frequently recurring headaches, not easily attributable to other causes, I deem an absolute measurement of refraction a necessary *part* of the investigation of the case, and if an error of refraction is detected, its correction is a necessary *part* of its treatment. With this course I relieve a larger per cent. of headaches than I used to with a treatment by medication alone.

It is not true that all the patients suffering from ametropic or heterophoric headaches or other nervous sequences must ever after wear the correction to have relief, for many very soon stop the trend of nervous pain and discomfort, break the habit which mere circumstances do not reestablish and have immunity ever after. In this connection I would feel recreant to my trust if I did not say, with a full knowledge of the difficulties that may beset the measurement of refraction and the correction of visual errors, and the great embarrassment and evil following the mistakes made by the non-professional and ignorant spectacle vendor, pretending that he understands dioptries and ophthalmology, that the physician or oculist who is a physician, is the only one who ought to prescribe lenses and their adjustment for eye troubles requiring such. These trades should be discouraged from prescribing lenses, as druggists should be discouraged from prescribing medicines. I do not mean to say they may not sell, but they ought not to prescribe lenses, for such is virtually "prescribing for disease" and "practicing physic." Since writing the above I see that Dr. A. R. Baker, Chairman of the Ophthalmic Section, AMERICAN MEDICAL ASSOCIATION has just said in his address before that body, that every practitioner should possess an ophthalmoscope and a few trial lenses, and should be able to fit spectacles much better than jewelers or druggists who style themselves opticians.

To which I say, learn all you can, do all you can to benefit, in a useful way your patients and when you would call council in any case call a specialist, or any one who may have learned more in this particular line, as an assistant. Or, if you do not want to treat such cases, refer them to some one whom you may think competent who does. But still maintain by knowledge, moral deportment and efficiency that the general practitioner is the best exponent of the intelligence and usefulness of the practice of medicine and is the only one who can take in the whole situation.

LEGISLATION FOR THE PREVENTION OF BLINDNESS.

Read to the Illinois State Medical Society, Decatur, Ill., May 17, 1894.

BY BOERNE BETTMAN, M.D.

CHICAGO, ILL.

Owing to a misunderstanding, the subject which I announced for this meeting does not appear on the program. I prepared a paper on "The Working of the Lunacy Law," the intent being to elucidate some of the measures of the new law, and indicate to you how imperfectly the essential feature, at least from a medical standpoint, is being carried out. I refer, namely, to trials by a board of medical commissioners. However, I propose publishing the article later on in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, and hope its perusal will induce you to labor with the judges in your respective counties and influence them to do away with the old jury system and adopt instead a more enlightened and humane

method of investigation into the mental state of an individual, by a commission consisting of two well qualified physicians. The subject to which I will now call your attention, namely, "Legislation for the Prevention of Blindness," is also worthy of your attention and coöperation. It has been discussed so often and has been so repeatedly a theme of discourse that I will dispense with the reading of statistical tables showing the number of blind in the various communities, and the causes which are responsible for this affliction. Neither will I dwell upon the prophylactic measures which are so efficacious to prevent blennorrhoea neonatorum. I wish merely to inform you that the State Board of Charities of Illinois determined at its last meeting to induce the next Legislature to pass such measures as will reduce the percentage of blindness at least 25 per cent. The need of such legislation is probably felt more keenly in large cities. Of the 1,152 midwives in the State of Illinois, 700 are located in Chicago. Of the 28,742 births recorded last year in Cook County, more than one-half were reported by midwives. They do not carry out the preventive measures of Haussman and Credé. They do not render the vaginal tract aseptic; they do not make innocuous the germs which have lodged in the conjunctival sac of the new-born infant, and when ophthalmia neonatorum does make its appearance they frequently try home remedies for its alleviation. Only after serious damage has resulted to the eyes do they call in the aid of a physician; consequently they must be held responsible to a large degree for loss of vision in the young.

I have read two exhaustive papers on the subject in question at the Chicago Society of Ophthalmology and Otology and at the Chicago Medical Society, and requested both bodies to pass resolutions showing the need of legislation for the prevention of blindness. The necessity for adopting such a course will become more evident to our representatives if the contemplated act receives the indorsement of representative bodies of physicians. The resolutions passed by the Chicago medical societies contain a preamble and the intended bill which has already become a law in the States of Maine, New Jersey, New York and Maryland. The resolutions read thus:

WHEREAS, Statistics compiled in this country and Europe demonstrate that fully 25 per cent. of our blind owe their affliction to an inflammation of the eyes appearing a few days after birth; and

WHEREAS, Experience has proved that the inflammation can be cured and the eyesight saved in the majority of cases, if treatment is instituted at an early stage of the disease; and

WHEREAS, The destruction of the eye and blindness are usually the result of the delay of treatment; be it

Resolved, That we heartily recommend that the people of the State of Illinois, represented in Senate and Assembly, do enact as follows:

SECTION 1.—Should one or both eyes of an infant become inflamed or swollen, or reddened at any time within two weeks after its birth, it shall be the duty of the midwife or nurse having charge of such infant to report in writing within six hours to the Health Officer or some legally qualified practitioner of the city, town or district in which the parents of the child reside the fact that such inflammation, or swelling, or redness of the eye exists.

SEC. 2.—Any failure to comply with the provisions of this Act shall be punishable by a fine not to exceed two hundred dollars, or imprisonment, or both.

F. C. HOTZ, M.D.,
LYMAN WARE, M.D.,
BOERNE BETTMAN, M.D.,
Committee.

I have suggested to gentlemen to adopt similar recommendations in medical assemblies throughout the State, and in accordance with this idea the Central Illinois District Medical Society passed the following resolutions at their last meeting, held at Pana, April 22, 1894:

WHEREAS, Laws have been enacted by the Legislatures of several States relative to the prevention of blindness due to ophthalmia neonatorum; and

WHEREAS, Efforts are being made by the Illinois State Board of Charities to influence the passage of a similar law by the Illinois State Legislature of 1894-95; be it

Resolved, That the District Society of Central Illinois, convened at Pana, April 22, 1894, hereby indorses and commends the efforts being made by the Illinois State Board of Charities to secure appropriate legislation relative to the prevention of blindness due to ophthalmia of the newborn.

And now, gentleman, I hope this convention representing the united interests of the regular profession of the State of Illinois, will aid the good cause by encouraging, with your stamp of approval, the work of the State Board of Charities. I submit to you for acceptance resolutions containing the sentiment of those already read:

WHEREAS, Statistics compiled in this country and in Europe demonstrate that fully 25 per cent. of our blind owe their affliction to an inflammation of the eyes appearing a few days after birth; and

WHEREAS, Experience has proved that the inflammation can be cured and the eyesight saved in the majority of cases, if treatment is instituted at an early stage of the disease; and

WHEREAS, The destruction of the eye and blindness are usually the result of delay in treatment; and

WHEREAS, Efforts are being made by the Illinois State Board of Charities to influence the passage of an act for the prevention of blindness; be it

Resolved, That the Illinois State Medical Society, convened at Decatur, May 17, 1894, hereby indorses and commends the efforts being made by the Illinois State Board of Charities to secure appropriate legislation relative to the prevention of blindness due to ophthalmia of the newborn.

DISCUSSION.

DR. E. P. COOK, Mendota—Permit me to make a remark in connection with what Dr. Bettman has said, although he did not read his paper, in relation to the working of the law for the commitment of the insane. It is a subject in which I have taken a great deal of personal interest, and the Transactions of this Society show that I was the first to present the matter in this State Medical Society. By following up the movement it has gradually grown strong enough so that we have the present law. While it is true that we are working under a law that is defective, still it is very much in advance of that previously existing. My opportunity for observation of the working of that law has been so limited that I can not base any opinion of its merits upon that observation. Shortly after the law came into operation, in July, I saw the judge having in charge such matters, and had a case before the court. In the course of conversation with the court, however, he was unaware that there had been any change in the law, and that there was no provision for insane cases. He was astonished to hear the law had been changed. That was after July 1. He took an interest in the matter, looked it up, and shortly after had the case investigated in private. It was cruel to take the case before a court, and the judge was right and expressed his approval of the new law. The case was investigated at the home of the patient and the patient finally sent to one of the State institutions. It was a serious case, and later the remains of that party were taken to the former home.

As my observation has been so limited with reference to the working of the law, I would like to hear some expression of opinion from those who have given it more attention. It occurs to me the majority of cases should be so investi-

gated, as was suggested by some remarks, and the exceptions are those that should be publicly investigated.

THE CHAIRMAN—Can any one present give us any light on this subject?

DR. BOERNE BETTMAN, Chicago—There is a great deal to be said on this subject, and that was the object in preparing the paper alluded to. All of the lunacy cases are not tried by the new system of a board of commissioners.

Before coming to this convention I had statistics sent to me from Springfield, wherein it is stated that since August 10, 1893, up to May 1, 1894, there were all in all about seven hundred and thirty-one cases adjudged insane. Of this number about ninety-six were tried by commissioners, the rest by jury. In the city of Chicago there were 411 cases committed to various insane asylums, not one of this number being tried before a commissioner. In conversation with Judge Scales and Judge Brown—county judges of Cook County—as to the reason why they would not appoint commissioners to try insane cases, they said they were being called upon so frequently by shyster doctors of Chicago, who were so anxious to earn \$5 which they were entitled to for an examination of a case, that rather than have incompetent commissioners they would insist upon the old jury trial. In some of the out-lying districts, especially throughout the country here, a great number of cases, I am glad to say, are being tried by commissioners, and I am quite sure that if the physicians assembled here to-day would use their influence with the respective county judges in the various counties, and show them the necessity of appointing a board of commissioners, more cases would be tried in this way.

Section 5 of our new law was changed after the first reading. The first reading of the law read something like this, that "cases of insanity shall be tried by jury or by commissioners at the discretion of the judge," etc. The first seven words were retained after the first reading of the bill; the rest of the clause was erased for some reason that I could not learn. The following clauses, 9, 10 and 11, go on to elucidate the duties of the jury or commissioners. Section 5, as it now stands, however, states that the "trial shall be by jury." I have been told by some learned lawyers and judges that this one section—section 5—makes the others ineffective. Again, other lawyers and judges have told me that the true conception and essence of the law could not be obtained from the wording of one section; that in order to have a proper expression of the law all sections must be taken together. Therefore there are some judges who refuse trials by commissioners because they consider the law inefficient, while others say it is unconstitutional.

I have talked over the matter with several lawyers, and they say the only way to settle it would be to get an opinion from the Supreme Court, and I hope in a few weeks to have a case taken there for final decision.

DR. D. W. GRAHAM, Chicago—I would like to say just a word or two along the line of Dr. Bettman's remarks. The bill as originally drawn passed part of the way through, but there was a little coterie of lawyers who opposed anything that doctors proposed in the Legislature, and they thought it would kill the bill, or the essence of it, by striking out a certain clause in section 5, leaving the statement as Dr. Bettman has given it, that "trial shall be by jury." I was one of the members of the Society who had something to do with this matter, and after consultation with some of the experienced members of the Legislature and best lawyers, we were told that it was too late to try to get the bill amended; that the best thing to do was to get the bill through as amended, giving it as their opinion that the bill was efficient. It was claimed that the striking out the clause in section 5 had killed the essence of the bill. Other lawyers told us that in their opinion it would be a matter for the Supreme Court to decide whether the amendment did destroy the commission feature of the bill. But the understanding was that the law should be accepted as passed, and let the courts decide whether the present law, as amended, allows commissioners to try cases or not.