

CONGENITAL COLOUR-BLINDNESS INCURABLE.

By Dr. B. JOY JEFFRIES.

IN an English medical publication for August 21st is an editorial notice of Dr. Favre's paper read before the Paris Academy of Medicine on the "Relations of Colour-blindness." Dr. Favre's mistaken belief in the curability of congenital colour-blindness is apparently agreed with from this sentence: "All these circumstances go to prove that such an examination should be more generally resorted to, and that the colour-blind should be made responsible to the law for their mistakes; and as Daltonism can for the most part be cured by exercise, the legislation required would certainly become an excellent therapeutic agent. Those persons who were past cure would be warned that they must abstain from giving any judgment on coloured objects."

It seems particularly unfortunate that editorial credence should be given to Dr. Favre's ideas just at a time when a very general testimony of the members of the British Medical Association has drawn the attention of the profession to the subject of colour-blindness. It should at least have been stated that he stands almost alone in this belief of the curability of congenital colour-blindness by exercise with colours. A few years ago Dr. Favre's mistake might have been very natural, but at the present time, after the careful reports of the examination of many colour-blind by the best scientific observers, who have also worked practically, a belief in it should no longer be indulged. It is a most dangerous error to promulgate among the laity that a colour-blind sailor or railway employé can be cured by exercise with colours.

I took ground against Dr. Favre on this point in the *Boston Medical and Surgical Journal*, March 28th, 1878, quoting especially Nilson and Holmgren in my support. I have since then devoted a chapter to the subject in my volume on "Colour-blindness: its Dangers and Detection." I will not lengthen this communication by quoting from my book, as all can there read what is said. Since my book went to press a number of very competent observers have criticised Dr. Favre's curious mistake and shown the fallacy of his reasoning. This is especially the case with those gentlemen who have had time and opportunity to study the colour-blind and patiently test in many ways their chromatic sense, as Donders, Holmgren, Magnus, Cohn, Stilling, Pfüger, Netoliczka, Fontenoy, and others.

Respect for authority and isolation in my early work, alone prevented me from sometimes doubting whether the colour-blind could not see differently after years of familiarity with colours. I have since then come in contact with colour-blind scientists, chemists for instance, who have done everything to try to improve by practice their chromatic sense, and I have by intercourse with and watching under examination more than seven hundred colour-blind, learned somewhat more of how they supplement their defect, both by their other senses and, so to speak, through their very defect, as has been lately explained by Professor J. Stilling in his monograph on the "Vision of the Colour-blind."

Dr. Favre induced his teacher friends to test their scholars for colour-blindness by asking them the names of coloured objects. The girls could tell, the boys could not. Hence from 10 to 30 per cent. of the latter were called colour-blind, and these were *cured* by teaching them the names of the colours. This absurdity is now self-evident. Upon it was based his belief in the curability of congenital colour-blindness. He may not now adhere to the whole of what he once recorded, but his aim is the same.

The laity who see how the colour-blind who have had practice with colours will get on and conceal their defect, particularly if these laity are officially or pecuniarily interested in preventing legislative control of this dangerous defect, *cannot* often and *will not* even disbelieve in the change of the colour sense. The importance, therefore, of constantly impressing on the community that the chromatic sense does not alter, and as far as possible explaining the natural deception, must be recognised by all. Dr. Favre's opinion in this matter has no weight in Europe, as his per-

haps natural mistake has been often pointed out most satisfactorily. The editorial endorsement of it in the medical publication before referred to might, however, give it temporarily some weight in England, till such criticism as has been passed in Europe, and as I have here made, disabuses the community, the medical at least, of the value of the recorded observations.

I have thus called attention again to this important point, as the effort for control of colour-blindness and visual defects on land and sea is being pressed in all parts of the civilised world, and an International Commission has been proposed to discuss and agree on standards of efficiency and standard tests, a Bill having been reported and introduced into the last session of the American Congress, authorising the United States Government to take the initiatory steps for the formation of this commission.

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CASE OF CANCER OF THE UTERUS DURING PREGNANCY.

SAFE DELIVERY TO MOTHER AND CHILD.

By JAMES TURNBULL, M.B., C.M. EDIN.

Mrs. P—, aged forty-one, consulted me on February 28th, 1879. She complained of great weakness and loss of appetite. She had no particular pain, but stated that for the last three or four months the menstrual flow had become more frequent and lasted longer than formerly. This she attributed to the change of life, and objected to a vaginal examination. She was a little woman with an anæmic and unhealthy-looking appearance. She had five children, the youngest five years old; all her labours but the first had been easy. On examination I could detect no heart, lung, or renal disease. I prescribed a mixture of perchloride of iron and solution of the extract of ergot to be taken thrice daily along with nourishing food and wine. Under this treatment she improved considerably in health and appearance. On May 13th I was sent for as she had an alarming attack of hæmorrhage. I found her in bed, looking pale and exhausted. Her pulse was very rapid and feeble. She had evidently lost a large quantity of blood. On examination I found the vagina filled with dark clots of fetid odour. Growing from the posterior lip of the os I felt a nodulated mass of friable structure, which bled freely on being touched. The growth had a broad surface and was attached by a broad pedicle to the posterior lip of the os. I cleared the vagina of clots and swabbed the surface of the growth with a saturated solution of perchloride of iron in glycerine. This had the effect of completely staying the hæmorrhage. Hitherto my attention had been chiefly directed to the uterus per vaginam, but on passing my hand over the abdomen I could feel it enlarged, though not to any great extent. I suggested to her the possibility of her being pregnant. She said she had not the slightest idea of such a thing, more especially as she had menstruated so recently, and she had none of the feelings she used to have in the early months of her pregnancies. Evidently she had mistaken the hæmorrhage from the growth for menstruation. My diagnosis was cauliflower excrescence with probably coexisting pregnancy. Of the nature of the tumour there was no doubt, as I examined a portion of it under the microscope and found it to be epithelial cancer.

The pregnancy was not sufficiently far advanced to make the diagnosis absolutely certain. I therefore determined to wait rather than pursue investigations further at that time. In about a week or so afterwards the difficulty was removed beyond a doubt, as the patient felt the movements of the child, and the fetal heart could be heard beating distinctly. The hæmorrhage did not return, and she continued to improve in general health.

On Saturday, Oct. 19th, at 10 A.M., I was sent for, as labour had commenced. There had been a considerable amount of hæmorrhage. The vagina was filled with clots. The os was sufficiently dilated to admit the introduction of the tip of the forefinger. The growth did not seem to have increased much in size, and appeared to be entirely confined to the posterior portion of the cervix uteri. The head was presenting, the membranes were intact, and the child was alive. The pains came on at long intervals, and