

table was compiled. He got 27 per cent. of puerperal fevers, while during the preceding years the percentage was 10.

If such defects occur in hospital work, how much worse must the case be in general practice and in municipal statistics! Indeed it is practically impossible to compare the statistics of different cities because there is no uniform classification of diseases used by the health authorities of those cities. Even in the annual reports of a single city, one will frequently find much contradiction between the tables published. This shows that even in a single health office there may be an absence of clear and definite ideas as to classification. In this connection it may be mentioned that Dr. Heckard, the registrar of the Chicago Health department, has already set on foot a movement to bring about uniformity in classification of diseases in all the large American cities.

I would suggest that the AMERICAN MEDICAL ASSOCIATION should at its coming meeting appoint a Committee on Statistics, the duty of which should be to outline a basis for the compilation of reliable medical statistics. It should not only coöperate with Dr. Heckard's efforts in the field of municipal statistics but should endeavor to bring about harmony and thoroughness of statistical work in the wider domain of medical science.

The following scheme might be followed:

1. Municipal statistics of vitality, morbidity and mortality.
 - a. Agreement as to classification of diseases.
 - b. Reports of birth, diseases and deaths; compulsory by penalties; paid for by fees (as in Massachusetts and New York); or resulting from the education of a sense of civic duty among the public and the medical profession.

2. Hospital statistics, in which the German reports mentioned above show that there is ample room for improvement.

3. Private statistics. Uncertainty of diagnosis is the chief cause detracting from the value of statistics derived from private practice. Hence they should be divided into two large groups:

- a. Verified, either by postmortem examination or by scientific investigation (microscopic or bacteriologic).

- b. Non-verified, which represents what are now commonly called "medical statistics," being tables of judgments based on mere clinical grounds or often on simple guesses.

In all compilations, the class of verified diagnoses should be kept widely distinct from the class of non-verified cases.

A committee working on these or similar lines could formulate rules which would guide the profession to make clear and useful reports about cases; it would be a center point to which suggestions on this subject could be sent; and it would eventually, I believe, bring order into a field which is now mere chaos.

DAVID JESSUP DOHERTY, M.D.

The Eyes and School Work.

CARLINVILLE, ILL., April 24, 1897.

To the Editor:—When my friend and classmate, Dr. A. C. Simonton of San Jose, Cal., in his reference to the character of the paper the JOURNAL should be printed on said, "we as sanitarians and hygienists ought to practice what we preach," I am inclined to offer the following, which was issued by me by request, as a leaflet to the school teachers in my vicinity in reply to a newspaper query, as my contribution as a member of the Section on Ophthalmology, to which you refer the matter. While it deals with the character of the paper the JOURNAL should be printed on, it does also with much other matter germane; as to the mere tint of the paper, the Doctor is theoretically correct. Yet I think my preference is largely an idiosyncrasy or personal equation; I would prefer blue. White is best for all. "With your permission I will answer your queries of last week: 'Why should so many school children wear glasses? Is it because of bad light, or bad atmosphere, or bad print in text books, or inherited weakness, or is the race becoming

blind?' To which I will add, or is it an increasing demand made on the children for eye work, and a knowledge that relief from its pains may be enjoyed by their assistance?"

"I think the queries very pertinent, and I am satisfied many children, teachers and parents will compliment you for asking the questions. Bad or imperfect light requires an increase of the visual effort and contributes to eye tire, worry and exhaustion, for in all eyes vision at the near or reading point is a voluntary muscular effort. With bad light and small print, and fine lines in geography and other branches of study, the objects to be seen distinctly must be looked at longer. The length of time of steady fixation necessary, causes fatigue of muscles, nerve and retina, in which the object seems to change its color and fade. Therefore, the light of school rooms should be as perfect daylight as the confining walls will permit, and admitted so the pupils may have the greatest advantage over its imperfections.

"The print of the school books ought to be like this, at least as large as No. 10 Pica, or 12 English—black and well leaded, so the lines are twice the length of the short letters apart, and the letters should be a little wider apart than the width of the bar of the letters, to be read with ease 12 or 15 inches. The paper should be smooth but not glossy.

"Will publishers of journals, newspapers and magazines please take heed.

"The blackboards ought to be a clean black, not gray with chalk, and all work put on them should be so large that the area of each letter will cover at least the square of an angle of five minutes and the area of a square of the bar of the letter, at least a square of the angle of one minute for the distance of the scholar who is to view it. For the distance of one hundred feet the greater area is about two inches square—four square inches—and the lesser area three-eighths of an inch square; for seventy feet, $1\frac{1}{4}$ and $\frac{1}{4}$; fifty feet, 1 and $3\text{-}16$; forty, $\frac{3}{4}$ and $\frac{1}{8}$; thirty, $9\text{-}16$, and $1\text{-}10$; twenty, $6\text{-}16$, and $1\text{-}16$. Divide the square of the greater angle into twenty-five equal squares and you will have the relative size of the two. The spaces between the bars and letters should also be equal to the lesser, or one-fifth the greater area.

"Bad atmosphere, want of ventilation, is enervating and impairs muscular tonicity, so necessary to keep up eye tension for acute visual purposes. But with all possible care on these points many eyes will be sacrificed by the increasing demands on children of today for mere literary attainments.

"The eye work required of children now is double if not treble what it was twenty or thirty years ago, and the clamor of all is yet for a higher grade at a tender age.

"In the class of what you would call inherited weakness we find our earliest wrecks.

"There are three different conditions of the refractive apparatus of the eye that constitute this class of weakness. I refer to the conditions of myopia, hyperopia and astigmatism. These three errors of the refractive apparatus of eyes are susceptible of many different degrees and varieties of combination, and when either exists it places the eye at a corresponding disadvantage, and precipitates sooner or later a failure of clear and comfortable vision. When the error is corrected it restores clear and comfortable vision and places the eye again at an advantage.

"Now, when amid the conditions of bad light, bad air, bad print on glossy paper, and overwork, we find a child pained with headache, red eyes, eye ache, nervous, and can not fulfill

the requirements of school with comfort, we search for an error of refraction, which if found, is corrected, if need be, with glasses. Again, the fact that very many children and adults have a greater or less amount of some one or more of these errors, and when rendered uncomfortable by it the knowledge that comfort and its privileges can be enjoyed by its correction with a pair of specially arranged glasses, it need not be wondered that many will wear them." A. C. CORR, M.D.

The Osteopathy Bill.

(COPY)

CHICAGO, April 26, 1897.

DEAR SENATOR GRANGER:—I have looked over the Osteopathy Bill, as introduced by you, and do not know what arguments were brought to bear upon you to father it, but the Bill is one which will be very unjust to the medical profession in this State, if allowed to pass; besides, it would make the State the dumping ground for quacks.

Personally, I would be very pleased to hear that you will quietly pocket the bill, or do something to stop its passage.

I am faithfully yours,

Senator Flavel K. Granger, JOHN B. HAMILTON, M.D.
Illinois Senate, Springfield, Ill.

ILLINOIS STATE SENATE,

SPRINGFIELD, April 27, 1897.

JOHN B. HAMILTON, M.D., Chicago:—Yours of 26 inst., was received by this morning's mail. My bill exempting graduates of schools of osteopathy from the requirements of the medical act, was passed by the Senate without opposition. The amended bill to the present act, perfected by the medical schools of the State, now lies in committee, without any friends to support it. So I conclude my bill is in touch with the public demand, and further medical restrictions are not looked upon favorably. Hoping your fears as to being overrun with quacks may be realized, I am

Yours very truly, F. K. GRANGER.

Railroad Rates.

HYANNIS, MASS., April 17, 1897.

To the Editor:—Please state in the next issue of the JOURNAL for the benefit of the members residing east of the Mississippi, and especially in New York State and in the New England States, which railways in those sections have granted members and their families, who intend to attend the "grand jubilee meeting" of the ASSOCIATION, reduced rates and what procedure is necessary to obtain such privilege?

Very truly yours, ALBERT PICK.

ANSWER: We understand that all railways in the United States have agreed to a rate of one and one-third fare for the round trip.

PUBLIC HEALTH.

Preventive Inoculations of Bubonic Plague.—Only 4 of the 2,000 persons inoculated by Haffkine to March 4, have been attacked by the disease, according to a statement in the *Semaine Méd.*, March 24.

A Few Cases of Smallpox.—Twenty cases in all have occurred in New York City since March 1, nine of which have been removed from Randall's Island Asylum and schools. The first cases seem to have had no history.

The School as a Focus of Contagion.—The last report of the school inspectors in New York City report that out of 3,913 children examined, 258 were excluded. There were found besides seven cases of measles, five of diphtheria, one of scarlet fever, thirty-one contagious eye diseases, and 169 parasitic diseases of the head, while mumps, whooping-cough and

chicken-pox contributed in a minor degree to the sum total of the disqualifications for attendance.

Inoculations with Rinderpest.—Professor Koch, who has been studying the rinderpest in South Africa, announces that the results obtained with serum inoculations confer immunity to such an extent that he is convinced that thousands of cattle can be saved every day by their means. He has inaugurated a course at Kimberley, Cape Colony, to instruct others in his methods.

The Bubonic Plague in Bombay.—The latest advices bring the cheerful intelligence that the plague is abating in virulence, and that the refugees are beginning to return to the Presidency. Thus far, however, the mortality has not declined below 50 per cent. Haffkine's serum claims better results than that of Yersin's, at least so says a telegram to the London *Lancet*.

A Death from Yellow Fever in New York Harbor.—A young naturalist died from yellow fever in the Swinburne Island Hospital April 22. He was a passenger by the Columbian Line steamer *Finance* from Colon, and belonged to a party of naturalists sent out by the Frank Blake Webster Company, of Hyde Park, Mass. They stranded in Central America and he was compelled to dispose of part of his effects at Panama in order to pay his passage home. Yellow fever having been reported at Colon, Dr. Doty, as a precaution decided to remove the sick man to the hospital. After the room on board the steamer had been disinfected she was allowed to go to her pier. The corpse remained on the island.

The Milk Typhoid Epidemic at Kirkcaldy, Scotland.—In the report bearing on the late typhoid epidemic at that place, recently submitted by Sir Henry Littlejohn of Edinburgh, he states that in this epidemic just brought to a close there were 193 cases, with a mortality of 20, or 10.4 per cent. The origin of the outbreak was, in his opinion, clearly traced to a dairy. The Kirkcaldy town council have awarded to Dr. Mackay, medical officer of health, and Dr. Curror, 100 pounds each, and Mr. Braid, sanitary inspector, 50 pounds, for the services rendered by them during the epidemic. Sir Henry Littlejohn, in his report, highly praises the ability and energy displayed by Dr. Mackay in coping with the epidemic.—*British Medical Journal*.

Inspection of American Meat Supply to Great Britain.—Dr. P. H. Bryce, Secretary of the Ontario Board of Health, has issued a pamphlet regarding the meat supply that is exported to Great Britain. The importance of full information on this subject is apparent when it is stated that during nine months in 1896, England received 436,223 cattle, of which the United States sent 308,159, and Canada 71,670; while the bacon from the United States during the same nine months amounted to 207,000,000 pounds. In 1896 the legislature of Ontario passed "An Act for the Inspection of Meat and Milk Supplies in Cities and Towns," empowering municipal councils to establish public slaughter houses and authorizing local boards of health to take measures for ascertaining the purity of public milk supplies and the general health of the cows; local boards are further authorized to provide for the testing of every such cow with tuberculin by a veterinary surgeon. Councils or boards availing themselves of the powers conferred by the act are required by it to conform to the regulations in that behalf from time to time adopted by the provincial board of health, and, with a view to encouraging the introduction of meat and milk inspection, the provincial board has now published a description of a slaughter house suitable for a town population of 5,000 persons, together with a plan, an elevation and an estimate of cost. In the testing of cows with tuberculin "a 10 per cent. solution of normal tuberculin is to be injected to the amount of from one to four cubic centimeters according to age of animal. . . . The temperature must thereafter be taken regularly every three hours for a period of