

ment published in medical journals for the information of the medical profession. It is obvious that the widespread sale of a remedy prescribed for use in certain conditions might do a great deal of harm if used in other conditions for which it was not intended, and where serious injury might be caused.

In my own case the unfortunate accident of the existence of a firm of manufacturing chemists bearing the same name as my own but entirely unconnected with me has apparently enabled them to attach the name "Maclean" to my powder and to claim some special virtue in the art of dispensing it. If there is no legal means of preventing this sort of practice, it is obvious that some amendment of the law is urgently required to prevent gross injustice to members of the medical profession.—I am, etc.,

London, Oct. 3rd.

HUGH MACLEAN.

Monkey Malaria in G.P.I.

SIR,—The inquiry into the use of *Plasmodium knowlesi* in malaria therapy at the Horton Mental Hospital, which is mentioned in your leading article (October 12th, p. 672), was begun in consultation with Colonel S. P. James, F.R.S., in April, 1934, and is being continued in collaboration with Professor Ciuca and his colleagues at mental hospitals in Bucarest and Jassy, to which we transmitted blood from an infected *Macacus rhesus* in May this year.

The work is yielding valuable results in adding to knowledge of malaria, but the information obtained on the use of the parasite for the malaria treatment of general paralysis does not support the view that it would be advantageous and practicable to employ it on a considerable scale as a substitute for *P. vivax*. The chief disadvantage of *P. knowlesi* for this purpose is that not many patients suffering from general paralysis are sufficiently susceptible to it to react with a therapeutically effective malarial attack. According to the records at Horton and in Rumania—seventy-six cases in all—the intramuscular or intravenous inoculation of blood from highly parasitized *Macacus rhesus* failed to produce fever and other clinical symptoms in 56 per cent. of patients suffering from general paralysis who had never previously had any form of malaria, and in all except one of sixteen patients who had a previous history of this disease. Moreover, in 25 per cent. of the successful infections the resulting attacks of malaria were of an abortive character, with few parasites in the blood and spontaneous recovery in less than a week. In the remaining cases the infection developed actively, as in the examples described by Drs. van Rooyen and Pile (*Journal*, October 12th, p. 662), but there were only a few in which the temperature during the febrile paroxysms exceeded 104.4° F., which is considered to be the lowest temperature likely to be therapeutically effective in general paralysis. Drs. van Rooyen and Pile seem to have had the same experience. At Horton, on account of the mildness of the fever and the tendency to spontaneous recovery, it was considered necessary to give nearly half the patients who had been treated with *P. knowlesi* a supplementary course of malaria with *P. vivax* or *P. malariae*.

As regards practicability, the chief disadvantages are that *P. knowlesi* quickly loses its pathogenicity for patients suffering from general paralysis when it is passed from person to person, and that as yet it has not been successfully cultivated in mosquitos. For these reasons the routine employment of the parasite would necessitate the continuous provision of a large supply of infected *Macacus rhesus*, which would be more costly than the existing arrangements for the continuous provision of mosquitos infected with *P. vivax*. As a therapeutic agent, the use of *P. knowlesi* is purely in the experimental

stage, and from experience in England the employment of *P. vivax* can be regarded as both safe and efficient.

At Horton the employment of a strain of quartan malaria has been of much value in being available for those cases which may be immune to benign tertian; moreover, the fever-free intervals in quartan render it useful for a more debilitated type of patient who cannot withstand a quotidian fever.—I am, etc.,

Horton Mental Hospital, Epsom, Oct. 12th. W. D. NICOL.

Treatment of Cancer by Proteolytic Enzymes

SIR,—In the *Journal of the Canadian Medical Association* for October, 1935 (p. 364), an article entitled "The Study and Treatment of Cancer by Proteolytic Enzymes," by Dr. H. C. Connell, appears. In this article reference is made to the fact that the Imperial Cancer Research Fund had been asked by Dr. Connell to investigate experimentally his claim to have discovered a method of killing cancer cells *in vivo*—potentially a cure for cancer. We have prepared from mouse tumours, in accordance with directions received, the solutions which Dr. Connell calls "ensols," and have tested these "ensols" on the appropriate tumours of mice. In no case has the growth of a tumour been checked or affected in any way.—I am, etc.,

8-11, Queen Square, W.C.1., Oct. 14th.

W. E. GYE.

Views on the Cancer Problem

SIR,—Professor Blair-Bell's abusive letter which appeared in the *Journal* of September 21st requires but brief reply. The reference made to the letters in the *Lancet* (1925, ii, 1142 and 1196), under the heading "The Trophoblastic Hypothesis of Cancer," was unfortunate. May I quote the concluding paragraph of Dr. J. A. Murray's letter (p. 1142)?

"The patronizing attitude towards other workers which pervades Dr. Bell's whole lecture comes ill from one who, it is charitable to assume, is himself ignorant of the recent literature of the subject."

At a meeting of the scientific staff of the Liverpool Cancer Research Committee (not the L.M.R.O., as stated), I pointed out that the reply to Dr. Murray's letter as drafted and read by Professor Blair-Bell contained incorrect statements of Beard's views on the nature of the trophoblast as expressed in his numerous writings. In the amended letter, which appears on page 1196 of the *Lancet* (1925, ii), similar misstatements occur.

The letter in your correspondence columns of September 21st exhibits the same patronizing attitude towards the work and views of other investigators (to which Dr. Murray referred) and a similar lack of knowledge of the literature of the period 1893-1933, which includes papers, too numerous to mention here, by many well-known British, American, and Continental embryologists, dealing with the early developmental stages of the fertilized ovum in many mammalian species prior to the appearance of any embryo.—I am, etc.,

H. E. ANNETT,

Turner Research Laboratory,
University of Liverpool.

October 10th.

Injuries to the Semilunar Cartilages

SIR,—It is very interesting to read in the *Journal* of October 12th the comments of Dr. J. K. Surls on my paper "Injuries to the Semilunar Cartilages." Both he and Mr. Timbrell Fisher speak with authority. Their differences from me are, I think, rather apparent than real. Both of them disagree with the statement that in injuries of the posterior extremity of the cartilage "lock-