Correspondence.

"Audi alteram partem."

PERICARDIAL FRICTION AND CORONARY THROMBOSIS.

To the Editor of THE LANCET.

SIR,—In an annotation in THE LANCET of June 5th (p. 1232) you call attention to transient pericardial friction as a sign of coronary thrombosis, and to six cases reported by Dr. L. W. Gorham, of Albany. You speak of this condition as "almost unrecognised," and "not mentioned in the text-books." Dr. Gorham's cases are very interesting, but it is hardly true that patches of pericarditis at the sites of coronary thrombosis have not been fully recognised in England. If your readers will do me the honour to turn to my work on "Diseases of the Arteries," Vol. II., pp. 460ff, they will find these events discussed at some length. The occasional relation to angina pectoris also is indicated, and suggestions made to explain the occurrence of anginal pains in some cases in which, with coronary thrombosis, there is no pericarditis.

I admit I have not had the good fortune to meet with the considerable pathological proofs which have fallen to the lot of Dr. Gorham, but do not let us in England appear ignorant of the subject.

I am, Sir, yours faithfully,

Cambridge, June 12th, 1920.

CLIFFORD ALLBUTT.

WAR OEDEMA AND EPIDEMIC DROPSY.

To the Editor of THE LANCET.

SIR,—I have read the letter by Dr. J. A. Nixon in THE LANCET of April 24th on the subject of War Œdema and Epidemic Dropsy. I do not consider that any confusion will result from Dr. A. D. Bigland's valuable article on "Œdema as a Symptom in So-called Food-deficiency Diseases"; on the contrary, it gives a very clear and complete account of our present knowledge of the subject. Indeed, Dr. Nixon himself somewhat obscures the issues when he states that "the disease called by Macleod epidemic dropsy, with its itching, burning, and erythema or urticaria which preceded or accompanied the anasarca, was probably ankylostomiasis." In the course of my investigations on the Œtiology of Epidemic Dropsy in India, published in the Scientific Memoirs of the Government of India, Nos. 45 and 49, I obtained no evidence that the disease was ankylostomiasis; on the other hand, the results of my researches pointed definitely to epidemic dropsy, as seen by me in Calcutta and other places in India, being a form of food-deficiency disease. The statement that "this dropsical disease was by no means confined to the impoverished and sickly" proves nothing, because it is necessary to remember in this relation that the diet of well-to-do people, although expensive, may be, from the modern view-point, nutritionally deficient; thus highly polished rice, which is consumed by the richer classes in India, is more costly than the coarser varieties of rice, but, as is now well known, the former is more deficient in vitamins than the latter.

I am, Sir, yours faithfully,

E. D. W. GREIG.

Pasteur Institute of India, Kasauli, May 21st, 1920.

THE STANDARDISATION OF COLOUR PERCEPTION.

To the Editor of THE LANCET.

SIR,—I have read Mr. Herbert Parsons's letter in THE LANCET and have to thank Mr. Percy Dunn for his reply in your last issue. I shall welcome Mr. Parsons's attack on my views, but I hope it will not appear in a lay paper. The editors of different lay papers have received communications depreciating my work, and though none of these have been inserted, in any case I wish to reply through a scientific medium. Mr.

Parsons should be the last person to belittle my work, as he is now using my methods after having opposed them long and fiercely. In 1889, as member of the International Code of Signals Committee, I constructed the lantern, which is now the official test of the navy, for the Board of Trade. Opinion at that time, however, was in favour of the wool test and the non-use of colour names. A special committee of the Royal Society was appointed which recommended the wool test. This discredited me for many years. The wool test is now obsolete, as more than 50 per cent. of dangerously colour-blind persons can pass it and a very large percentage of normal-sighted are rejected. Yet in 1912, in a new edition of his book, Mr. Parsons wrote:—

"The fundamental axiom in colour testing is that no importance should be attached to the naming of colours..... Holmgren's wools are sufficiently good."

This statement was made when nearly the whole world had recognised the inefficiency of the wool test and the necessity for the use of colour names. In the Ophthalmological Section at the British Medical Association meeting at Brighton, 1913, a resolution was proposed condemning the wool test. Mr. Parsons was the sole member who voted against the resolution.

I have for many years whenever a foreign scientist interested in vision has visited me, and has told me that he was going on to one of my opponents, requested him to let me know of any objection made so that I could answer it. In every case on returning he has told me that certain particular people, the same in every case, had nothing good to say of my work, but were quite unable to point out any fact or deduction which was wrong. I naturally look forward to having something to which I can reply.

I am, Sir, yours faithfully,

London, June 12th, 1920.

F. W. EDRIDGE-GREEN.

To the Editor of THE LANCET.

SIR,—Mr. Percy Dunn's saeva indignatio has led him into making some rhetorical exaggerations. "The 100 per cent. of those who have failed to prove that any of his statements are wrong" is one such. The following is an example refuting this pronouncement. Lord Rayleigh stated that he could distinguish between the wave-lengths included in a monochromatic division to the extent of discriminating between the colours of the two D lines.¹ Dr. Edridge-Green traversed this statement and attributed the error to "the admixture of small quantities of white and coloured light and to certain physiological influences."² Dr. Wm. Watson conclusively disproved any such influence of admixture with white light,³ and found that 14 observers gave the following mean values with sodium light: width of monochromatic patch = 4.5μ ; difference in wave-length easily detected as a change in hue = 1.4μ . It is further to be remembered that there is a wealth of argument against some of Dr. Edridge-Green's theories, so that opponents may not have felt it necessary to controvert them. Thus, I know of, at any rate, one scientist whom Dr. Edridge-Green claims as a strong adherent, who yet dissents entirely from his theory as to the action of the visual purple.

With regard to the "prejudicial attitude" assumed against Dr. Edridge-Green, this, if true—and I believe it originated in events occurring before I became actively interested in the subject—was a personal matter and does not affect the scientific arguments. I have yet to be convinced that the Royal Society was so influenced as to commit the worst crime against science—that of perverting scientific truth from ulterior motives.

I have already said that I consider Dr. Edridge-Green's colour perception lantern good, and it is not surprising, for reasons stated in my last letter among others, that various Government departments have adopted it. I fail to follow Mr. Dunn's arguments that a test requiring skilled knowledge is better than one more "fool-proof." Would a test for visual acuity be

¹ Proc. Roy. Soc. B., 1910, vol. lxxxii., p. 458.

² Ibid., 1911, vol. lxxxiv., p. 116.

³ Ibid., 1911, vol. lxxxiv., p. 118.