

RED FATIGUE.

SIR,—Recently I read your editorial (of September 10th, 1921, p. 413) concerning Dr. Edridge-Green's important experiment on the white equation or the amount of pure spectral red, green, and violet required to match simple white. He finds that after red fatigue of 5 seconds only about half as much green is then required. If a myoid or muscular nature is assigned to the rods and cones his results are explained as due to residual tetanus or tone, an after-image effect of slight fatigue. The tone for red is prolonged and co-operates with the green to balance the violet and give the tone for white. To my mind it is ridiculous to regard the rods and cones as nerve elements; for their constant lengthening and shortening—or contracting and relaxing—would be grotesque and unheard-of behaviour on the part of nerve cells, though quite proper for muscle cells. With longer red fatigue the after-image would be complementary and this explains his other results. These solutions depend upon the myoid theory of vision formulated by me in 1919 in *Mental Biology*, Part IV (and published by F. W. Talbot, Cambridge). Dr. Edridge-Green rightly taxes the theories of Young, Hering, etc., for failing to explain his results.—I am, etc.,

Kandavu, Fiji, Aug. 30th.

WALTER M. COLEMAN.

CANCER OF THE SCROTUM.

SIR,—I read with interest the observations of Dr. Archibald Leitch (November 25th, p. 1047), with regard to the production of malignant disease in mice, by means of crude mineral oil products. I noted clinically the association of the disease with mule-spinners as far back as 1906-7, whilst house-surgeon for the late Mr. G. A. Wright. It may interest Dr. Leitch to know that some of our sections showed very little chronic inflammatory change, but marked proliferative changes in the deeper layers of the epithelium, suggestive of the action of some auxetic substance.

As regards the frequency of the disease, it would appear to be relatively common in South Lancashire, for since publication I have had communications from surgeons in other South Lancashire towns confirming the observations. It appears, however, to be a very rare disease in chimney-sweeps in this district.—I am, etc.,

Manchester, Nov. 27th.

S. R. WILSON.

LILLIPUTIAN HALLUCINATIONS.

SIR,—I was interested in Dr. F. M. Rowland's letter (November 18th, p. 999) on Lilliputian hallucinations, for quite recently this rarely described syndrome came under my notice during the early stages of a severe case of scarlet fever.

The patient was a young adult. On the second day of the fever he became delirious and continued so for four days. Prominent amongst the mental symptoms were hallucinations of the type described by your correspondent. The patient pictured vivid scenes, in which hosts of small people—men, women, and children in gaily coloured clothing—were the chief actors. Their many and varied activities appeared to be vastly entertaining. The most up-to-date mechanical appliances (all proportionally small in size) were used in their multiple undertakings. They worked noiselessly and were never heard to speak. Animals did not figure in the pictures. These hallucinations did not excite fear in the patient. For the most part he seemed interested and amused, always preserving a normal conception of persons and surrounding objects.

Occasionally giant types were described.

The patient made a good recovery and still retains pleasant memories of his sojourn amongst the Little People.—I am, etc.,

Caxton, near Cambridge, Nov. 20th.

J. C. HALL.

* * Dr. J. W. Duncan (Hockley, Birmingham) sends us a note in which he mentions the case of a lady over 70 years of age, who recently complained to him of feeling giddy and of seeing little stars, like fire, all moving about.

DYSTOCIA DUE TO GIGANTIC FOETUS.

SIR,—The case of gigantic foetus reported by Dr. E. L. Moss on October 7th, 1922 (p. 643), is interesting, not only because of its rarity and the difficulty of diagnosis and treatment, but as a case helpful in throwing some light on the etiology of this condition generally, and also on the causation of "progressive enlargement of foetus."

As general physiological growth of the body is stimulated by a hormone from the pituitary, and pathological over-growth, such as gigantism and acromegaly, is due to an excess of this endocrine, it seems reasonable to assume that in the foetus also both conditions—growth and overgrowth—are likewise brought about by analogous causes—namely, in the former by normal, and in the latter by an excessive amount of pituitary hormone in the mother.

In support of this view let me quote from among others the case of Mrs. L., reported by me in the *South Africa Medical Record* (April 8th, 1922). I have attended her with babies weighing 12, 14, and 16½ lb. respectively; in her last pregnancy she developed the typical appearance of acromegaly, with glycosuria; the latter condition persisted.

In Dr. Moss's case we have also similar evidence of hypopituitarism: (1) in the marked overgrowth of the foetus; (2) in the greater degree of ossification of the bones (due to pituitary Ca retention); (3) in the manifestations of pre-eclamptic symptoms; of high blood pressure (160 mm. Hg), renal disturbance, and in the finding of traces of acetone and diacetic acid, all of which can be traced to hyperpituitarism (Kark, "Eclampsia: Evolution as a causative factor," *BRITISH MEDICAL JOURNAL*, June 10th, 1922).—I am, etc.,

Cape Town.

S. E. KARK, M.B., Ch.B.

THE SMALL-POX OUTBREAK AT POPLAR.

SIR,—My letter in your issue of November 25th was an invitation to Dr. Killick Millard to come out into the open. His attitude, however, is still not quite explicit. His letter in your issue of December 2nd (p. 1097) is an ingenious attempt to run with the hare of vaccination and to hunt with the hounds of Leicester and the Anti-Vaccination League. While admitting that small-pox can be effectually prevented by vaccination, he implicitly condemns the latter because it "masks" small-pox by modifying it. He appears to regard with complacency the possible epidemic prevalence of mild small-pox (among the unvaccinated) because it "tends to" breed true and does not give rise to a virulent form of the disease. It may be admitted that there have been outbreaks of small-pox in which most of the cases were mild (as in the United States a few years ago), but it by no means follows that naturally mild cases are not dangerous. The idea that mild small-pox can be relied on to breed true is opposed to analogy in other diseases and contrary to experience in small-pox. I have only a small experience of the disease—limited to two outbreaks in Reading during the last thirty years, in both of which I saw nearly every case, but, though there were few deaths, there was every gradation of type from the mildest to the most severe form, and neither the mild nor the severer cases were all in vaccinated persons.

Another point of Dr. Millard's is the old antivaccinist wheeze that "most of the deaths are in vaccinated persons." I fear this fact, when it is a fact, may be, at least partly, the fault of certain black sheep in the profession who, for a consideration, have vaccinated inefficiently. I once knew a medical man who built up a large practice (of a kind) by vaccinating in one small spot only and then signing a certificate of "successful vaccination." (This was, of course, before "conscientious" objection provided such an easy and convenient means of escape.) Another medical man once told me that he vaccinated just as much or as little as people asked for, apparently regarding the question as simply a matter of supply and demand like the sale of potatoes.

I agree with Dr. Millard that saturation of the population with vaccination is probably unattainable in this country. If the people prefer small-pox to vaccination they must have it, but we of the medical profession need not back them up in their preference. On the contrary, I would proclaim constantly that no individual need have small-pox at all unless he or she wishes it, however much the epidemic may rage in others, and that every death from small-pox is a case of either suicide or murder, and should be stigmatized as such.—I am, etc.,

Reading, Dec. 4th.

F. W. STANSFIELD.

OUTBREAK OF SMALL-POX IN POPLAR WORKHOUSE.

A Correction.

SIR,—In the concluding paragraph of my letter appearing in your issue for December 2nd I stated, "It is interesting to learn that all of the 22 fatal cases in the present outbreak had been vaccinated, presumably in infancy." I mentioned this on the strength of a statement appearing in the daily press. I now learn that the statement is incorrect. I understand