which clinicians and pathologists were faced every day of their lives, and Professor Hörlein was certainly in the vanguard of chemotherapeutic discovery. He might perhaps be permitted to recall one brief passage of unpublished history. The late Sir Patrick Manson deserved the title in some respects of father of chemotherapy. In the early 'eighties, during a quinine famine in Hong-Kong, Manson used methylene-blue in the treatment of malaria; this had been shown to have a certain low specific action on the plasmodia. Manson was the first man to be able to demonstrate a methylene-blue stain in the plasmodia—a stain which he afterwards elaborated into that known as borax methylene-blue. It was Manson's idea that these particular dyes which had an affinity for the parasites would prove of therapeutic value, and that led up to Nuttall's work on trypan-blue. It was a great gratification to the speaker, on entering the German laboratory at Nazareth at the end of the war, to find in that ransacked place one unbroken bottle on the bench—a bottle of Manson's stain which the Germans on their side of the line had found advantageous in staining malarial parasites.

The subsequent discussion, in which Dr. Moreland McCrea, Dr. Anwyl Davies, Dr. A. H. Douthwaite, and others participated, chiefly took the form of questions addressed to the lecturer on the new preparations he had mentioned. He replied that it was only nine months since the prontosil series had been liberated for clinical use, and only eleven papers as yet had been published on the subject in Germany. During the last six months Sir Henry Dale had been working on prontosil at Hampstead. About one thousand patients had been treated in Germany for streptococcal infections by means of this preparation, so far without visible signs of toxic reaction. The new drug had been tried in puerperal septicaemia, and there some of the best results had been obtained, though it was found desirable to give anti-streptococcal serum, at least in the preliminary experiments. Asked as to the objective effects of administering the drug, Professor Hörlein said that the temperature came down immediately after the oral administration of prontosil, and if afterwards the symptoms reappeared they yielded again to a further administration. The same dose was repeated each time, and there was no cumulative effect. Coloration appeared in the urine half an hour after administration, and the drug was completely eliminated from the body within an hour.

Although the discussion was principally on the possibilities of prontosil in streptococcal infections, the other preparation mentioned, acaprin, aroused some interest from the veterinarian point of view. Mr. J. T. Edwards, a veterinary surgeon, said that it seemed to him that the elaboration of acaprin was the most outstanding contribution to veterinary therapeutics since the discovery of trypan-blue in the treatment of the piroplasmoses. Although since Nuttall's discovery veterinarians had had a great weapon for the treatment of tropical piroplasmosis in cattle, that remedy had proved completely ineffective in the treatment of British red-water caused by *Babesia bovis*. Until recently veterinary science had been completely nonplussed by this infection. A remedy introduced a little previously to acaprin was a bismuth derivative named todorit, for which good results were claimed, but it seemed that this new discovery from Elberfeld was a great advance on anything hitherto available. In view of the fact that thelieriasis was a most widely fatal condition for British cattle imported into India, an effective remedy would have very great economic value.

CORRESPONDENCE

R.M.B.F. Christmas Appeal

Sir,—A part of the work of the Royal Medical Benevolent Fund which has won the very special sympathy and support of many of your readers in previous years is the distribution of Christmas gifts. Undoubtedly it is due to the fact that this particular appeal touches the heart and kindly feelings of all as it comes at the season of good-fellowship. Once again I venture to make my appeal in your columns for donations, either large or small, in order that the Fund may continue the distribution of 30s. each to all beneficiaries.

I cannot but feel impressed when I read the many letters of thanks which are received from the recipients after Christmas Day. Clearly these letters are written from homes where no luxuries exist and where the greatest economy has to be studied, often from cheap lodgings or single bed-sitting rooms, where lonely ones rejoice in the fact that they have not been forgotten. But all the letters contain expressions of the greatest gratitude and thanks to those who have made the gift possible.

I do not wish to stress unduly the needs and difficulties of our less fortunate medical brethren or of those who were once near and dear to them. But I do desire to assure your readers of the great work the Benevolent Fund is doing in bringing some happiness and comfort into the lives of many. This kindly work is being carried on thanks to the generous support which the Committee has received, but it can only be continued and increased if we still have the support and sympathy of our professional colleagues. Donations should be sent, and cheques made payable, to the Honorary Treasurer, Royal Medical Benevolent Fund, 11, Chandos Street, Cavendish Square, London, W.1, who will gratefully acknowledge them.—I am, etc.,

Thomas Barlow,
President.

October 7th.

Injuries to the Semilunar Cartilages

Sir,—I have just read an article on injuries to the semilunar cartilages by Mr. Charles A. Pannett, published in your issue of September 7th. I am reviewing this subject, and have come to England partly for this purpose. I think certain features of this article call for comment:

1. The statement is made that locking is absent in posterior horn lesions of the mesial cartilage. I have found it to be just as frequent in these as in any other lesions. Furthermore, in 1923 I reviewed all the semilunar literature to date and never saw such a statement as the above. In the current year I reviewed all the literature from 1923 through 1934. I have seen no such statement in this review either. For these reasons I should suggest that the author, when he makes such an unusual statement, should add that there is some disagreement on the subject.

2. The statement is made that it is not possible to excise the whole cartilage through the anterior incision. I have often found this to be the case, but I have been able to excise the whole cartilage anteriorly time and time again, and so has every other operator whom I have spoken to on this point. I think Mr. Pannett's stand against pulling and hauling on the posterior horn is very well taken, and I do not hesitate to make a postero-mesial incision to avoid traumatizing.

3. The statement is made that it is sufficient in bucket-handle lesions to excise the handle if the periphery is intact. This is obviously a fact, but I feel that it is impossible to tell whether the periphery is intact or not. Mr. Pannett's case required reoperation because of a peripheral lesion which was not apparent at the first operation; this sequence has happened so often on my side of the water that we always excise the periphery with the bucket handle. If this peripheral excision ever caused harm it would be a different matter, but it never does. An expression which used to be current in my