'historiese Jesus' soos vals profete aan ons wil verkwansel, vind ek Retief en Cilliers se artikel hoogs stimulerend, feitlik korrek, inhoudelik onverbeterlik en kultureel uiters bevredigend — bravo!

Die lees van enige artikel in enige tydskrif is uiteraard opsioneel en die inhoud daarvan kan onmoontlik alle smake bevredig. Byvoorbeeld, die persoon wat moontlik 'vrekgeskiet' is of die 'verkragte vrou' wat 'keelafgesny' is in professor Van der Merwe se brief vervul my met weersin, maar dit toon weereens dat smaak genadiglik verskil, en dat ons ons in ons kritiek kan laat temper deur verdraagsaamheid, aangesien daar vele ander stimulerende artikels oor VIGS en drakoniese wette rakende geneeshere in dieselfde *SAMJ* uitgawe verskyn in wat Van der Merwe liefderyk 'ons' joernaal noem.

Baie dankie aan die skrywers en ook veral aan die redakteur vir die plasing van 'n artikel wat poog om ook die kulturele visie van geneeshere te verruim.

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Read the label — blue may have become red

To the Editor: Drug errors, specifically injecting the wrong drug, remain cause for concern in anaesthetic practice.[1] In addition to coloured labelling, it was recently suggested that prefilled, bar-coded syringes be used to decrease the risk.[2] Computerised anaesthetic records will be required to be able to implement this facility. Unfortunately thousands of hospitals will not be able to afford this for decades to come.

In the meantime careful reading of the labels and colour coding of syringes will be the most reliable safety mechanisms.[3] Unfortunately the UK has been using a different colour code until recently and has only now started introducing the international system, to which South Africa also subscribes. This is a potential minefield for South African anaesthetists doing locums or short periods of duty in the UK. One can see the potential for disaster if theatre staff run out of coloured labels and replace them with the wrong type, or if staff are called to the accident and emergency department, the radiology department or any area where anaesthetic support is occasionally required and not stocked with the new labels.

The message to visiting colleagues is — do not rely on the colour code only, READ THE LABEL.

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2. Merry AF, Webster CS, Mathew DJ. A new, safety-oriented, integrated drug administration and automated anesthesia record system. *Anesthesia and Analgesia* 2001; **93:** 385-390.
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Unusual endometrioma

To the Editor: On 26 May 2003 a 31-year-old woman who had had two normal vaginal deliveries presented with severe menorrhagia. This had failed to respond to conservative treatment, including an endometrial ablation in 1999.

On clinical examination no specific abnormalities were found other than a bulky adenomyotic uterus.

In view of the failed conservative treatment, laparoscopic assisted vaginal hysterectomy was performed on 24 June 2003. The operation and postoperative course were uneventful.

On 30 September 2003 the patient reported that she was once again having periods. She was examined carefully; the vault had healed well. There was no granulation, and absolutely no reason for the vaginal bleeding could be found. She was asked to return at the time that the bleeding was present. On 24 October 2003 she presented again complaining of a period and on this occasion a small bleeding area was noted at the site of her previous episotomy scar. An excision biopsy of this area was performed under general anaesthetic and a biopsy confirmed the clinical suspicion of endometriosis.

It is not that uncommon to find endometriomas at the site of caesarean section wounds but this is the first time that I have encountered an endometrioma at the site of a previous episotomy. It is also the first time in my experience that cyclical bleeding has been associated with such an endometrioma.

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