Holmgren's test. In the *Lancet* for January 13th, 1877, there is a communication "On the Prevalence of Colour-Blindness", by Mr. Herbert W. Page, Surgeon to the London and North-Western Railway Company. Mr. Page believes that this defect of vision is very uncommon. In eight hundred men employed by the Company, he did not find one instance of true colour-blindness. He quotes also the opinions of some other railway surgeons. Mr. Oliver Pemberton of Birmingham says: "My experience is that it is of excessive rareness, and I have examined many hundreds in the course of twenty-five years." Mr. Puzey of Liverpool says: "I have not found it common. Sometimes I have met with it; and sometimes when I have thought I had a case I have found that the fact was merely the man did not know the names of the colours." Mr. Page of Carlisle says: "I have met with only three cases of colour-blindness out of many hundreds whom I have examined.....I have supposed I had a case of colour-blindness before me, when in reality it was nothing more than ignorance of the names of the colours." Mr. Herbert Page does not specify the method, he used in making his investigations, but it is evident from his general remarks that it is some plan by which the individual is called on to give the correct name to a colour placed before him, and I have shown how completely unreliable any such method must be.

It may be said that if a colour-blind railway official or sailor be able to distinguish the red from the green light, it matters little whether he does it by aid of his chromatic sense or by some appearance apart from the colours of the signals. I grant this freely, and I can readily understand a colour-blind engine-driver of many years' standing never being detected in a mistake. Let such a man, however, be driving of a foggy night, or when snow is falling, when even the man with normal colour-sense finds a difficulty in recognising a difference between the signals, and how apt will he be to confound them. It may also be said that the percentage of colour-blind persons is so small that the defect is hardly worth considering from a practical point of view. Fortunately, the percentage is small, but not so small as to be of no practical importance. Upon the Great Southern and Western Railway of Ireland there are about one hundred engine-drivers; and amongst these I venture to say there are three or four who are colour-blind. Surely every train to which these drivers are attached is exposed to a great, an unwarranted, and an unsuspected danger.

I am strongly inclined to suspect that the dangers from colour-blindness are greater at sea than on land. How frequent collisions at sea have become!

ON THE PREVENTION OF SUICIDE.*

By W. F. WADE, F.R.C.P.,

Physician to the General Hospital, Birmingham.

SELF-DESTRUCTION is of all modes of death that which leaves in the hearts of sorrowing survivors the most poignant and the most enduring sting.

From the evidence of Mr. James Wilkes before the Select Committee on Lunacy Law, it appears that, in 1875, one thousand six hundred persons committed suicide in England alone. In the opinion of this same witness, for many years a Commissioner in Lunacy and previously long the able head of a large county asylum, "the great majority of them were probably insane, and they committed suicide for want of proper care". This is a truly shocking statement; the more so, in that it is true. What medical man can carefully read in the daily papers the ever-recurring paragraph headed "Suicide", without acquiescing in Mr. Wilkes's view? Further than this, there can be no doubt that a large number were curable, and would have recovered but for "want of proper care".

In too many cases, there has been not merely a want of *proper* care, but an absence of any care whatever. A man sees his wife day after day moping, neglecting her household duties, formerly assiduously performed; careless of her person and attire, formerly cleanly and neat; muttering to herself in monotonous phrase; not eating, not sleeping. He keeps on going to his work as usual, and returns home one evening to find her drowned in the water-butt, and perhaps one or two of his children with their throats cut. Quite true, he did not expect such a catastrophe; if it could be proved that he had expected it, he would possibly be liable to an indictment for murder. But he erred through ignorance, and consequently receives the commiseration of the coroner and his jury, and perhaps even a small subscription.

But is such ignorance excusable? Day after day, the newspapers

report such cases; and, if people who read them are too careless to draw the proper lesson from such reports, means ought to be taken to teach it to them.

In other cases, the culpability is of a graver type. A doctor has been called in, and, recognising the dangerous situation of the patient, has given wise and suitable advice. This, through prejudice, disbelief, or indifference, has been neglected. We must all of us have found how much of earnest and reiterated solicitation is often required to induce persons having charge of such poor creatures to submit them to proper control even at, but especially away from, home.

I fear it must be admitted that there is yet another class of cases in which we ourselves, and not the public, are to blame: cases in which we have either not recognised the disease with sufficient promptness, or have not insisted on the necessary treatment with adequate urgency. I believe that this class is a small one, and I hope that it is daily decreasing, and will decrease; but as yet we can scarcely with truth deny its existence.

We come now to consider whether their duties are adequately discharged by another class of persons. Do coroners make a sufficiently searching inquiry into cases of suicide in a state of insanity? I have no intention of considering whether or no the evidence in all cases justifies the verdict, but only whether, when this is undoubtedly justified, the investigation ought not to be pursued further than it habitually appears to be. The main object of an inquest is to ascertain whether death has been by fault of any person, either wilfully or maliciously or through negligence; and, if so, by whose fault. It is the duty of the coroner to see that this object is attained. Even in cases where no one is shown to be criminally liable, coroners are accustomed—and, in my judgment, it is a very salutary proceeding—to lecture with severity persons who may be morally, though not legally, guilty of neglect. For example, not long ago a man stood quietly on a canal-bridge and watched a boy drown without making even any pretence of assisting him. He was within his strict legal rights; but the coroner commented with becoming indignation on the fellow's gross and pitiless inhumanity. But, as regards the cases we are discussing, coroners do not, so far as I can see, take such a view of their duty as is likely to lead to any diminution of the lamentable neglect of proper precautions to prevent insane suicide. I say this after having long paid attention to the newspaper reports of such inquests. It is true that such reports are, for the most part, brief and condensed; and that a perusal of the depositions, which are not at our disposal, might show the matter in an entirely different light. On the other hand, newspaper reporters are exceedingly acute in seizing on any items likely to interest the public; and I cannot but think that, if coroners took the same view of their duties in these cases as I do, it would soon appear so plainly in their questions to witnesses and in their charges to juries, that the reporters would not leave it possible for any candid reader to entertain the opinion which I at present hold. A case happened not long ago which illustrates the frame of mind in which even experienced coroners seem to approach these cases. A gentleman either became giddy and fell, or else threw himself, under a locomotive engine. There did not appear to be the least reason for thinking that the engine-driver could by any possibility have averted the catastrophe. Nevertheless, the coroner "cautioned" him before giving his evidence. This was, no doubt, perfectly right and proper, because it might have turned out that the man was to blame. The victim had been for some time under medical treatment. His doctor was called as a witness, but was *not* "cautioned". Now, it is obvious that it might have turned out that he had been guilty of malapraxis in not having ascertained that his patient was suicidal, or, having ascertained that he was, in not having taken due precautions. No member of the family was called with a view of discovering whether he had manifested any suicidal tendency; yet, in the opinion of the engine-driver, who saw the whole transaction and who really had no motive for influencing the verdict, the man had jumped on the line. This case happened before a coroner of long and very large experience, and is mentioned as an example of a coroner failing to realise his public duty in regard to cases of this kind.

Is it too much to say, firstly, that in a large number of cases of insane suicide, somebody is to blame; and, secondly, that no one ever is blamed? It seems to me that the proper course to take, with a view of rectifying the inadequacy of these inquests as at present conducted, is to apply to the Home Secretary. We have not, but he has, access to the only reliable documents; viz., the depositions. We can carry the case no further; he can, and I have no doubt, on due cause shown, will. Let us respectfully request him to cause a careful investigation to be made of the depositions in every case where the verdict is one of "Suicide in a state of temporary insanity", with a view of determining whether due care has been taken to ascertain whether anyone, and, if so, who, has been guilty of negligence in the matter.

* Read in the Section of Psychology at the Annual Meeting of the British Medical Association in Cork, August 1879.