

was raised in New York by the Chairman of the State Board of Charities. He studied the matter and went over the statistics of the different asylums, and to his astonishment he found that there was a similar rapid increase. This, as far as blindness is concerned, is due to several causes. One point especially must be taken into account, and that is, immigration, for many blind are sent to our shores every year. I have a letter addressed to the gentleman in charge of these immigrants, and I have his reply. I asked "what examinations are made of the eyes?" The reply is, "None." "What statistics have you in regard to those partially or totally blind who enter?" The reply is, "We pay no attention to that." "What care is given to them?" "None." The replies were in that style. The greatest possible laxity exists. When this is taken in connection with the large number of immigrants that arrive at the port of New York alone, and remain on the Atlantic coast, it is one explanation why the increase of blindness is greater there than elsewhere. This is particularly true in regard to the lower classes of Irish among whom *granulosa* is so common.

LEGISLATION FOR THE PREVENTION OF BLINDNESS.

BY LUCIEN HOWE, M.D.,
BUFFALO, N. Y.

As it is generally admitted that prevention is better than cure, I venture to call attention to a method by which that disease which produces a greater number of blind than any other, may be, to a considerable extent prevented, or in certain States, made largely to disappear. I refer to legislation for lessening the dangers of *ophthalmia neonatorum*. The title of this paper would indicate the intention of treating the subject from a more general standpoint, and there is certainly a great temptation to consider here those laws relating to children in asylums and residential schools, whereby contagious diseases of the eyes in those institutions can be, to a certain extent, prevented. It is undoubtedly the fact that if examinations were made in other large cities, similar to those investigations undertaken in New York a few years ago, by members of this society, the results

would demand immediate and proper legislation, having for its object the prevention of blindness, such as was found necessary in this State.

Enticing as these phases of the subject may be, I fear that by occupying time and directing attention in their consideration, I should fail to establish, as I hope to do, the importance of passing laws which have for their object the lessening of the dangers of ophthalmia neonatorum. In regard to this, therefore, I wish to show as briefly as possible—

First,— That it *should* be done, — or the reason for it.

Second,— That it *has* been done, — or the attention given to the subject in other countries and in the State of New York.

Third,— That it *can* be done easily in other portions of the United States as well as in the State of New York.

It seems almost unnecessary to dwell at length upon the advantages to be derived from any method which would decrease in the least the dire effects of ophthalmia neonatorum. Statistics show beyond doubt that of all diseases of the eye this is more productive of blindness, and that particularly among children. Of 3,204 cases in asylums, in different parts of Europe, Magnus found 23.5 per cent, or nearly one-quarter of the whole number, were made blind by that disease. The asylums of Switzerland give 26.02 per cent., Germany 25.83 per cent., and Hungary 20.47 per cent., etc. That the same condition of affairs exists in this country is proved by an examination made of 128 cases at the New York State Asylum at Batavia, where I found that 19.5 per cent. were there because of that disease. A similar large proportion has been found in the New York Institution for the Blind by Dr. Andrews and by Dr. Bates. Without dwelling further on the statistical aspects of this question, I would simply remark in passing, that the census returns in 1880, as compared with 1870, apparently show that blindness has increased in the entire country more than four times as rapidly as population, while in some States it is greater still. In the State of New York, for instance, the increase in blindness was 8.2 times as rapid as the population. During that decade, making allowance for the large sources of error which undoubtedly

exist in these enumerations, it is but fair to infer that the prevention of blindness is of some importance, and especially the limiting of the effects of that disease which unquestionably produces nearly one-fifth of all the blind of early life. Again, it should be noted that in the treatment of ophthalmia neonatorum almost everything depends upon promptness.

There is perfect unanimity of opinion that when these cases are seen at the very outset, the eye can be saved in almost every instance with little or no injury, while, on the other hand, ulceration and perforation often occur when the children are neglected until the disease is far advanced.

The question of lessening the number of blind—in other words, lessening the effects of ophthalmia neonatorum—resolves itself then simply into this: How can these children be brought at once under the observation of some person qualified to deal intelligently with the case? In many instances, it is true, the patients are from first to last under the care of the family physician, who has not only perhaps made use of Credé's method for preventing the attack, but when it occurs, is competent to treat it intelligently. Unfortunately, however, the large proportion of such cases, especially in crowded cities, are only seen at first by a midwife, or if a physician has been called at all, the child is subsequently left in the care of such midwife or nurse. While under her observation the first appearance of the disease manifests itself, and she, either through neglect or ignorance, or a desire to continue in charge of the infant without interruption, fails to call for intelligent advice until the disease is so far advanced as to threaten the integrity of the eye. In such instances, which are unfortunately well known to every oculist, we believe it would be advisable to compel the nurse by law to report the case, as she would any other contagious disease, to some person who is at least legally qualified to practice medicine. As to the justice and reasonableness of this there can be no doubt.

It is unnecessary, in a short paper like this, to refer at length to official actions in this respect abroad. Any one sufficiently interested in the subject, will find more exact statements in Fuch's prize essay on the causes and preventions of blindness

in Magnus Blindness of Early Life,* or in the articles of Adder,† and Steffan.‡

These cite the more or less stringent regulations adopted by Germany, by France, and by Switzerland, which demand of nurses certain extra precautions when assuming charge of a suspected case of ophthalmia neonatorum, or require the nurse to report the case to the proper medical officer, and turn its management over to him.

The question has arisen there, as it might well here, whether any obstetrician should not also be required by law to drop into the eyes of every new-born child a two per cent. solution of silver nitrate, after the manner recommended by Credé. But as it may appear later that some other method is better than this, it seems unwise at present to compel physicians to adopt any one method of prophylaxis, but rather require the nurses and midwives to report suspicious cases to some physician, and then hold him responsible for the treatment. Unfortunately, he is often as ignorant of his duties then as the nurse is of hers, but if so, the law looks after him in the result of a suit for malpractice.

The plan of having midwives report to some physicians has been adopted in the one State which, thus far, has recognized the matter by any legal action. In February of '89, I presented a short paper, at the meeting of our State Medical Society, on the "Purulent Conjunctivitis of Infancy and Blindness," in New York State, and closed it with a recommendation that the committee on legislation be instructed to formulate and urge the passage of a law which should require nurses and midwives to report at once, to some legally-qualified practitioner any suspected case of ophthalmia neonatorum.

This was done, and early in the next session of the Legislature the following became a law :

* J. F. Bergman, Wiesbaden, 1886.

† Mittheilungen des Wiener-Medicinischen Doktoren-Collegiums, b. ix, No. 14.

‡ Central Blatt für Allgemeine Gesundheitspflege, 111 Jargang Bonn, 1884.

CHAPTER XLI.

An Act for the Prevention of Blindness.

SECTION 1. Should any midwife or nurse having charge of an infant in this State, notice that one or both eyes of such infant are inflamed or reddened at any time within two weeks after its birth, it shall be the duty of such midwife or nurse so having charge of such infant, to report the fact in writing, within six hours, to the health officer or some legally-qualified practitioner of medicine, of the city, town, or district in which the parents of the infant reside.

SEC. 2. Any failure to comply with the provisions of this act, shall be punishable by a fine not to exceed one hundred dollars, or imprisonment not to exceed six months, or both.

SEC. 3. This act shall take effect on the first of September, eighteen hundred and ninety.

A few corrections will undoubtedly be necessary to convince this class of people that there is such a law and that it must be obeyed. But there seems no reason why it should not be the means of saving many a cornea from ulceration, many a child from blindness.

I have ventured to occupy the attention of this society with so many details in the hope that other members would think it worth while to interest themselves in the cause of similar legislation in other parts of the country. The Ophthalmological Society has now representatives in sixteen of the largest and most populous States, and if even the majority of these would call the ignorant and careless nurses to account for the mischief done to the eyes of the children, we would certainly count on a less number being sent each year to the blind asylums in those States.

The passage of such a law is easily obtained, especially if endorsed by a State Medical Society. The average legislator is happy to identify himself with a measure for the public good, which for once has no suspicion of political aims about it. With every reason then for such legislation, and apparently none against it, does it not seem almost the duty of members of a society like this, at least by individual effort, if not by combined action, to interest themselves in some such legislation for the prevention of blindness.