

Special Articles

REPORT OF THE COMMITTEE ON LYE LEGISLATION

SECTION ON LARYNGOLOGY, OTOTOLOGY AND RHINOLOGY, AMERICAN MEDICAL ASSOCIATION

Your Committee on Lye Legislation begs leave to report progress. The work has been largely in way of a survey of the situation on which to plan a campaign for the public welfare. The situation may be briefly summed up under the following heads:

1. The public, even the medical public, does not realize that caustic alkaline preparations are used in the household from packages insufficiently labeled.

2. The packers of cleansers (mistakenly) claim their diluted preparations to be harmless, and refuse to put any warning on their packages.

3. The lye packers oppose legislation because it would hurt sales.

4. Moral suasion is useless, partly because the lye packers believe an unfair advantage would be given diluted preparations.

5. Moral suasion exerted on the packer is and always will be a failure, unless some one can show the packer how corporate dividends can be increased by a "scare" label such as the druggist is compelled to use on poisons. Legislation would be fairly and equally applicable to all, whereas the philanthropic packer, if any could be found, would suffer if he adopted a label that would make his preparation seem more dangerous than others.

6. The need for special legislation hinges partly on the definition of "poison" in the laws at present in force. In the Pennsylvania statute, a poison is defined as any substance that will cause death when used in quantities of 60 grains or less. Your committee here presents 60 grains for the judgment of the section as to the lethal effects of such a quantity. The poison statutes in most states, however, consider only deaths. They take no account of a life of misery that can follow a cicatricial stenosis of the esophagus, nor of the indirect deaths by nephritic, bronchial and other complications. Philip B. Hawk, professor of chemistry in Jefferson Medical College, furnished the following statement:

Holland gives the ordinary fatal quantity of sodium or potassium hydroxid as one-half ounce (15.5 gm.), but states that 30 grains (2 gm.) may prove sufficient. This is probably as accurate a general statement as can be made. The fatal dose depends on many circumstances, such as age of the person, amount of food in the stomach, and promptitude of treatment. This is especially true of alkali, whose chief action is not systemic but corrosive, and hence much influenced by dilution with water or gastric contents. All corrosives are especially dangerous to the eyes, and small amounts entering the respiratory passages may be fatal.

In the opinion of your committee, special legislation is needed.

7. The opposition, direct and by lobby, to lye legislation uses the argument that lye accidents are rare. To obtain data on this subject, your committee sent out inquiries to 1,448 esophagoscopists and surgeons and obtained from them reports of 490 cases. When it is considered that these questionnaires reached not more than 1 per cent. of the medical profession, the results are appalling, in showing how frequently this awful calamity befalls little children. Apart from this, infrequency is a poor argument. Prussic acid is a very rare cause of accidental death (much less frequent than lye, by the way), but the infrequency does not release the druggist from putting a "scare" label on it.

8. The editor of THE JOURNAL, in a personal letter to the chairman, made a comment to the effect that "publicity is needed." This seems to your committee the keynote of the situation. Legislatures will follow the people, not lead them. If the public can be informed of the danger, a demand for legislation will follow. The public press is afraid to give

publicity on this subject. At least one medical publication refused to publish, in connection with a case report, a reproduction of the label of a lye preparation that had caused death. THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION published the label along with a report of the case. The committee urges that every member of the American Medical Association report every case of lye burn, giving the name of the preparation causing the accident, with a note as to how much, if any, warning was given on the label. It is requested that a clipping of such publication be sent to your committee and that an opportunity be afforded the committee to obtain a stock of reprints for distribution.

9. The last outstanding feature of your committee's investigation is the confirmation of a statement made by a chairman of this section eleven years ago, to the effect that the public does not know lye preparations are poisons because such preparations are inadequately labeled.

Your committee acknowledges with thanks the courteous and efficient cooperation of Dr. Edward Martin, commissioner of health, state of Pennsylvania, and the kindly help of Dr. George H. Simmons, editor of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

On the foregoing survey, plans are being laid for a campaign, in the effort to prevent needless suffering on the part of little children. The support and suggestions of members are solicited.

Respectfully submitted.

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FIELDING O. LEWIS,
GEORGE W. MACKENZIE.

MAJORITY REPORT OF THE COMMITTEE ON ESTIMATING COMPENSATION FOR EYE INJURIES

SECTION ON OPHTHALMOLOGY, AMERICAN MEDICAL ASSOCIATION

SECTION 1.—The report of the committee deals only with the computation of compensation for loss in visual efficiency, the result of eye injuries.

SECTION 2.—Compensation shall be computed upon the degree of loss in efficiency to those essential factors of vision capable of being measured: i. e., Factor A, central visual acuity for distance or for near; Factor B, peripheral vision, or visual field; Factor C, binocular single vision.¹

SECTION 3.—The total *economic* loss of the essential factors of vision of *both eyes* shall be considered as *total permanent disability*.²

SECTION 4.—The total *economic* loss in *one eye* of Factor A, Factor B and Factor C shall be reckoned as 100 per cent. loss, entitling the injured to the full compensation awarded for industrial blindness or total permanent disability for *one eye*.

The loss of Factor C with *irremediable diplopia* (Factors A and B remaining intact) shall be reckoned as 50 per cent. loss, entitling the injured to 50 per cent. of the award for total permanent disability for *one eye*.³

SECTION 5.—The compensation value for the loss to the *essential factors* of vision of *one eye* shall be:

Factor A: Industrial loss of central visual acuity for distance or for near, 50 per cent. compensation.

Factor B: Industrial loss of field of vision, 25 per cent. compensation.

Factor C: Industrial loss of binocular single vision, 25 per cent. compensation.

1. The former are essential functions of each eye separately and individually; the latter is an important function of perfect vision requiring both eyes. Depth perception is recognized as an important faculty of binocular single vision, but is included under Factor C for the reason that, for all practical purposes, it exists as long as the visual acuity of either eye is not reduced below industrial (economic) blindness, or there is no loss of binocular single vision.

2. Section 3 is modified by Sections 8, 9 and 10.

3. Section 4 is modified by Sections 8, 9, 10 and 11.

4. Compensation shall be computed upon the loss in visual acuity for distance in those occupations in which the working distance is greater than an arm's length. Compensation shall be computed upon the loss in visual acuity for near in those occupations in which the working distance is at arm's length or less.

* Read before the Section on Laryngology, Otology and Rhinology at the Seventy-Third Annual Session of the American Medical Association, St. Louis, May, 1922.