A BRIEF ACCOUNT OF ORGANIZED WORK FOR THE PREVENTION OF BLINDNESS

IN FOUR STATES

NEW YORK
MARYLAND
OHIO
MASSACHUSETTS

NATIONAL PREVENTIVE WORK

AMERICAN MEDICAL ASSOCIATION
RUSSELL SAGE FOUNDATION

BULLETIN No. 1

PREVENTION OF BLINDNESS COMMITTEE
RUSSELL SAGE FOUNDATION
ROOM 65, 105 EAST TWENTY-SECOND STREET
NEW YORK CITY

MAY, 1910

AMERICAN FOUNDATION
FOR THE BLIND INC.

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INTRODUCTION

In response to suggestions coming from several organizations engaged in work for the prevention of blindness—more especially from Massachusetts—that co-operation could best be secured by an informal conference of those engaged in preventive work, a conference for this purpose was called by the Committee of the Russell Sage Foundation on Prevention of Blindness, for the 16th of February, 1910, in New York City.

The Conference met in the United Charities Building, with the general director of the Russell Sage Foundation as presiding officer. The delegates present represented the State Commissions for the Blind of Massachusetts and Ohio, and the Committees on Prevention of Blindness of New York and Maryland, these being the only four States in which preventive work has taken organized form. There were also present a few workers for the blind from Pennsylvania.

No attempt was made to bring together representatives of ophthalmological, obstetrical and other strictly medical societies, nor the individual workers of many States, all of whom have accomplished much for the conservation of eyesight. The Conference was called solely for an interchange of information between organized bodies, composed of both physicians and social workers, that each might profit by the experience of the others. It was also hoped that one of the outcomes of the Conference might be the establishment of a central bureau for the exchange of information and for mutual helpfulness.

Much valuable information was elicited; so much so, that the suggestion was made that it might be helpful to others to make public what the different states have thus far been trying to do and have done, both as regards legislation and practical work, for the prevention of blindness.

This little pamphlet has been prepared accordingly. The information contained in its pages has been furnished by delegates to the Conference and shows the successive steps taken in their respective States,—other than those taken by medical societies

for the profession—in a movement for the prevention of blindness which is soon to become national in its scope.

For may we not hope to see, in the not distant future, the formation of co-operative societies in all our States, which shall be representative of many divers interests,—medical, philanthropic, hygienic, educational,—all working together for one common object, the prevention of blindness.

RUSSELL SAGE FOUNDATION.
NEW YORK CITY,
May 16, 1910.

DELEGATES PRESENT AT CONFERENCE ON PREVENTION OF BLINDNESS, NEW YORK CITY, FEBRUARY 16, 1910

MISS LOUISA LEE SCHUYLER, *Chairman* MRS. WILLIAM B. RICE MR. JOHN M. GLENN	Committee on the Prevention of Blindness of the Russell Sage Foundation.
MR. JAMES P. MUNROE, *Chairman* MISS ANNETTE P. ROGERS MR. EDWARD A. ALLEN	Massachusetts State Commission for the Blind.
MISS LUCY WRIGHT MR. HENRY C. GREENE MR. CHARLES F. F. CAMPBELL	Of the Staff of the Massachusetts Commission.
MR. EDWARD M. VAN CLEVE	President of the Ohio State Commission for the Blind; Superintendent of the Ohio State School for the Blind.
DR. HIRAM WOODS	Vice-President of the Maryland Society for the Prevention of Blindness.
MR. JOHN BLEDSOE	Maryland State Commission for the Blind; Superintendent of the Maryland State School for the Blind.
MR. O. H. BURRITT	Superintendent of the Pennsylvania State School for the Blind.
MISS LOUISA LEE SCHUYLER, *Chairman* DR. F. PARK LEWIS, *Chairman of the Committee on Ophthalmia Neonatorum of the American Medical Association* MRS. WILLIAM B. RICE MISS MARTHA L. DRAPER MISS WINIFRED HOLT MISS CAROLYN C. VAN BLARCOM, *Executive Secretary*	Committee on Prevention of Blindness of the New York Association for the Blind.
MR. EBEN P. MORFORD	Superintendent of the Industrial Home for the Blind, Brooklyn.

I

PREVENTION OF BLINDNESS

OPHTHALMIA NEONATORUM

Someone has aptly said that the watchword of a scientific age is "Prevention." Accordingly, we hear on every hand of efforts being made to prevent crime, immorality, various kinds of waste, pain, premature death, etc., these efforts being crowned with no inconsiderable measure of success. The wonder is then that blindness, which is, perhaps, of all infirmities, the one most dreaded and deplored—certainly one of which the spectacle invariably inspires sympathy and compassion—should have been allowed to have the number of its victims swelled year by year, with no hand raised to save them until a comparatively recent date.

It is asserted that 40 per cent., or nearly one-half, of the blindness of the world is preventable.

And this in an age the watchword of which is Prevention!

The causes of preventable blindness are numerous and varied, among them being: Industrial accidents; accidents at play; Fourth of July celebrations; sequelæ of some of the infectious diseases; wood alcohol; sympathetic inflammations; syphilis, hereditary and acquired; progressive near-sightedness; eye strain of various kinds, particularly among school children; and ophthalmia neonatorum.

Any form of neglect, any faults in administration, any abuses which result in the unnecessary blindness of a single human being, merit investigation and elimination. It is hoped that each of these and other causes of preventable blindness will in turn be so thoroughly investigated and so completely eliminated that no more lives will be enshrouded in darkness which might have been averted.

A beginning has been made toward suppressing one cause of blindness, viz.: ophthalmia neonatorum. This is known to be an infectious disease, and although the name may be unfamiliar,

few of us have not seen babies suffering from it, their eyes swollen and sometimes protruding, the lids puffy, emitting a discharge of pus from between their margins. Until 1881 nearly all children so afflicted were doomed to become permanently blind. But in that year Professor Credé, of Leipsic, Director of the Maternity Hospital connected with the University, made the wonderful announcement that a single drop of a 2 per cent. solution of silver nitrate, dropped from a glass rod on to the eyeball of the new-born infant, would destroy the germs of ophthalmia neonatorum, should any be present, and would not injure healthy eyes.*

The prophylactic treatment, though requiring skill in execution, is so simple and inexpensive that it is difficult to reconcile this knowledge with the astounding fact that 28.19 per cent. of the children admitted to ten schools for the blind in this country during one year, 1907, were victims of ophthalmia neonatorum, while for 1908 and 1909 we find little change, the percentages continuing as high as 25.1 per cent. and 31.2 per cent. Or, taking the records for ten years, from one school, the Pennsylvania State School for the Blind, at Overbrook, Penn., we find the percentage of pupils admitted each year who had lost their sight from ophthalmia neonatorum to be as follows:

Year.	
1900	11 out of 25 = 44%
1901	10 out of 28 = 35%
1902	9 out of 39 = 23%
1903	14 out of 50 = 28%
1904	15 out of 58 = 25%
1905	21 out of 42 = 50%
1906	12 out of 38 = 31%
1907	9 out of 34 = 26%
1908	11 out of 29 = 37%
1909	15 out of 34 = 44%

Average for 10 years 33.68 per cent. needlessly blind.

These children are blind in an age of which the watchword is Prevention because preventive measures were not employed when they were helpless, defenseless infants, unable to plead for protection.

*** This treatment has been modified by different obstetricians and ophthalmologists, and we find to-day that silver nitrate, 1%, is commonly used one application dropped into each eye; also, argyrol, protargol and other derivatives of the silver salts are used but the essentials of the Credé method remain unchanged**

That the infants of the future may be protected against total blindness, vigorous and unceasing work must be done in educating the public as to the preventability of this calamity and securing such legislation as will make all the details of prevention compulsory.

This movement is strongly analogous to the war against tuberculosis, and cannot be carried on by any committee, commission or society working alone, but must be given force and weight by the medical profession and laity working together, in arousing and sustaining the interest of the public at large. It is only through such co-operation that the desired education and legislation can be accomplished.

The education may be carried on by means of a wide distribution of literature, leaflets and various forms of propaganda, photographic exhibits, lantern slides, press notices and magazine articles, and public speaking before all kinds and grades of audiences.

One important feature of the work to be undertaken in this connection is to secure the enforcement of laws already in existence. There are at present upon the statute books of the various states many laws relating to prevention of ophthalmia neonatorum which are steadily and persistently being broken. An occasional prosecution following such a violation of the law would have a salutary effect upon the work of preventing blindness from infant ophthalmia. (See Cleveland, Ohio, Appendix H.)

Legislation resolves itself into obtaining the appointment of State Commissions, or some form of State control, for the blind; securing the accurate and early notification of births; requiring doctors and midwives to report cases of ophthalmia neonatorum; having provision made in hospitals for the reception and care of ophthalmia neonatorum cases; obtaining appropriations to provide for gratuitous distribution of prophylactic outfits; and legislation for the education, registration and regulation of midwives. There should also be printed on each birth certificate the question, "What preventive for ophthalmia neonatorum did you use? If none, state the reason therefor."

In a report of the Committee on Ophthalmia Neonatorum, submitted to the House of Delegates of the American Medical Association, in Chicago, June, 1908, the following suggestions were:

First. It is necessary to secure the enactment of laws in each State or federal territory requiring the registry of births and placing supervisory control and licensure of midwives in the boards of health, requiring that all midwives be examined and registered in each county, and that they be required immediately to report each case of ophthalmia occurring under their ministrations, under penalty for neglect if found guilty, of fine, and, for a subsequent offense, forfeiture of license. In all States the registration of physicians should be maintained with equal thoroughness.

Second. The distribution by health boards of circulars of advice to midwives and mothers, giving instructions as to the dangers, method of infection and prophylaxis of ophthalmia neonatorum. This has been most effectively carried out by private organizations in England and France. It has also been done to some extent in New York and other cities, but never as a general movement.

Third. The preparation and distribution by the health boards of ampoules or tubes containing the chosen prophylactic, with specific directions for its use. The consensus of opinion on the part of both obstetricians and ophthalmologists is that this should be some solution of silver. The vast majority prefer the 1 per cent. solution of silver. The special chemical used, however, is merely advisory; each health department should be free to use whatever prophylactic it should deem best. It should, moreover, be provided with outfits for taking cultures from the eyes or suspected secretions on request of those making application for its use.

Fourth. To insist on the maintenance of proper records in all maternity institutions and other hospitals in which children are born. If reports were filed with the department of health as to the number of infections, the nature of the prophylactic employed and the results as to the corneal integrity, not only would the statistics thus obtained be of great value, but the fact that such records were required would cause greater care on the part of the authorities in regard to cases of this character.

Fifth. Periodic reports to boards of health by all physicians engaged in obstetrics of the number of cases of ophthalmia neonatorum which have occurred in their practice within a specified time, whether or not a prophylactic was used—if so, what—together with the result.

Sixth. Of great importance is it that there may be more widespread knowledge concerning ophthalmia neonatorum and its dangers. Helen Keller voices a very proper public sentiment when she says: "The problem of prevention should be dealt with frankly. Physicians should take pains to disseminate knowledge needful for a clear understanding of the causes of blindness. The

time for hinting at unpleasant truths is past. Let us insist that the States put into practice every known and approved method of prevention and that physicians and teachers open wide the doors of knowledge for the people to enter in. The facts are not agreeable reading. Often they are revolting. But it is better that our sensibilities should be shocked than that we should be ignorant of facts on which rest sight, hearing, intelligence, morals and the life of the children of men. Let us do our best to rend the thick curtain with which society is hiding its eyes from the unpleasant but needful truths."

Seventh. Most essential is organized and concerted effort throughout all of the States of the Union. The skeleton of such an organization has already been formed and the plan has met with the general approval of the profession in nearly two-thirds of the States. If the chairmen of the Sections on Ophthalmology, on Obstetrics and Diseases of Women, and on Hygiene and Sanitary Science were to select a representative in each State and territory to support and strengthen the movement already under way, a conference of these representatives might be held at this meeting in Chicago and general plans laid down which could be carried out concurrently. As the chairman of each of these sections has already given his approval of this report, such an organized movement could be started without delay and the inspiration and incentive of united effort would do much to carry it to an effective conclusion.

In full accord with the belief of the members of its Committee, that development of the plans contained in these suggestions would accomplish much toward the suppression and eradication of ophthalmia neonatorum, these recommendations were unanimously approved by the American Medical Association; and later by the American Academy of Ophthalmology and Oto-Laryngology.

The question of registering and licensing midwives is indeed formidable, and that these women, many of them hopelessly ignorant, dirty and careless, are an important factor in the suppression of a disease occurring at birth must be conceded in the face of a few figures. In New York City, 52,536 births were reported in one year by midwives, while 68,186 were reported during the same period by physicians; or 42 per cent. of the births occurring in this one city during this one year, of 1907, were attended by midwives. In Chicago, the figures for one year, 1904, show that 86 per cent. of all births reported for that time were attended by midwives. Out of 150 midwives in Baltimore, in 1908, 97 were

over fifty years of age, 20 being between the ages of seventy and ninety; while out of 45 colored midwives, 30 could not read.

On the other hand, rather discouraging figures are collected from among the physicians. A recent investigation made in Massachusetts, under the direction of the Boston School for Social Workers, disclosed the surprising fact that out of 97 doctors visited, these doctors having been selected because of their reasonably large obstetrical practice, 27 always used a prophylactic, 40 seldom, 28 never used a recognized preventive, although the last admitted that they sometimes employed warm water, lemon juice, citric acid, lard, camomile tea, etc.!

Of 116 cases of ophthalmia neonatorum visited, 1908–1909, by the social service worker in connection with the Massachusetts Charitable Eye and Ear Infirmary, 114 occurred in the practice of physicians, while only 2 were attributable to midwives. Of 27 cases of ophthalmia neonatorum visited by nurses in the summer of 1909, under the direction of the New York City Department of Health, 22 were traced to physicians and 5 to midwives. In 33 cases of ophthalmia neonatorum investigated by a field worker in the New York School of Philanthropy, working under the direction of the Committee on Prevention of Blindness, 1909–1910, it was found that 22 cases had occurred in the practice of physicians and 11 in the practice of midwives. Only one of the 22 physicians in question had used a prophylactic at birth, while 3 of the 11 midwives employed prophylaxis as a routine.

These figures, together with those from Massachusetts, suggest whether it might not be advisable for the State to make the use of prophylaxis compulsory, in order to spare its citizens from the untold misery of blindness and to protect its treasury against the very heavy demands made upon it for the support of those who, as a result of unnecessary blindness, are maintained by the State at great expense.

The cost for maintenance and education for each child at the New York State School for the Blind, at Batavia, is $407.43 per year, while it costs the State but $30 per year for each child attending the public schools of Buffalo—an excess of $377.43 to be provided by the State for each blind child—and one-third of the children at the New York State School for the Blind are victims of ophthalmia neonatorum!

THE COST FOR ONE YEAR OF NEEDLESS BLINDNESS IN NEW YORK

Cost for education and maintenance of those blind from ophthalmia neonatorum at Batavia School for the Blind in one year	$14,260.05	
Education alone in school for the seeing (public schools) would have cost	1,050.00	
Excess cost paid by the State at Batavia		$13,210.05
Cost for education and maintenance of those blind from ophthalmia neonatorum at New York Institution for the Blind in one year	$18,904.40	
Education alone in school for the seeing would have cost	1,200.00	
Excess cost paid by State in New York City		17,704.40
Total excess cost in one year for unnecessary blindness		$30,914.45

THE COST OF NEEDLESS BLINDNESS IN OHIO

Victims of ophthalmia neonatorum in State School	64
Per capita cost in State School (average) (maintenance public expense.)	$340.00
Per capita cost seeing schools (average) (maintenance private expense.)	30.00
Per capita excess for needlessly blind	310.00
Total annual excess cost for maintenance and education of those whose sight might have been saved	$19,840.00

This total of more than $50,000 expended annually in two states for the support of ophthalmia neonatorum victims does not include appropriations made by the State to private institutions, nor the cost of maintaining and educating blind children at private expense. Nor does it take into account the incalculable loss to the state in many instances of one of its most valuable assets—a productive citizen. Argument seems unnecessary when we contrast with these figures the estimated cost to the State of New York of $5,000 annually for a free distribution of a prophylactic against ophthalmia neonatorum, while the estimate to meet the need in Massachusetts is $2,500.

Surely the combined economic and humanitarian aspects of this problem make a plea forceful and impressive enough to warrant earnest, unflagging effort on the part of doctors, sanitarians, educators, philanthropists and the public at large to relegate the occurrence of unnecessary blindness to an unworthy Past.

II

ORGANIZED WORK FOR PREVENTION OF BLINDNESS IN FOUR STATES

What has thus far been accomplished for the Prevention of Blindness, in the four States where organized preventive work has been undertaken, is furnished by delegates present at the Conference, for their respective States, as follows:

NEW YORK

The beginning, in this country, of the new movement for the prevention of blindness, which aims at prevention rather than cure, was in 1890, when the Legislature of the State of New York enacted what is known as the "Howe Law."

This legislation, secured largely through the efforts of Dr. Lucien Howe, of Buffalo, was based upon recommendations of a committee of the American Ophthalmological Society, and requires that redness or swelling of one or both eyes of an infant less than two weeks old be reported to a physician or local health officer. Violation of this law is punishable by imprisonment in a penitentiary or county jail for not more than a year, or by a fine of not more than five hundred dollars, or by both. (See Appendix A.)

The next important step in New York State, which bore upon the movement for prevention of blindness, was in 1903, when the Legislature appointed a Commission to Investigate the Condition of the Adult Blind, and to make a report to the Legislature on February 1, 1904. As the time allowed proved to be too short and the amount appropriated insufficient to make a thorough investigation possible, this report was necessarily incomplete. Accordingly, in 1906, the Legislature provided for the appointment of a second temporary Commission which should prepare a complete register of the blind in the State of New York, investigate the causes of blindness, recommend the adoption of preventive measures, etc., and make report the following year. (See Appendix B.)

The findings of this Commission were startling, showing that of the 6,200 blind persons in the State, 1,984 had apparently lost their sight unnecessarily, while 620 of the latter number were

blind as a result of ophthalmia neonatorum, a preventable and curable disease.

The interest and sympathy aroused by this report, and its accompanying illustrations, led to the appointment, on the 27th of April, 1908, by the Russell Sage Foundation, of a Committee on the Prevention of Blindness, which at once put itself into communication with Dr. F. Park Lewis, of Buffalo, Chairman of the Committee on Ophthalmia Neonatorum of the American Medical Association. A conference was held, on the 9th of May, between two members each of the above named Committees and two of the officers of the New York Association for the Blind, to consider the plan of organization best adapted for preventive work in the State of New York. A representative, co-operative committee was decided upon, to be composed of physicians and laymen. As soon as organized, the committee was to receive appointment as a special committee of the New York Association for the Blind.

The six persons present at the conference formed the nucleus of this Committee, which, when appointed on the 1st of June, 1908, consisted of four physicians and six laymen, with a lawyer as chairman. Its membership comprised the chairman of the Committee on Ophthalmia Neonatorum of the American Medical Association, the Commissioners of Health of the State and City of New York, members of Ophthalmological and Obstetrical Societies, and men and women representing various well-known philanthropic organizations of the City and State of New York. A close analysis would show Protestants, Catholics and Hebrews, Republicans and Democrats, all working together for a common cause—that of the Prevention of Blindness.

The duties of the Committee are thus defined in its By-Laws:

"The object of this Committee shall be to ascertain the direct causes of preventable blindness, and to take such measures in co-operation with the medical profession as shall lead to the elimination of such causes."

Its field of work is limited to the State of New York, although this has been extended, as regards the distribution of publications and loan exhibits, to thirty-six other States which have applied for them.

The fact that the Committee was organized to work under the guidance of the medical profession has never been lost sight of.

In all work undertaken by it, the closest co-operation with the American Medical Association and other medical organizations, and with State and City Health Officers, has been sought, and, in return, has been most cordially given. The important work which has been and is being done for the preservation of eyesight by the medical societies of this State and country, and by individual workers everywhere, is fully appreciated; but it is believed that the organization of this Special Committee, as constituted, and devoted solely to the prevention of blindness, is a new departure, and is the first organization of its kind in this country.

The methods adopted by the Committee in its work for the prevention of blindness are three fold: Educational, Legislative and Co-operative.

EDUCATION

The Educational work has been carried on by means of the publication and distribution of literature, public speaking, photographic exhibits, lantern slides, and through magazine articles and the daily press.

The publications issued by the Committee to date are as follows:

No. 1. "The Prevention of Blindness."
Practical directions for the preservation of sight.
Eight page leaflet. November, 1908.

No. 2. "Children who need not have been Blind. Prevention a Public Duty."
Pamphlet of 26 pages, illustrated. December, 1908.
Fourth Edition, Revised May, 1910.

No. 3. "Object of the Committee."
Small folder. March, 1909.

No. 4. "Directions to Mothers, Midwives and Nurses for the Prevention of Ophthalmia Neonatorum (New-Born Babies' Sore Eyes)."
A reprint of circular issued by the State Department of Health, in five languages. July, 1909.

No. 5. First Annual Report of the Committee on the Prevention of Blindness. November, 1909.

No. 6. "Loan Exhibits and Lantern Slides to Illustrate Popular Lectures."
Sixteen page folder, illustrated. February, 1910.

More than 150,000 copies of the above publications have been distributed in this and other States.

In addition to using the photographic exhibits and lantern slides in its own publicity work, the Committee lends duplicate

sets to organized bodies of workers throughout the country who are interested in the work of preventing unnecessary blindness.

Lectures, illustrated by exhibits or lantern slides, are given by members of the Committee before a variety of audiences, particular effort being made to reach those classes to which the knowledge of the subject should be of vital importance, including mothers' clubs, women's clubs, nurses, midwives, and all bodies of workers for social betterment.

The first lecture tour made in the interest of prevention of blindness in this country was made by the former Executive Secretary of the Committee, during the months of June and July, 1909. Ten cities in New York State were visited and addresses were given before various social, civic and philanthropic organizations, mothers' clubs and public school audiences.

The plan adopted for this lecture tour was to have the Secretary's assistant precede him by several days to the city where a lecture was to be given, to arouse the interest and secure the cooperation of the clergy, physicians, educators, city officials, newspaper men and the officers and members of local organizations. The assistant arranged for the time and place of the lecture, secured space for the hanging of the exhibit, and advertised the coming meeting in the newspapers, by means of large placards placed in store windows and on public bulletin boards, and by the distribution of handbills. In some cases it was found advisable to arrange with women's clubs and other organizations to send out invitations to their members to attend these lectures, and, in one instance, invitations were issued by the Superintendent of Schools with gratifying results in the form of a large audience.

As a result of these preparations the lectures were anticipated with much interest, and the audiences thus secured were in strong sympathy with the subject under discussion.

The photographic exhibit and lantern slides used in illustrating these lectures were found to be most valuable in lending force and impressiveness to the addresses; and large numbers of the Committee's publications were also distributed at these meetings.

Educational work through further public speaking was carried on in New York City during the winter of 1909–1910, under the auspices of the Committee. Simple talks as to the danger and preventability of ophthalmia neonatorum were given by the present Executive Secretary, a graduate nurse, before mothers'

and girls' clubs at many of the settlement houses, while a wide discussion of the more technical features connected with the prevention of blindness was presented to audiences made up of nurses, both pupil and graduate.

A meeting of the Public Health Section of the New York Academy of Medicine, held on the 15th of February, 1910, was devoted to the subject of prevention of blindness and, through the courtesy of the Academy of Medicine, the Committee on Prevention of Blindness was able to hang one of its exhibits in the hall, distribute several hundred copies of its publications, while the Committee's lantern slides were used to illustrate the one paper of the evening.

LEGISLATION

The Committee in pursuance of its Legislative work has made the following recommendations, which are also those of the American Medical Association and the New York State Commissioner of Health, for the prevention of ophthalmia neonatorum:

1. *Free Distribution of Prophylactic.* The preparation by the State Department of Health, for free distribution, through local Health Officers, to physicians applying for them and to midwives, of small, hermetically sealed, colored glass tubes, or ampoules, each containing the exact quantity of the chosen prophylactic (a one per cent. solution of nitrate of silver), to be used for the eyes of one infant at birth.

To enable the State Commissioner to provide this prophylactic, and for other measures in behalf of the prevention of blindness, an appropriation by the State of $5,000 was found to be necessary. This was granted by the Legislature of 1909, as an item in the supply bill, upon application of the State Commissioner, strongly supported by the Committee. The law is now in operation, the distribution of the prophylactic, through local Health Officers, with printed directions for use, having commenced August, 1909.

2. *Earlier Notification of Births.* Another recommendation of the Committee, requiring legislation, was for the earlier notification of births, reducing the period from ten days to thirty-six hours. As all notifications of birth issued by the New York State Department of Health now have printed upon them the question, "What preventive for ophthalmia neonatorum did you use?" "If none,

state the reason therefor," it was believed that, should the disease be present and no preventive measure had been taken, by calling the attention of the attending physician or midwife to this specification in the notification within thirty-six hours after birth, there might yet be time to save the sight of the child. To accomplish this important object, an amendment of the Public Health Law was needed. This was applied for by the State Commissioner and the Committee, acting together, and was readily granted by the Legislature. There was no opposition. The new law, now in operation, applies to all parts of the State, with the exception of New York, Buffalo, Albany and Yonkers, these cities being exempted from the provisions of certain sections of the general law. It is hoped that ultimately similar legislation may be extended to cover the entire state.

CO-OPERATION

In regard to Co-operation, the Committee is fortunate in its very close relations with the Health Officers of the State and City of New York; with the American Medical Association, through its Committee on Ophthalmia Neonatorum, Dr. F. Park Lewis, Chairman, and its Public Health Education Committee, Dr. Rosalie Slaughter Morton, Chairman.

Through the courtesy of the New York School of Philanthropy, the Committee is enabled to carry on investigations and gather information as to the relation of social conditions to preventable blindness, this being one phase of the field work done by students in the School.

Very cordial relations exist between the New York Committee and the workers for prevention of blindness in other States; as well as with settlement workers, various eye dispensaries, women's clubs and numerous organizations for social betterment in the State and City of New York.

MIDWIFERY

Official rules and regulations governing the practice of midwifery are important factors in the work of preventing blindness from ophthalmia neonatorum.

The first law in the State of New York affecting midwives was a county law, regulating and restraining the practice of midwifery in Erie County, and is contained in Chapter 320 of the Laws of

1885. Under this act, the County Judge is empowered to appoint a board of midwife examiners, to consist of five members (this was amended by Chapter 127, Laws of 1897, which provides for nine members) who are regularly qualified physicians. This board meets at the county seat, in April and October, for the purpose of examining, registering and licensing candidates for the practice of midwifery. Certificates issued by this board entitle the holder to assist in cases of normal labor in the County of Erie, in conformity with rules and regulations imposed by the board of examiners. The license of a midwife may be revoked by the judge, upon recommendation of the board of examiners.

Similar laws have been passed regulating and restraining the practice of midwifery in Niagara County (Chapter 192, Laws of 1895), and in Chautauqua County (Chapter 90, Laws of 1897). Aside from the fact that the midwife boards in the two last named counties consist of five members, instead of nine, the provisions in these three laws are identical.

A similar law, applying to the City of Rochester, was passed in 1895 (Chapter 842). In this instance, the Mayor is empowered to appoint a board of examiners in midwifery, of three members, two of whom are regularly qualified physicians, while the third is the Health Officer of the city.

Under the Laws of 1907, Chapter 432 (see Appendix C), the Department of Health of the City of New York is "vested with power and authority to adopt rules and regulations and adopt ordinances governing the practice of midwifery in the City of New York," admission to and exclusion from practice, the regulation and inspection of midwives, and the practice of midwifery generally.

The rules and regulations adopted by the New York City Department of Health are printed in English, Yiddish, Italian, Polish and German, and are given to all midwives at the time of their registration and licensing. One of these rules is that the midwife shall bathe the eyes of each infant with boracic acid solution and instil into each eye one drop of a one per cent. solution of nitrate of silver immediately after birth. Should an infant develop any swelling or redness of the eyelids, with discharge of matter, the midwife is required to summon a physician.

Under the Sanitary Code of the Department of Health of New York City (Section 133, Sanitary Code, 1909), physicians are required to report to the Department of Health, in writing, within twenty-four hours after seeing a case for the first time, the name, age and address of every person suffering from certain infectious diseases, which include suppurative conjunctivitis. "Any violation of said Sanitary Code shall be treated and punished as a misdemeanor."

Although the work of this Committee is designed to cover all causes of preventable blindness, it has thus far centered its efforts upon the suppression of ophthalmia neonatorum, as being at once the most prevalent and the most easily reached of all causes of preventable blindness.

Any account of the work undertaken by this Committee would be incomplete without special reference to the loyal and unfailing support given by the Commissioners of Health of the State and City of New York, with whom it works in close co-operation, and to the advice and assistance which it has always received from Dr. F. Park Lewis, Chairman of the Committee on Ophthalmia Neonatorum of the American Medical Association, who for many years has worked unremittingly for the suppression of ophthalmia neonatorum, and to whose untiring efforts is due much of the interest which is felt in this appealing work, the country over.*

* All communications and requests for literature should be addressed to the Executive Secretary, Miss Carolyn C. Van Blarcom, at the office of the Committee, Room 65, 105 East 22d Street, New York City.

MARYLAND

The first movement in Maryland to prevent blindness from ophthalmia neonatorum was begun in 1892, when Dr. Hiram Woods, of Baltimore, read a paper before the State Medical Society, setting forth a statement as to the ravages of ophthalmia neonatorum. As a result of this paper, a committee was formed to consider legislation relative to this problem, and in 1894, the Committee secured the enactment of a law (Chapter 511, Laws of 1894), which requires that in the event of an infant's eyes becoming red or swollen or discharging pus any time within the first two weeks of its life, the midwife, nurse or any person other than a legally qualified physician attending the child, should refrain from applying any remedy to the eyes, but should at once report the condition to the local Health Officer or a physician. Violation of this law is punishable by a fine of not more than $100, or imprisonment not to exceed six months, or both.

The physicians instrumental in securing this law have striven unremittingly toward the suppression of ophthalmia neonatorum through educational and publicity work, chiefly by means of papers and addresses upon the preventability and seriousness of the disease.

The result of this movement has been the prosecution and conviction of six or eight midwives in Baltimore, and the general use of a prophylactic in the obstetrical services of the hospitals of this city, ophthalmia neonatorum rarely being seen in any of these institutions to-day.

An investigation of the midwives in Baltimore was made in 1908, under the auspices of the Mothers' Relief Society, the results of this investigation showing clearly the need for educating midwives. Twenty-nine per cent. of the blindness in the Maryland School for the Blind is due to ophthalmia neonatorum; 71 *per cent. of this blindness is traceable to midwives*, while 29 per cent. occurs in the practice of physicians. Out of 150 midwives in Baltimore, 97 are over fifty years of age, 20 being between the ages of seventy and ninety. Of 45 colored midwives, 30 cannot read.

The laws of Maryland of 1906 (Chapter 290) provide for the

appointment of a Commission to Investigate the Condition of the Adult Blind, but no reference is made to the investigation of the causes of blindness nor recommendations for the adoption of preventive measures.

The next progressive step of the movement, therefore, was the organization of the Maryland Society for the Prevention of Blindness in Baltimore, in June, 1909, composed of both physicians and laymen.

This Society has directed its efforts toward educational and publicity work, through public speaking and the distribution of literature. In making provision for public speaking, the Society has a register of volunteer lecturers of such a nature that it is able to provide speakers to give lectures both technical and popular in each of several foreign languages.

The Maryland Legislature of 1910 enacted what is known as the "Midwife Law" (included in Section 55, Article 43, of the Code of Public General Laws), which provides for the registration and licensing of midwives in the State of Maryland, and also providing certain educational qualifications for persons practising as midwives.

This act repeats the requirement for reporting ophthalmia neonatorum, according to the provisions of the early law (1894), and also empowers the Mayor and City Council of Baltimore to adopt such additional rules and regulations as they deem necessary and proper for the regulation of the practice of midwifery in Baltimore.

It is hoped by those working for prevention of blindness in Maryland that under the last clause, provision will be made for the education of midwives, thus making possible more stringent registration laws and compulsory use of a prophylactic against ophthalmia neonatorum.*

* Communications to the Maryland Society for Prevention of Blindness should be addressed to Mrs. Joseph C. Bloodgood, Secretary, 904 North Charles Street, Baltimore, Md.

OHIO

Ohio was among the first of the States to follow New York in passing a law based upon the "Howe Law." (Feb. 1896. See Appendix D.) In 1908, Ohio established a State Commission for the Blind. Section 10 of the law creating this Commission provides that "it shall be the duty of the Commission, in making inquiries concerning the cause of blindness, to learn what proportion of these cases are preventable, and to co-operate with the State Board of Health in adopting and enforcing proper preventive measures."

The first thing that the Commission did, after returning from its tour of inspection of work for the blind in other States, was to enter upon a "publicity campaign for the prevention of early blindness." A large quantity of circulars were distributed and active use was made, through the American Press Association, of the newspapers of the State. In the fall of 1909, a lecture campaign was conducted and this in conjunction with the press notices, aroused much popular interest in the movement for the prevention of blindness.

The following quotation is taken from the second report of the Commission and gives a brief description of the lecture campaign:

"Believing that public attention could be attracted even more successfully by word of mouth than by illustration and 'story,' the Commission decided to carry on the prevention propaganda by a lecture tour. For the service, Charles F. F. Campbell, Superintendent of the Industrial Department, Massachusetts Commission for the Blind, was chosen, and he was loaned to us (by Massachusetts) for a one-month's campaign of education. The Commission authorized the President and Secretary to arrange the tour, and to the former of these was delegated the management of the details. The President of the Commission used his personal and professional acquaintance to secure the co-operation locally of leading men and women in the communities chosen as places where the message should be spoken. Editors, lawyers, school superintendents, physicians, business men, leaders in humanitarian work, responded to the call to service and the Commission's office acted as bureau of information and advertising. Everywhere and at once the

movement was successful. By actual count ten thousand people were present to hear the speaker in the twenty-seven places visited, and he addressed nearly five thousand high school pupils as well. Ohio has the honor of being the first State to carry forward this work of prevention of blindness by a lecture campaign at State expense.

"To the value of the message there is voluminous and indubitable testimony; and that it should be heard in every city, village and rural community of the State is the verdict of many who have expressed their sentiments. Not only has the message been heard, however, by the large number who attended the lectures, but the newspapers in the several cities have been most generous in announcement and warm in praise of the movement and the speaker after his appearances. It has been impossible to secure all or even a majority of the news reports, but the Commission has procured clippings that total 1,219 inches of news space. It is estimated that we have secured the publication of nearly 1,000 columns of news on this subject in every quarter of the State. We believe that this lecture work should continue until the entire State has been aroused."

The Legislature of 1910 has appropriated money for the use of the Commission to continue its efforts for the prevention of blindness. This will include, in addition to the work already done, the distribution through the State Board of Health of a prophylactic free to physicians and midwives. Already the State Board of Health of Ohio had given its cordial co-operation, and the local Boards of Health had assisted in the educational publicity attempted by the Commission, and everywhere throughout the State has gone "Stop Blindness" cards to warn the public of the dangers incident to carelessness at the time of birth.

Physicians of Ohio are being aroused to a great interest in the work of preventing needless blindness as is evidenced by their ready co-operation with the Commission in the distribution of a circular of advice to nurses and mothers. They have also taken up the subject in their State and County society meetings where addresses upon the subject have been delivered by experts, and resolutions of strong commendation of the Commission's work have been passed.

The next step proposed by the Commission is the arousing of the women's clubs, the men's church brotherhoods, the labor unions, and various organizations for public betterment to an interest and activity in this direction. One conspicuous example

of the interest which has been aroused on the part of the public upon this subject is worthy of note.

A baby in Cleveland lost its sight because of the negligence of the midwife who had charge of the case. The Society for Promoting the Interests of the Blind in Cleveland took the matter up, and as a result the midwife was prosecuted and fined. The newspapers took great interest in the prosecution, with the result that the publicity which followed has done much to call the attention of the public to the possibilities of preventing the needless loss of sight.* (See Appendix H.)

* All communications concerning work in Ohio should be addressed to Mr. E. M. Van Cleve, President, Ohio Commission for the Blind, Columbus, Ohio.

MASSACHUSETTS

EARLY HISTORY

For many years the greatest single factor in Massachusetts for prevention of blindness from ophthalmia neonatorum, among other causes of blindness, has been the Massachusetts Charitable Eye and Ear Infirmary,—especially since 1898, when in a building devoted to the care of contagious eye diseases a ward was set apart for the care of cases of ophthalmia neonatorum.

"The Massachusetts Charitable Eye and Ear Infirmary was incorporated in 1827 for the purpose of gratuitously treating diseases of the eye and ear. It is the second oldest hospital in New England. It is the fourth oldest special hospital of its kind in the world. At present, with its capacity of 210 beds for ward patients, its out-patient clinic, its special building for the treatment of contagious ophthalmia, and its Pathological Building and Nurses' Home, it is the largest hospital for the treatment of diseases of the eye and ear in the world.

During the year the total number of patients admitted to the wards was 3,115. The total attendance in the Out-patient Department was 67,054, of which 28,503 were new patients."—[From the Report of the Infirmary for the year 1909.]

It should be said in addition that the institution has always commanded on its staff the volunteer services of eminent specialists, and that knowledge of the free resources of the hospital for the care of ophthalmia neonatorum is constantly and naturally carried by its graduates to the cities and towns of the State.

The fact that this hospital receives a state appropriation, is available to patients from all parts of the state, has special facilities for caring for contagious eye diseases, and that it is the custom of most lying-in hospitals to transfer to this institution cases of ophthalmia neonatorum which develop in spite of the use of prophylactic—these facts, together with the reputation of the hospital for more than eighty years, have without doubt been of the greatest influence in reducing blindness in Massachusetts from this disease. It remained, however, for lay workers, stirred by the continued occurrence of blindness from ophthalmia neonato-

rum, in the face of medical resources for its prevention, to initiate a study of social conditions surrounding cases, and to popularize and spread information concerning the disease. These workers naturally found in the infirmary a store-house for research and a rare opportunity for supplementary social work.

LAY CAMPAIGN

This lay campaign for prevention of blindness from ophthalmia neonatorum and other causes, which has developed as a part of the new movement for the blind initiated in 1900, has advanced in Massachusetts through the active co-operation of the following agencies:

1. The Massachusetts Association for Promoting the Interests of the Blind, organized 1902.

2. The Commission for the Blind, temporary 1903, permanent 1906. (See Appendix E.)

3. The Massachusetts Charitable Eye and Ear Infirmary, incorporated 1827. Gardiner Ward for the treatment of contagious eye diseases, including ophthalmia neonatorum, opened 1898. Social Service Department, established 1907.

4. The Massachusetts Medical Society Committee, appointed "to consider what measures should be taken by the Society to prevent the occurrence and secure the prompt and effective treatment of ophthalmia neonatorum," publication 1907.

5. The State Board of Health and the local boards of health, legislation 1906 and 1910.

6. The Research Department of the School for Social Workers, 1909–1910.

The work of these agencies crystallized in 1909 in the formation by the Massachusetts Commission for the Blind of an Advisory Committee on Prevention of Blindness, described as follows:

MOVEMENT FOR THE PREVENTION OF BLINDNESS

Object: To study the direct causes of preventable blindness; to initiate, in co-operation and consultation with medical, charitable and health authorities, such measures as may seem desirable, and to influence public opinion to the end that in future no person shall needlessly be added to the blind population of this State.

Promoted by the Massachusetts Commission for the Blind in conference with the following persons:

This Committee includes representatives, not only of the agencies described, but also of social and medical experts connected with such other agencies as the State Board of Charity, Nursery for Blind Babies, Perkins Institution for the Blind, Federation of Jewish Charities, Boston Associated Charities, Massachusetts Infant Asylum, Lying-in Hospital, St. Vincent de Paul Society, Catholic Federation, the Department of Preventive Medicine of Harvard University, the Department of Biology of the Massachusetts Institute of Technology, and other medical and educational centers.

With these combined resources, Massachusetts is now prepared to promote, in various ways, the campaign for the prevention of blindness from ophthalmia neonatorum. The first and oldest is that already described, *free hospital care* for cases in which the disease has been allowed to develop.

LEGISLATION

Another means employed in Massachusetts, as in other States, has been legislation. The first legislation was secured in 1905, through the activity of the Massachusetts Association for the Blind, in the form of an act making inflammation of the eyes of the new-born reportable to the Boards of Health. This reporting law (see Appendix F for full text), unlike the early law for New York State, names the physician as finable for failure to report; like the early New York law and many other State laws, it does not call for a diagnosis of ophthalmia neonatorum but the reporting of any inflammation, etc. In accordance with this act, the State Board of Health has placed the disease on the notifiable list, and sent to each practitioner in the State a communication calling his attention to the law and giving him detailed information concerning treatment of ophthalmia neonatorum. The Secretary of the State Board of Health has, furthermore, addressed the Massachusetts Association of Boards of Health on the subject, summarizing his conclusions in regard to the law in the following way:

"1. The law in Massachusetts is such that the disease, if promptly reported, may still be deprived of many of its destructive effects through energetic co-operation of local and State health authorities.

2. Improvement in conditions is, undoubtedly, going on, but it is slow. Rapid change for the better can be obtained only through a sharp appeal to the self-interest of the practitioner. There can be little doubt that vigorous enforcement of the law concerning notification, with or without resulting convictions, would, through the publicity alone, impress the importance of this matter upon the profession to an extent possible in no other way."

In Boston the local board of health has sent out notices calling the attention of physicians to the law. It also reports that "all cases of ophthalmia neonatorum reported and not already under treatment in hospital are seen by a medical inspector, and if proper care cannot be secured in the home the case is sent to the hospital."

FREE PROPHYLACTIC

A second piece of legislation has been necessary to secure an appropriation for free distribution of prophylactic by the State Board of Health. An act allowing the sum of $2,500 for this purpose was signed by the Governor April 27, 1910. (See Appendix G.) This bill, an alternative to one earlier introduced by a private physician, was introduced by the State Board of Health and supported at their request by the Commission for the Blind and its Advisory Committee on Prevention of Blindness, as well as private individuals. It is hoped that this free distribution of prophylactic will help both to insure its prompt use by physicians and to increase the demand on the part of the public for routine use of prophylactic as a part of the toilet of the new-born child.

RESEARCH WORK

From the beginning of the recent movement for prevention of blindness from ophthalmia neonatorum, Massachusetts workers have felt the need of continuous research on this subject. The fact that more than 50 per cent. of the children at the Boston Nursery for Blind Babies are blind as a result of this disease, that more than 25 per cent. of children at the Perkins Institution are blind from the same cause, and that from three hundred to four hundred of the blind population of the State are estimated as needlessly blind from this cause, was enough to start the movement but not to guide it. Available figures from other States as well as Massachusetts were largely made up from medical experience

in hospitals, from blindness as it appears in schools for the blind, and from census returns based upon unofficial statements of cause. Guidance in the next step towards a system of prevention was needed which should stand the test of the individual case. For that purpose, research in the form of study of individual cases and local conditions has brought frequently surprising but useful results. Although local conditions must vary widely, a brief history of this research is included as an illustration of the method which has been thus far of the greatest service to the Massachusetts work.

PRELIMINARY RESEARCH

The first research was undertaken in 1905 by the Massachusetts Association for the Blind in co-operation with the Eye and Ear Infirmary. A physician who is also a social worker made an inquiry into the prevalence, distribution and results of treatment of ophthalmia neonatorum, following up ninety-two cases which had been treated at the Infirmary during thirteen months. The report on this study (published in the "Outlook for the Blind," October, 1907,) emphasized the need of slow and patient teaching of all classes of people in regard to this disease, its cause, the possibility of avoiding it and the resources for curing it if acquired. It called attention to the advantages offered for such teaching in connection with hospitals and dispensaries where applications for medical aid are constant. It should be added that this research was made to include not only inquiry but constructive work. For example, several lying-in hospitals adopted the custom of sending cases of infant ophthalmia which might develop, to the special wards of the Infirmary. Individual cases needing medical attention were brought back to the hospital and the blind were referred to the Commission for the Blind.

RESEARCH AND EDUCATIONAL WORK THROUGH HOSPITAL SOCIAL SERVICE

The second step in research, the natural outgrowth of the first investigation, was again taken in association with constructive work, when, in October, 1907, through the co-operation of the superintendent of the hospital and a private committee, Social Service work was inaugurated at the Massachusetts Charitable Eye and Ear Infirmary, with Miss Catherine Brannick as its head worker. Last year the committee submitted, among other reports,

her study of hospital records on the subject of ophthalmia neonatorum from 1902–1907, as well as a study of forty-six cases of ophthalmia neonatorum taken at random from the records of the hospital for 1907–1908. This study gave additional proof that carelessness and delay still make it a matter of chance whether the eyesight of children exposed to the danger of ophthalmia neonatorum is lost or saved. It proved also that the number of cases totally blind is only a partial index of the evil results of ophthalmia neonatorum, since it takes into account neither the high mortality among these infants nor the disfigured and disabled eyes of those not recognized as blind; also that physicians rather than midwives had attended the births of the cases, including those in which delay had ended disastrously; and, finally, that the law which requires reporting of inflammation in the eyes of the new-born had been complied with in only one out of forty-six cases. All these results pointed to the need of a still closer study of the subject. Consequently it was decided to follow up the entire group of such cases coming to the attention of the Infirmary during a year.

The second report, 1908–1909, consists of a social service study of one hundred and sixteen cases of ophthalmia neonatorum cared for in the wards for the treatment of infectious ophthalmia of the Massachusetts Charitable Eye and Ear Infirmary October, 1908, to October, 1909. This study tells, among other things, the stories of the following: *Six children*, coming to the hospital so late that they are *totally blind* as a result of this disease; *seventeen children* who have *lost one eye each* as a result of delayed treatment of this disease; *six children* with *eyes disfigured* and sight impaired by scars from this disease.

In nearly every case the homes of the 116 babies were visited, and active educational and social service work done in connection with a large proportion of cases. This second investigation, among many other results, emphasizes the responsibility of physicians rather than midwives for the cases resulting in blindness in this State. As the social worker has summarized the case: "The general practitioner has yet much to learn of the disease, and the parents know nothing of it. Upon these two groups—the practitioners and the parents—the baby must depend for the gift of sight, and the campaign of education must be carried on to include the two."

RESEARCH THROUGH FIELD WORK

Another form of helpful research on this subject is the field work which has been a part of the larger investigation of the Causes of Eye Disablement, now in progress under the Research Department of the Boston School for Social Workers (aided by a grant from the Russell Sage Foundation). The department has very kindly allowed the Commission for the Blind to make use of the results of that part of their work which has been analyzed and applies to *ophthalmia neonatorum.* Some of these results, secured through field work in ten cities of the State, follow here. The work has included investigations by three regular and five part-time workers in ten cities of the State. It has included a canvass through boards of health, obstetricians and midwives, hospitals (both public and private), district nurses and oculists to discover facts relating to *ophthalmia neonatorum.* In general, it may be said that this investigation has brought out so clearly the conditions to be faced in smaller cities and the need of continuous field work in this direction, that the Association and Commission for the Blind have co-operated to engage one of the Fellows employed in the research during the year past, as their agent, to carry forward constructive field work. The nature of the other results of this extensive but necessarily incomplete canvass, which have thus far been made use of, are suggested by the three following summaries: the use of prophylactic measures, the need of testing the reporting law, and the practice of midwives as found in these cities.

I. Use of Prophylactic by Physicians. Few physicians seen in this investigation were found to use prophylactic measures regularly.

As a result of interviewing ninety-five physicians, selected largely because of a wide obstetrical practice, in five cities of the Commonwealth, it has been found that in their combined practice, involving 5,949 births, which are 48 per cent. of the total births in all these cities, 17 per cent. of the babies were protected by the routine use of prophylactic; 41 per cent. of the babies were in the care of physicians who might or might not use a prophylactic, according to their judgment; and 42 per cent. are in the care of physicians who never make use of prophylactic measures. This brings out the lack of uniformity in the practice of physicians, and

behind this, without doubt, the lack of agreement on the part of physicians as to routine use of prophylactic.

II. Testing the Reporting Law.

This investigation disclosed a great discrepancy between the number of cases of ophthalmia neonatorum found by the investigators, and the number of cases which had been reported to the local boards of health for the same period. A comparison of the cases found by these workers in their necessarily partial canvass with the number of cases reported to local boards of health in accordance with the law, follows:

	Total Number of Births Reported 1909.	Number Ophthalmia Neonatorum Cases Reported to Local Boards of Health.	Ophthalmia Neonatorum Cases Found by School Investigators.
City A.....	4,773	0	9
" B.....	4,095	8	20
" C.....	518	0	3
" D.....	2,802	4	24
" E.....	2,221	10	26
" F.....	1,582	4	11
" G.....	2,430	7	15
Totals	18,421	33	108

There is, of course, no means of knowing how many more cases may exist, but these figures are sufficient to show that, unless our reporting laws are vigorously enforced, they are a small factor for prevention of blindness.

III. The Practice of Midwives.

Massachusetts has a midwife problem which the studies at the hospitals have not heretofore brought out. As the Secretary of our Board of Health has stated, in Massachusetts "the midwife has no legal status. She practises a branch of medicine without a license, yet, curiously enough, through an oversight in codifying the laws, she is officially recognized on the birth certificate in use in this Commonwealth." The midwife rarely appears in the city of Boston, but the investigations of the School for Social Workers bring out the following interesting facts:

Number of Births Recorded by Midwives in 5 Cities During 1909.

	Total Number Births Recorded	Births Reported by Midwives	Per Cent. Reported by Midwives
City A.....	4,095	166	4
" B.....	2,617	242	9
" C.....	518	58	11
" D.....	2,802	748	27
" E.....	4,763	869	18

This information is sufficient to call for the regulation of midwife practice. In fairness to midwives, however, it should be added that neither this nor earlier investigations have given evidence that midwives are more to blame than physicians for blindness as a result of ophthalmia neonatorum.

SUMMARY OF LAY CAMPAIGN

Massachusetts workers believe that the recent movement for prevention of blindness in this State has gained in strength and educational force largely from the following conditions:

1. The unusual advantage of a center like the Massachusetts Charitable Eye and Ear Infirmary for the treatment of eye diseases, with special hospital facilities for the care of ophthalmia neonatorum.

2. The fact that the work has had the continuous advice of medical and social experts.

3. The fact that through the co-operation of other agencies in matters of research they have acquired a knowledge of individual cases of ophthalmia neonatorum and of local conditions affecting the problem, which are of the greatest practical service.

4. The fact that the work for prevention of blindness has been an integral part of organized State work for the blind which has the co-operation of all the various agencies for the blind as well as of many allied interests.

EDUCATIONAL WORK

The value of this co-operative force shows perhaps most clearly in the various sides of educational work. The regular field workers of the Commission for the Blind, for example, have frequent opportunity in going about the State to arrange for proper medical care for individual cases. The field worker for children especially

has found frequent need and opportunity to arrange for proper medical care for individual cases coming to her attention. Local volunteer committees on the blind also find opportunity for this service, arranging for children to be sent to the infirmary when expensive hospital care is needed, such as cannot be furnished by local resources. The agents of the Commission for the Blind, speaking throughout the State at men's and women's clubs, at churches and on special occasions such as the "Boston 1915" Exposition, the State Conference of Charities, etc., find opportunity to present the subject of prevention of blindness, either alone or in connection with the more general subject of work for the blind.

In distributing literature, not only mailing lists have been used but valuable connections have been made in furnishing material on request, in such instances as the following: To the City Bacteriological Laboratory for Classes; to the meeting of the local branch of the Public Health Educational Committee of the American Medical Association; to hospitals, ophthalmologists and obstetricians; to mothers' clubs; to field workers in various lines of social work; to the traveling library arranged by the Federation of Women's Clubs.

The Perkins Institution for the Blind also has sent out prevention literature, with its annual report; the State Board of Health included the outline of "Bulletin No. 1" in its notices to physicians throughout the State; the "Outlook for the Blind" has bound in with different issues reprints of publications on prevention of blindness.

Following is the list of literature in use in Massachusetts:

1. First and Second Reports of Social Service Work at the Massachusetts Charitable Eye and Ear Infirmary, October, 1907, to October, 1908 (especially page 14, "Infant Ophthalmia"), and October, 1908, to October, 1909 (especially pages 18 to 29, "Ophthalmia Neonatorum").

2. Third Annual Report, 1909, Massachusetts Commission for the Blind, pages 18 and 19, and Appendix A, pages 25 to 33.

3. Reprints:

"Ophthalmia Neonatorum," Frederick E. Cheney, M.D.

"Preventable Blindness caused by Inflammation of the Eyes in the New-Born," Robert L. DeNormandie, M.D.

"Stop Blindness," a simple statement concerning ophthal-

mia neonatorum, originally prepared by the Buffalo Association for the Blind.

"Ophthalmia Neonatorum: Preventive Treatment, Suggestions and Treatment of the Disease," prepared by the Committee appointed by the Massachusetts Medical Society "to consider what measures should be taken by the society to prevent the occurrence and secure the prompt and effective treatment of ophthalmia neonatorum."

"Ophthalmia Neonatorum," a social service study of 116 cases of ophthalmia neonatorum cared for in the wards for the treatment of infectious ophthalmia of the Massachusetts Charitable Eye and Ear Infirmary, October, 1908, to October, 1909.

"Ophthalmia Neonatorum: Facts Concerning the Disease and its Prevention as Affecting the State of Massachusetts," reprint of paper given before the Massachusetts Association of Boards of Health, 1910, by Mark W. Richardson, M.D., Secretary of the State Board of Health.

4. Publications:

Bulletin No. 1, "Needlessly Blind for Life." Popular pamphlet in attractive colors, with many illustrations.

Outline, Bulletin No. 1.*

* All communications in regard to the Prevention of Blindness in the State of Massachusetts should be addressed to Miss Lucy Wright, Superintendent, Massachusetts Commission for the Blind, 15 Ashburton Place, Boston

III

NATIONAL WORK FOR PREVENTION OF BLINDNESS

The only systematized national work for the prevention of blindness thus far undertaken is that of the American Medical Association, which has appointed Committees on Ophthalmia Neonatorum in every State of the Union.

It is believed that these Committees, strictly medical in membership and character, will ultimately form the valuable nucleus of State organizations for preventive work, which shall be more representative of the public at large.

A brief account of what has been accomplished by the American Medical Association, and of what is proposed in the near future by the Russell Sage Foundation, is as follows:

AMERICAN MEDICAL ASSOCIATION

In 1906, a Committee of the American Medical Association on Ophthalmia Neonatorum was appointed. This Committee consisted of an ophthalmologist, an obstetrician and a sanitarian. The purpose for which it was formed was to carry out, through the associated medical organizations of the nation, measures for the prevention and control of birth infections.

The organization of the American Medical Association was peculiarly well fitted for systematic, organized work on these lines. To obtain membership in the National Association it is necessary, first, that a physician be a member of his State Association, while membership in the State Association requires as a preliminary a membership in the County Society in the county in which the physician resides. A measure, therefore, which originates in and has the authority of the National body may through the constituent organizations reach every member in the United States. The present membership is between 20,000 and 30,000 physicians,

while the "Journal," which is the organ of the Association, has a subscription list of 53,000 physicians.

The Central Committee, in accordance with the authority vested in it on its appointment, secured the nomination, through the Section on Ophthalmology, on Obstetrics, and on Public Health, of one physician representing each of these departments in each State. In many cases, the member who represents the department of public health, is also the Health Officer of the State in which he belongs. It has been planned to carry out, through the organization of these sub-committees, symposia on ophthalmia neonatorum through the various County Societies in each State.

It has also been proposed that certain measures which have met with the approval of the Association shall be made effective in each State. These are: more efficient registry of births, a general supervision of the midwives in the different States, enforcement of existing laws providing for the reporting of birth infection of the eyes of infants, which includes the placing of ophthalmia neonatorum on the list of reportable infectious diseases, the free distribution of a prophylactic by the health authorities of the State, making provision in the various hospitals for the reception of infants whose eyes become infected so that they may receive prompt and effective treatment, and, finally, effective educational measures concerning the cause, the prevention and treatment of ophthalmia neonatorum.

A few of these measures have already been carried into effect in some of the States, and it is hoped that during the coming year they may be adopted in others.

A committee of women physicians has also been appointed to consider a course of public lectures on prevention of infectious diseases which shall include birth infection of the eyes of the newborn. When these measures shall have been carried out in conjunction with other organizations, whose aid is essential, this especial cause of infantile blindness shall be placed thoroughly and perfectly under control.*

*The three members of the Committee on Ophthalmia Neonatorum of the American Medical Association which has developed this plan are: Dr. F. Park Lewis, of Buffalo, N. Y., Chairman; Dr. J. Clifton Edgar, of New York City; and Dr. F. F. Wesbrook, of Minneapolis, Minn.

RUSSELL SAGE FOUNDATION

On the 27th of April, 1908, the Russell Sage Foundation, as has been already stated, appointed a Committee on the Prevention of Blindness, of two of its Trustees and its General Director.

A few weeks later, on the 1st of June, a Special Committee on Prevention of Blindness was appointed, to provide organized preventive work for the State of New York. This Committee, although entirely separate in its organization and activities, has always maintained close relations with the Foundation. Its present Chairman is a Trustee of the Foundation, its office is in the same building, connected with the offices of the Foundation, and the entire expense of its work has been borne by the Russell Sage Foundation. But, beyond taking part in the formation of the New York Committee, the Committee of the Foundation has remained inactive until last year, when, in December, 1909, it responded to a request emanating from the Chairman of the Committee on Ophthalmia Neonatorum of the American Medical Association that it should take up National work for the prevention of blindness. An appropriation for the purpose was made at that time; and more recently a Secretary for this special work has been appointed, who entered upon his duties in May of this year.

Owing to the activities of many State and National Medical Societies—more especially the American Medical Association—owing also to the dissemination of popular publications and their wide notice by the press, the public is at last aroused to the fact that there is a vast amount of unnecessary blindness in this country. Communications from many quarters are being received by the officers of Medical Societies, and by all organizations engaged in preventive work, making inquiries as to how best the evil can be combatted by those who are eager and anxious to work.

It was to meet this condition that the Foundation was applied to, and is now taking up active work, desiring most earnestly to do all in its power towards the elimination of unnecessary blindness.

The efforts of the Secretary will at first be directed towards endeavoring to assist in the organization of Co-operative Committees for the Prevention of Blindness in those states where no organized work of the kind exists, and where such assistance is

desired—always working in co-operation with the medical profession.

For those few states where organized work, through State Commissions and State Committees, is already fully under way, nothing is needed but helpful co-operation among themselves, an interchange of information, that each may learn from the experience of the other.

It was to foster this spirit of co-operation and mutual helpfulness that a Conference, suggested by the Massachusetts State Commission for the Blind and called by the Russell Sage Foundation, was held in New York City on the 16th of February, 1910.

This publication is one of the outcomes of that Conference, a brief account of which has already been given in its opening pages.

The Conference was an inspiring influence to all who took part in it; and the hope is expressed that it may be followed in the years to come by other Conferences, to be joined by other earnest workers yet to be enrolled.*

New York,
May 16, 1910.

*All communications in regard to the formation of Co-operative Committees and National work for the Prevention of Blindness should be addressed to Mr. Samuel E. Eliot, Secretary, Committee on Prevention of Blindness, Russell Sage Foundation, Room 65, 105 East Twenty-second Street, New York City.

APPENDICES

NEW YORK LEGISLATION

APPENDIX A

The "Howe Law," contained in Chapter 41 of the Laws of 1890, repealed and amended by Section 288, Chapter 325, Laws of 1892, Penal Code, is as follows:

Section 288. *Unlawfully omitting to provide for child.*—A person who, * * *

3. Being a midwife, nurse or other person having the care of an infant within the age of two weeks, neglects or omits to report immediately to the health officer or to a legally qualified practitioner of medicine of the city, town or place where such child is being cared for, the fact that one or both eyes of such infant are inflamed or reddened whenever such shall be the case, or who applies any remedy therefor without the advice, or except by the direction of such officer or physician; or,

4. Neglects, refuses or omits to comply with any provision of this section or who violates the provisions of such license, is guilty of a misdemeanor.

Substantially the same law has been passed in Maine, Rhode Island, Massachusetts, Pennsylvania, Minnesota, Ohio, Maryland, Michigan, Connecticut, Missouri, Iowa, Illinois and New Jersey.

APPENDIX B

Chapter 671, Laws of 1906:

An act to provide for the appointment of a commission to prepare a complete register of the blind in the State of New York, and to investigate their condition and to report on the expediency of the establishment by the state of industrial training schools and other institutions, and making an appropriation for the expenses of such commission.

Section 1. The governor is hereby authorized to appoint, within thirty days after the passage of this act, a commission of three persons.

2. Such commission, immediately after its appointment, shall choose one of their number to be the president thereof, and shall proceed without unnecessary delay and cause to be taken an exact census of the blind of the state, together with the age at which

blindness occurred, its cause, if obtainable, and when possible to recommend the adoption of preventive measures and the capacity of adults to receive manual training, and shall consider the expediency of the establishment by the state of industrial training schools or other institutions for the adult blind, and shall further inquire into the means and methods whereby their condition might be ameliorated and make recommendations to the legislature.

3. Such commission shall report to the legislature on or before February first, nineteen hundred and seven.

4. If the said commission shall recommend legislation it shall accompany its reports with drafts of such bills as may be necessary to carry such recommendations into effect.

5. Members of such commission shall be allowed their necessary and reasonable expenses, to be audited by the comptroller and paid by the treasurer.

6. The sum of five thousand dollars, or so much thereof as may be necessary, is hereby appropriated for the purpose of providing moneys with which to pay such expenses.

7. This act shall take effect immediately.

APPENDIX C

Chapter 432, Laws of 1907:

An act regulating and restraining the practice of midwifery in the City of New York.

Section 1. The Department of Health of the City of New York is hereby vested with power and authority to adopt rules and regulations and adopt ordinances governing the practice of midwifery in the City of New York, including rules and regulations and ordinances for admission to said practice, the exclusion from said practice, and the regulation and inspection of midwives and the practice of midwifery generally, in the City of New York.

Section 2. As used in this act the practice of midwifery means the offering or undertaking by any person to assist for a compensation of any kind a woman in normal child-birth, but it does not include at any child-birth the use of any instrument, nor the assisting of child-birth by any artificial, forcible or mechanical means, nor the performance of any version, nor the removal of adherent placenta, nor the administering, prescribing, advising or employing in child-birth of any drug other than a disinfectant. This act shall not be construed as applying to any practitioner of medicine duly authorized to practice medicine and registered according to law, nor shall it authorize any midwife to practice medicine.

Section 3. Any person who shall practice midwifery in the City of New York in violation of any rules, regulations and ordi-

nances promulgated by the Department of Health shall be guilty of a misdemeanor.

Section 4. This act shall take effect immediately.

OHIO LEGISLATION

APPENDIX D

From the Revised Statutes of the State of Ohio:

(Sec. 4403c.) No person shall practice medicine, surgery or midwifery in any of its branches in the State of Ohio, without first complying with the requirements of this act. (4403a, An act to regulate the practice of medicine in the State of Ohio. Passed February 27, 1896.)

(4403g.) Any person practicing midwifery in this State without having complied with the provisions of Sec. 4403a except as therein provided shall be deemed guilty of a misdemeanor and fined not less than $25.00 nor more than $100.00.

(3140–3) Sec. 1. (Report of Inflammation, Swelling in Eyes of Infant, etc.; Unnatural Discharges Therefrom.) Should one or both eyes of an infant become inflamed or swollen, or show any unnatural discharge at any time within ten (10) days after its birth, it shall be the duty of the midwife, nurse or relative having charge of such infant, to report in writing within six (6) hours to the physician in attendance upon the family, or, in the absence of an attending physician, to the health officer of the city, village or township in which the infant is living at that time, or, in case there is no such officer, to some practitioner of medicine legally qualified to practice in the State of Ohio, the fact that such inflammation, swelling or unnatural discharge exists. (91 v. 75.)

(314–04) Sec. 2. (Penalty.) Any failure to comply with the provisions of this act shall be punished by a fine of not less than five dollars ($5) nor more than one hundred dollars ($100), or imprisonment for not less than thirty (30) days nor more than six (6) months, or both fine and imprisonment. (91 v. 75.)

MASSACHUSETTS LEGISLATION

APPENDIX E

ACTS OF 1906, CHAPTER 385

AN ACT TO ESTABLISH THE MASSACHUSETTS COMMISSION FOR THE BLIND

Be it enacted, etc., as follows:

SECTION 1. There shall be a state board, to be known as the Massachusetts Commission for the Blind, consisting of five persons, to be appointed by the governor, with the advice and consent of the council, within sixty days after the passage of this act, one member of which shall be appointed for a term of five years, one for a term of four years, one for a term of three years, one for a term of two years and one for a term of one year. At the expiration of the term of any member of the commission, a member for the term of five years shall be appointed. Any member of the commission may be removed by the governor, with the consent of the council for such cause as he shall deem sufficient and shall assign in the order of removal.

SECTION 2. The commission shall be authorized to prepare and maintain a register of the blind in Massachusetts, which shall describe their condition, *cause of blindness* and capacity for education and industrial training. The chief of the bureau of statistics of labor is hereby directed to aid the commission by furnishing it from time to time, upon its request, with the names, addresses and such other facts concerning the blind as may be recorded by the enumerators in taking any decennial census.

SECTION 3. The commission shall act as a bureau of information and industrial aid, the object of which shall be to aid the blind in finding employment and to develop home industries for them. For this purpose the commission may furnish materials and tools to any blind person, and may assist such blind persons as are engaged in home industries in marketing their products.

SECTION 4. The commission may, with the approval of the governor and council, establish, equip and maintain one or more schools for industrial training, and workshops for the employment of blind persons, may pay to employees suitable wages, and may devise means for the sale and distribution of the products of such schools and workshops.

SECTION 5. The commission may receive in the schools established by it pupils from other states, upon the payment of such fees as the commission shall determine, and may at its discretion contribute to the support of pupils from Massachusetts receiving instruction in institutions outside the commonwealth.

SECTION 6. The commission, in furtherance of the purposes of this act, may provide or pay for temporary lodgings and tem-

porary support for workmen or pupils received at any industrial school or workshop established by it, and may ameliorate the condition of the blind by devising means to facilitate the circulation of books, by promoting visits among the aged or helpless blind in their homes, and by such other methods as it may deem expedient: *provided*, that the commission shall not undertake the permanent support or maintenance of any blind person.

SECTION 7. The commission, with the approval of the governor and council, may appoint such officers and agents as may be necessary, and fix their compensation within the limits of the annual appropriation; but no person employed by the board shall be a member thereof. It shall make its own by-laws, and shall annually, on or before the third Wednesday in January, make a report to the governor and council of its doings up to and including the thirtieth day of November preceding, embodying therein a properly classified and tabulated statement of its estimates for the year ensuing, with its opinion as to the necessity or expediency of appropriations in accordance with such estimates. The annual report shall also present a concise review of the work of the commission for the preceding year, with such suggestions and recommendations as to improving the condition of the blind as it may deem expedient. The members of the board shall receive no compensation for their services, but their travelling and other expenses necessary for the proper performance of their duties shall be allowed and paid out of the treasury of the commonwealth.

SECTION 8. There may be expended during the present year a sum not exceeding twenty thousand dollars in carrying out the provisions of this act.

SECTION 9. This act shall take effect upon its passage. [*Approved May* 11, 1906.]

APPENDIX F

ACTS OF 1905, CHAPTER 251

AN ACT RELATIVE TO CERTAIN DISEASES OF THE EYES OF INFANTS

Be it enacted, etc., as follows:

SECTION 1. Section forty-nine of chapter seventy-five of the Revised Laws is hereby amended by inserting after the word "contagion," in the ninth line, the words:—Should one or both eyes of an infant become inflamed, swollen and red, and show an unnatural discharge at any time within two weeks after its birth, it shall be the duty of the nurse, relative or other attendant having charge of such infant to report in writing within six hours thereafter, to the board of health of the city or town in which the parents of the infant reside, the fact that such inflammation, swelling and redness of the eyes and unnatural discharge exist. On receipt of such report, or of notice of the same symptoms given by a phy-

sician as provided by the following section, the board of health shall take such immediate action as it may deem necessary in order that blindness may be prevented,—so as to read as follows:—

Section 49. A householder who knows that a person in his family or house is sick of smallpox, diphtheria, scarlet fever or any other infectious disease dangerous to the public health shall forthwith give notice thereof to the board of health of the city or town in which he dwells. Upon the death, recovery or removal of such person, the householder shall disinfect to the satisfaction of the board such rooms of his house and articles therein, as, in the opinion of the board, have been exposed to infection or contagion. Should one or both eyes of an infant become inflamed, swollen and red, and show an unnatural discharge at any time within two weeks after its birth, it shall be the duty of the nurse, relative or other attendant having charge of such infant to report in writing within six hours thereafter, to the board of health of the city or town in which the parents of the infant reside, the fact that such inflammation, swelling and redness of the eyes and unnatural discharge exist. On receipt of such report, or of notice of the same symptoms given by a physician as provided by the following section, the board of health shall take such immediate action as it may deem necessary in order that blindness may be prevented. Whoever violates the provisions of this section shall be punished by a fine of not more than one hundred dollars.

Section 2. Section fifty of chapter seventy-five of the Revised Laws is hereby amended by inserting after the word "health," in the third line, the words:—or if one or both eyes of an infant whom or whose mother he is called to visit become inflamed, swollen and red, and show an unnatural discharge within two weeks after the birth of such infant,—so as to read as follows:—

Section 50. If a physician knows that a person whom he is called to visit is infected with smallpox, diphtheria, scarlet fever or any other disease dangerous to the public health, or if one or both eyes of an infant whom or whose mother he is called to visit become inflamed, swollen and red, and show an unnatural discharge within two weeks after the birth of such infant, he shall immediately give notice thereof in writing over his own signature to the selectmen or board of health of the town; and if he refuses or neglects to give such notice, he shall forfeit not less than fifty or more than two hundred dollars for each offence. [*Approved March* 31, 1905.]

APPENDIX G

An Act relative to the prevention of ophthalmia neonatorum. (Massachusetts, 1910)

Be it enacted, etc., as follows:

Section 1. The state board of health shall furnish, free of cost, to physicians registered under the laws of the commonwealth, such prophylactic remedy as it may deem best for the prevention of ophthalmia neonatorum.

Section 2. There shall be appropriated to the use of the state board of health for this purpose the sum of twenty-five hundred dollars annually. [*Approved April 27*, 1910.]

APPENDIX H

REPORT OF THE PROSECUTION OF MRS. M. M., A MIDWIFE, FOR FAILING TO REPORT A CASE OF OPHTHALMIA NEONATORUM

CITY OF CLEVELAND, OHIO
Central Police Station

OFFICE OF PROSECUTING ATTORNEY OF POLICE COURT

NEWTON D. BAKER, *Prosecuting Attorney*
WM. G. GEIER
DAN. B. CULL
GEO. P. BAER
MAURICE BERNSTEIN, *Assistants*

THE STATE OF OHIO
vs.
M. M.

BEFORE E. LEVINE, Judge of the Police Court. MAURICE BERNSTEIN, appearing for the State. E. STRONG, appearing for the defendant.

REVISED STATUTES OF OHIO (3140–3)

Should one or both eyes of an infant become inflamed or swollen, or show any unnatural discharge at any time within ten (10) days after its birth, it shall be the duty of the midwife, nurse or relative having charge of such infant to report in writing within six (6) hours to the physician in attendance upon the family, or, in the absence of an attending physician, to the health-officer of the city, village or township in which the infant is living at that time, or, in case there is no such officer, to some practitioner of medicine legally qualified to practice in the State of Ohio, the fact that such inflammation, swelling or unnatural discharge exists.

On March 17th, 1910, in company with Bradley Hull, agent of the Humane Society, I visited the home of H. C., at — Street, Cleveland, Ohio.

H. C. was born on September 4th, 1909, and attended by Mrs. M. M., a licensed midwife of forty years' practice. On the third day after her birth one eye became inflamed and showed an unnatural discharge. Mrs. M. requested the father to call a doctor and upon his persistent refusal to do so Mrs. M. left the C. home. Within a few days the condition of the child's eyes became serious and H. C. was taken to a babies' dispensary and later to Dr. W. E.

Bruner, a competent eye specialist. The disease was too far developed, however, and the child became totally blind.

These facts we gleaned from the mother after about two hours of questioning and pleading, she being stubborn and obdurate, declining to assist us in any way and shielding Mrs. M. as far as possible. Later in the day Miss Marion C. Campbell, of the Society for the Blind, called at my office and swore to an affidavit charging Mrs. M. with violating the provisions of Section 3140–3 R. S. (noted above). Miss Campbell had previously called on Mrs. M. and obtained admissions from her which clearly indicated her guilt. Mrs. M. was arrested the next day and succeeded through illness of counsel in having her trial postponed until the 21st day of April.

The State to maintain its case had to prove the following:

1. That a child, H. C., was born.

2. That Mrs. M. M. was the midwife in charge.

3. That within ten days after the child's birth its eyes became inflamed and showed an unnatural discharge.

4. That there was no physician in attendance upon the family.

5. That there was a Health-officer in the City of Cleveland at the time H. C. was born.

6. That Mrs. M. failed to report the condition of H. C.'s eyes in writing, within six hours after the inflammation appeared, to the Health-officer of the city.

The following difficulties confronted the State in proving the above:

1. H. C.'s birth was not recorded in the public records.

2. The entire C. family was hostile to the prosecution and shortly before the date set for the trial, Mrs. C. with the blind baby departed for parts unknown. In addition thereto Mrs. M., the defendant, was a gray-haired, benevolent looking lady, 69 years of age, and on that account liable to invoke the sympathies of the average person.

The State presented its case by calling as its first witness a Mrs. Z., a neighbor, who testified that the babe, H. C., was born on the 4th day of September, 1909; that Mrs. M. was the midwife in charge; that the infant's eyes became inflamed within three days after its birth, and that there was no physician in attendance upon the family.

The statute (3140–3) provided for one of three alternatives,

viz.: the midwife must report in writing to the attending physician; if no attending physician, then to the health-officer; if no health-officer, then to any practising physician.

Mrs. Z. having testified that there was no attending physician and the City of Cleveland having a health-officer, all that remained for the State to prove was that Mrs. M. had made no report in writing to him. Dr. Martin Friedrich, the health-officer, was then called as a witness and so testified. Dr. W. E. Bruner then testified as to the condition of H. C.'s eyes when H. C. was brought to his office and gave valuable expert testimony on the disease Ophthalmia Neonatorum—how it could be prevented and its terrible effect on infants. It was at this point that the efficient work done by Miss Campbell proved of great assistance to the prosecution. Miss Campbell had obtained a large photograph of the blind child, and the child not being in Court, it was only by means of the photograph that the State could connect the infant, H. C. attended by Mrs. M., with the child treated by Dr. Bruner at his office. Miss Campbell concluded the State's case by relating her conversation with Mrs. M. prior to Mrs. M.'s arrest; this testimony being extremely valuable in that it embraced a confession by Mrs. M. of her guilt.

The defense was technical throughout, relying on the hostility of the C. family to the prosecution, the failure to record birth, the absence of the blind baby from the City and a misinterpretation of the statute. It was also urged in defense (and not controverted by the State) that Mrs. M. had urged the father to summon a physician and that he had refused to do so. The statute, however, is explicit and mandatory. A report in writing must be made by the midwife herself.

The Court found the defendant guilty, and on account of her age did not sentence her to imprisonment but fined her $25 and the cost of the prosecution.

Respectfully submitted,

(Signed) MAURICE A. BERNSTEIN,

Asst. Prosecuting Atty.

Syracuse, N. Y.
PAT. JAN 21, 1908