

nerable to the rheumatic poison in subsequent attacks. This offers the only reasonable explanation of this greater liability to cardiac implication in repeated attacks of rheumatism, as otherwise the liability should decrease with advancing age and lessening in severity in the recurrent attacks. The truth of this is further borne out by the experience we have probably all had of cases who, having convalesced from rheumatism, have passed out of our hands without any signs of cardiac lesions that could be detected, and who sometime later showed unmistakable evidences of heart disease, it may be, of a most serious nature. The greater frequency of heart disease in several attacks of rheumatism was believed by Sibson to be due to the increased strain thrown on the heart by the severity of the disease.* The fibrous structures subject to most strain seem to be most liable to attack; the increased labor of the heart may, therefore, induce inflammation of its fibrous structures.

In children, as with rheumatism, so it is with its cardiac phenomena, they are nearly always mild and trivial; all may disappear for a season, yet they too often recur, soon to persist, until the valve injury becomes serious, and finally fatal. In the rheumatism of children the slightest causes may induce relapses. They frequently tax the patience of the physician, and too often shake the confidence of the parents in his skill and treatment. In these recurrent attacks lies the danger to the child, as with each he becomes increasingly liable to disease of the heart. If the heart becomes once affected the lesion is sure to increase with each relapse.

Such cases of rheumatism call for the most judicious management perseveringly carried out, until the rheumatic condition has been wholly eradicated.

(To be continued.)

SALOL IN INFANTILE DIARRHŒA.—Dr. Hirtz (*Lyon Med.*) finds that vomiting and diarrhœa of infants speedily yields to the administration of the following powder, twice daily:

R—Salol, gr. iij.
Laudanum, gtt. j.—M.
Ft. one powder.

* Reynold's System of Medicine.

THE PRACTICAL BEARINGS OF COLOR BLINDNESS.*

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The earliest case of color blindness which has been recorded is that of the shoemaker Harris, which was reported by Mr. Huddart in 1777. In 1794 the English chemist Dalton described his own defect. His name has since been attached to this curious and interesting condition. Dalton stated that to him "the color of a fluid complexion seemed dull opaque, blackish blue on a white ground. Diluted black ink on white paper gives a color much resembling a fluid complexion. Blood appeared not unlike that color called bottle-green. Grass appeared a very little different from red. The face of a laurel leaf is a good match for a stick of red sealing wax. Green woolen cloth appeared a dull brownish color." Harris, the shoemaker, noticed that he could not tell the cherries from the leaves except by their form. Since Dalton's time, Seebeck and Stilling, in Germany, Wilson, of Edinburgh, Donders, in Holland, and Joy Jeffries in the United States, have done much to elucidate this matter, but it is especially to Prof. Holmgren, of Upsala, Sweden, that the greatest credit is due for placing our tests on a sound scientific basis. He adopted the theory of color of Young, and upon it founded his tests.

As regards the different varieties of color blindness, Dr. Joy Jeffries, in his book on "Color Blindness," thus quotes Holmgren's work:

"We classify the different kinds of color blindness under especial heads, to be able the better to grasp the whole. We might, indeed, divide this blindness into congenital and acquired; but as such a division has reference alone to the mode of origin, and not to the nature of this blindness, and effects in no wise the manner of its discovery, it has no practical importance in the case now occupying our attention. Besides, our division relates, as does our entire memoir on this subject, essentially to congenital color blindness. The division is as follows:

"I. Total color blindness, in which the faculty of perceiving colors is absolutely wanting, and

* Read before the Ont. Med. Association, June, 1891.