet has been applied to local lesions. Systemic infection is rare, but has increased in recent years as a complication of therapy with antibiotics such as the tetracyclines. 'Mycostatin' (nystatin) is effective by mouth for intestinal candidiasis; it is also effective by local application for cutaneous, vaginal, or oral lesions. It is not useful in disseminated infections because it is not absorbed from the intestine. Amphotericin B has not proved satisfactory.

Aspergillosis is caused by an organism that is ubiquitous in nature. Infection may be suspected when discharges are greenish or brown in colour. Chronic disease of the lung may be complicated by this infection. Other rare mycoses include geotrichosis of the mouth and lungs, and mucormycosis. The organisms must be demonstrated in a lesion, and not by culture only, since contamination is frequent. Amphotericin B deserves a thorough trial in these infections, but its administration requires special care. Details about its use, and the mycoses for which it is indicated, are given in a recent review of the mycoses.<sup>1</sup>

1. Martin, W. J. and Nichols, D. R. (1960): Proc. Mayo Clin., 35, 149.

WETSONTWERP OP PUBLIKASIES EN VERMAAKLIKHEDE

Die Suid-Afrikaanse Tydskrif vir Geneeskunde is in terme van artikel 4 (10) (b) van die Wetsontwerp op Publikasies en Vermaaklikhede, soos dit deur die Adjunk-minister van Binnelandse Sake die eerste maal gelees en ingedien is gedurende die vorige sitting van die Parlement, 'n publikasie wat met uitsondering van advertensies geheel en al of vir die grootste gedeelte bestaan uit artikels van alge-

mene belang'. Die Tydskrif sal dus ook in terme van artikel 4 (9) van dieselfde Wetsontwerp onderhewig wees aan die vrystelling van die bepalings van die betrokke artikel, of die intrek van 'n vrystelling wat te eniger tyd na goeddunke kan geskied deur 'n Publikasieraad wat deur die Minister aangestel sal word. Omdat die Tydskrif dus, as die Wetsontwerp op die wetboek geplaas word, nie gedruk

en versprei sal kan word tensy dit deur die Publikasieraad goedgekeur is nie, is die betrokke Wetsontwerp in beginsel van groot belang vir hierdie *Tydskrif*, soos dit ook die geval is en sal wees met alle ander tydskrifte en boeke wat in hierdie land uitgegee sal word.

Ons wil dit hier duidelik en onomwonde stel dat dit hoegenaamd nie ons bedoeling is om, deur oor hierdie saak te skryf, in die politieke arena te tree nie. Daardie arena is vir ons smaak te vol duwweltjies. Ons doel is slegs om as redaksie en uitgewers van 'n wetenskaplike tydskrif te sê hoe ons oor hierdie betrokke saak voel en dink. En ons gee ons menings met vrymoedigheid aangesien dit vir ons lyk of die Adjunk-minister van Binnelandse Sake self twyfel het oor die bepalinge van die Wetsontwerp, soos dit vir die eerste maal gelees is, aangesien hy 'n gekose komitee aangestel het om hom behulpzaam te wees by die finale formulering van die Wetsontwerp.

Omdat ons self in die joernalistiek staan, is dit vanselfsprekend dat die algemene peil van die joernalistiek wat in alle sferes in hierdie land beoefen word, vir ons van die allergrootste belang is. En as verantwoordelike joernaliste kan ons nie anders nie as om te erken dat daar geen twyfel bestaan aan die feit dat daar ernstig oor hierdie saak gedink moet word nie, omdat nadelige en minderwaardige en ondermynende literatuur wel by die groot maat gedruk en versprei word. Dit is dus nie die bestaan van die wantoestand wat ons betwyfel nie. Inteendeel. Wat ons egter wel betwyfel is die verstandigheid daarvan

om alles wat daar in hierdie land in die toekoms gepubliseer sal word onderhewig te maak aan die goedkeuring van 'n Publikasieraad bestaande uit 'n voorsitter en minstens tien ander lede, met die opdragte en verantwoordelikhede soos bepaal in die Wetsontwerp.

In beginsel — en ons praat as joernaliste en nie as politici nie — lyk die Wetsontwerp soos hy staan vir ons gevaarlik. Hoe weet ons hoe daardie vae algemene bepalinge geïnterpreteer sal word, nou, maar veral ook in die onbekende toekoms as ander here en meesters as wat ons nou in die gedagte het, aan die bewind mag wees?

Dit is ook onwaarskynlik — en dit is die sentrale beswaar van die meeste joernaliste en skrywers met wie ons gepraat het — dat daar genoeg mense met professionele gesag en integriteit gevind sal kan word om op die Publikasieraad te dien. Buitendien sal dit vir hulle, indien hulle gevind sou kon word, fisies onmoontlik wees om oor meer as slegs maar 'n klein persentasie van die duisende boeke en tydskrifte wat gereeld verskyn *vooraf* 'n wakende en goedkeurende oog te hou.

Om hierdie redes is ons bly dat die Adjunk-minister van Binnelandse Sake wel 'n gekose komitee aangestel het om weereens alle aspekte van hierdie netelige saak te ondersoek voordat daar tot wetgewing oorgegaan word. Ons pleidooi is dit: Laat ons nie iets doen wat onuitvoerbaar en dus prakties futiel is nie. Laat ons lievers eers die bestaande masjinerie opknop om oortreders en uitbuiters deur middel van die howe in bedwang te hou. Aan so 'n optrede sal ons ons volle steun toesê.