

THE RED CROSS SOCIETY.

Two units of the British Red Cross Society for service in Greece left England on Oct. 27th, when Admiral H.S.H. Prince Louis of Battenberg, Princess Louise of Battenberg, and their daughter were present to bid the party farewell. The units are under the command of Colonel Charles Delmé Radcliffe, and previous to departure received the following Royal message, which was read by Sir Frederick Treves:—

Please express to Colonel Delmé Radcliffe and other members of the Red Cross Expedition my earnest hope for their welfare in the noble and humanitarian work upon which they are now engaged.

(Signed) ALEXANDRA.

Queen Alexandra has forwarded a subscription of £100 to the British Red Cross Fund.

Three medical and surgical units, raised and equipped by the British Red Cross Society for service in Turkey, each unit consisting of 15 men and three surgeons, left Charing Cross station on Oct. 29th for the seat of war.

The King has given His Majesty's Royal licence and authority to accept and wear the decoration of the Third Class of the Imperial Ottoman Order of the Medjidieh to Major Howard Ensor, D.S.O., R.A.M.C., which has been conferred upon him by His Highness the Khedive of Egypt, in recognition of valuable services rendered.

Mr. S. Osborn, ex-Master of the Haberdashers' Company and Commissioner of the City of London Boy Scouts, has left London for Constantinople to assist in the distribution of relief to the destitute women and children and to render aid to the sick and wounded at the front.

Correspondence.

"Audi alteram partem."

WHAT IS A LOOSE SEMILUNAR CARTILAGE?

To the Editor of THE LANCET.

SIR,—In the interesting paper on injuries to the semilunar cartilages in THE LANCET of Oct. 19th, p. 1067, Dr. A. M. Martin states that 95.5 per cent. of his series of cases (numbering no less than 449) showed *definite splits and tears*. The remainder showed no definite pathology and Dr. Martin presumes they were what the text-books term "loose cartilages." He does not explicitly state whether he himself accepts such "loose cartilages" as an actual pathological fact, but the implication of his statement is rather to discredit their existence. If so, I should like to express my entire agreement with him. As I have practised for many years in a part of the country largely devoted to the two great national industries which are responsible for so many injured semilunar cartilages—namely, coal-mining and football—I have had opportunities of operating on a large number of them and I have taught for many years that *there is no such thing as a loose semilunar cartilage apart from a definite split or tear*. Indeed, I find it difficult to conceive in what way either semilunar cartilage can be "loosened" without a rupture, partial or complete, of its attachments to the tibia or to the lateral ligaments. The truth is, as Dr. Martin's paper clearly shows, that tearing or splitting of the semilunars is in all cases a definite and demonstrable lesion, caused by a definite and generally violent wrench of the knee at a particular time. Subsequent use of the knee may increase or modify the effects of the initial lesion and give rise to attacks of recurrent synovitis, pain, and so forth, in which the history of the original injury may be obscured if not carefully inquired into. Hence it is of the utmost importance to ascertain in every case of traumatic derangement of the knee an accurate history of the first beginning of trouble. If there is a clear history of a definite twist or wrench of some severity at the very beginning of the trouble the operation will generally disclose a definite rupture of one or other cartilage. If there is only a vague history that the patient thinks he sprained the knee, or if he cannot date the occurrence, the surgeon may be confident that whatever else he may find in the joint it will not be a torn cartilage, nor will such a case be properly described as a "loose cartilage."

In my experience most of such cases are not purely traumatic in their origin, and trauma only plays a secondary and late part in their pathology. The common use of the misleading term "loose cartilage" is responsible for much confusion and doubt as to the best method of treatment. My own experience agrees entirely with Dr. Martin's as regards the results of the operative treatment of genuine torn semilunar—viz., that they are uniformly lasting and perfect as regards function of the knee. On the other hand, no one acquainted with the anatomy of the knee and of the semilunar cartilages can believe that spring pads and similar devices can keep a loose cartilage in its place, nor can anyone who has examined a genuine split cartilage imagine that it is possible by any means short of removal to prevent the detached portion from becoming nipped by the condyle. In short, for a genuine split or torn cartilage there is only one cure, and that is by operation. Splints and retentive apparatus of various kinds are merely palliatives suitable for those who for age or other reason are content with an imperfect cure.

I am, Sir, yours faithfully,

Wolverhampton, Oct. 22nd, 1912.

EDWARD DEANESLY.

IPECACUANHA AND EMETINE.

To the Editor of THE LANCET.

SIR,—Lieutenant-Colonel Rogers's valuable paper on Amoebic Colitis in India reopens the question of the relative values of ipecacuanha and emetine, and it is interesting to note that until Veddes demonstrated the germicide powers of the alkaloid¹ our knowledge of the therapeutic value of ipecacuanha remained very much as it was in 1648, when Dr. William Pison, of Leyden, introduced the drug into Europe, and told of its antidyenteric properties, which he had seen in Brazil during the Viceroyalty of Count J. Maurice, of Nassau. The successful use of the drug by Pison, "The Founder of Tropical Medicine," in Amsterdam attracted the notice of his fellow countryman, Jean Adrian Helvetius, then living in Paris, who obtained a supply of the drug from one Garnier. Helvetius sold the powdered root as a secret medicine, and advertised it as an infallible remedy for dysentery. He was so fortunate as to cure the Dauphin of France and to secure from King Louis XIV. 1000 louis d'or for his secret. In the same year in which Sertürner succeeded in obtaining morphine in a pure state Pierre Joseph Pelletier isolated the alkaloid emetine, and in collaboration with François Magendie determined its physiological action.² The discovery was quickly followed by that of strychnine, quinine, and veratria, which alkaloids, with that of morphine, so absorbed the attention of the medical profession that emetine was neglected, and remained so until June, 1829, when Dr. James Lomax Bardsley, physician to the Manchester Infirmary, published his "Hospital Facts and Observations," and so drew the attention of his medical brethren to the value of emetine. He writes (p. 149): "In some instances of dysentery, chronic diarrhoea, and chronic pulmonary catarrh I have derived from emetine, in combination with a small proportion of opium, much benefit."

Lieutenant-Colonel Walsh's 20 cases³ show that emetine cuts short the disease by its germicide action, as Surgeon Veddes has proven. The more recent articles on emetine go to demonstrate that in the alkaloid there is a trustworthy remedy for dysentery, based on scientific principles; and to Dr. J. L. Bardsley, of Manchester, we are indebted for its empirical use in dysentery.

I am, Sir, yours faithfully,

Oct. 26th, 1912.

GEORGE FOY.

THE BELL-MAGENDIE QUESTION.

To the Editor of THE LANCET.

SIR,—Dr. Edridge-Green has called attention to an "Advertisement" printed in Vol. XII., 1823, of the Medico-Chirurgical Transactions to the effect that "It has been resolved by the President and Council that the Society shall publish half-yearly, namely on the 1st of July and the 1st of February, such Papers as shall have been ordered by the Council for Publication," and he infers from this and from

¹ Hare: Practical Therapeutics, 1912.

² Rec. Chi. et Phys. sur l'Ipecacuanha, 1817.

³ Medical Annual, 1893, from Indian Medical Gazette, September, 1891.