Letters to the Editor

Malignant fibrous histiocytoma

Sir,

Dr Salisbury feels that more thorough microscopic examination of tumours diagnosed currently as pleomorphic malignant fibrous histiocytoma (MFH) may lead to a different diagnosis.¹ As a surgeon who has to deal only occasionally with these patients I, as Westbury suggests,² have never concerned myself unduly with the bewildering variety of subtypes of sarcoma which feature on histological reports. Tumour size and histological grade seem to be more important. However, this particular tumour has provoked a great deal of interest in the orthopaedic literature recently. Following the publication of 3 separate case reports of patients developing malignancy in association with joint replacements Black³ felt it conceivable that those malignancies, two of which were reported as pleomorphic MFH, had been induced by the implanted foreign material. Aware of the possible implications on the future of joint replacement the editor of the world's premier orthopaedic journal recently invited surgeons throughout the world to report any known case of malignancy in association with a replaced joint.⁴ In view of this and especially if pleomorphic MFH does feature frequently in future case reports I suggest that all histological material obtained is reviewed along the lines suggested by Dr Salisbury. The knowledge that such patients are developing a similar or identical subtype of sarcoma would imply a causal relationship. Currently cobalt and chrome are the metals under most suspicion and I suspect the implant manufacturers are watching developments in this area closely.

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Poisoning from *Thevetia nerifolia* (yellow oleander)

Sir,

Thevetia nerifolia (Pila Kaner) is widely cultivated as an ornamental shrub in the plains of India, especially in the southern region. It has been used for the purpose of suicide, homicide and as an abortifacient.¹ We have come across two cases of poisoning with Pila Kaner in the last 6 months. This is an uncommon occurrence even for a major referral hospital in northern India such as ours.

This prompted us to review the subject with reference to the Indian subcontinent.

Indian medical literature and annual reports of the chemical examiner's record isolated cases of poisoning with Pila Kaner from 1903 onwards for Calcutta, Madras and Bombay.¹ Subsequently, detailed clinical review on this topic was reported from Southern² and Eastern³ parts of the subcontinent. Although this poisoning seems to be rare in upper India, more recently isolated case reports from northern⁴ and central India⁵ have appeared in the literature.

A typical case is a south Indian housewife who consumed a few seeds of Pila Kaner with suicidal intent. The fatal dose for adults is 8–10 seeds.¹ The clinical manifestations include burning and dryness of throat, vomiting, diarrhoea, bradycardia, other arrhythmias, hypotension, pupillary dilatation, tetanic convulsions and death.^{2,3} Gastric lavage, cathartics, enema, diuretics, atropine, pacemaker and other supportive measures constitute an integral part of management.^{2–4}

Active poisons contained in the seeds are digitalis-like glycosides, peruvoside, thevetin A and B, cerebrin and nerifolin. All of these have a sugar (L-thevetose) with an aglycone.⁶ Action of cellular level is similar to digoxin. Extensive experimental and clinical studies performed with peruvoside are available from India. Preliminary studies on isolated heart preparations⁷ and in animals revealed its powerful positive inotropic and chronotropic properties. Subsequently clinical studies with purified and standardized products indicated it to be safe and effective in the management of congestive heart failure.⁸

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