

the cause of the color-blindness and is unable to give advice or instruction concerning it. In this regard the medical profession has not kept pace with these railway officials in this line of study.

To correctly observe a signal means to avoid the accident and is therefore of vital importance to all railroads. Vast sums have been expended by railroad officials to attain this success in the perfection of their various signal contrivances. Why, then, should not the medical profession teach the railway men the proper *modus operandi* to be pursued in correctly observing them.

The average railway surgeon is provided with a few skeins of yarn and taught that if the employe can not ferret out the various colors, but confuses them, he is color-blind and must be rejected by the railroad officer examining him. Now these skeins are all right in their place, but there is a difference sometimes in the luminosity of these colors and in the wave lengths of the ethereal vibrations producing them, giving to the color a different hue when mixed with other colors and thereby causing the employe examined to be rejected when the color-blindness is only temporary and apparent and no pathologic condition present to produce it, and blindness which could not be again produced. Again, very many railway men have learned that they confuse red and green and that they must upon examination call red green. Here the man has a pathologic lesion discoverable, it may be, only by the aid of the ophthalmoscope or by an accurate mapping out of the color field by the perimeter, which few if any of the surgeons have, and which is equally important with color-blindness as to lesions producing it.

No man is capable of judging an employe's color perception who can not correctly survey the fundus, noting the probable cause producing it or map out his color field or make the various tests for spinal cord or brain lesions that might produce it. Very many eyes are rejected because they can not read $\frac{20}{20}$ (that is see at 20 feet what they should see at 20 feet), all this because the medical examiner does not know the healthy organ when he sees it and does not know, that it is, perchance, simply a slight refractive error easily remedied by the proper refractive correction. Moreover, very many diseases prevalent among railway men, such as syphilis, rheumatism, Bright's disease, tuberculosis, etc., not sufficiently marked to lower acuity of vision at the time of examination, which later produces total blindness in the organ, go by undiscovered by the railway surgeon and a grave accident results. The railway surgeon should be correctly instructed concerning positive and negative scotomas, how detected, and their significance as to the correct observation of signals. I said in a recent paper published in the *Railway Age*, that, "If any man can not read $\frac{20}{20}$, that is, see at 20 feet what he should see at 20 feet, which for practical purposes is infinity, he should not be at the head of a passenger train freighted with human lives." If he can not read $\frac{20}{20}$ and his fundus is normal, why not give him the proper correction and let him wear it. Periodic examinations by competent oculists would remedy the defects, if refractive, and ferret out the poor-sighted employes, and, where possible, correct their vision by properly adjusted glasses.

I am aware that railroad officials are loath to part with trusty employes and for that reason keep their old employes in the most hazardous positions. This is as it should be, save that if upon frequent examinations it becomes a known fact that the particular employe has diminished acuity of vision from any source unremediable, he should be substituted by a younger but equally trusty employe, whose acuity of vision can be made perfect or nearly so. I believe that the older employe with lessened acuity of vision should be given the less important positions where signals are not observed.

Another condition is that of hemeralopia and nyctalopia,

night and day blindness, where an individual may see perfectly for twelve hours out of the twenty-four and indistinctly the other twelve. These symptoms are manifested in certain retinal affections, and discoverable, it may be, only by the aid of an ophthalmoscope the individual, if being examined, declaring that he sees perfectly, while the ophthalmoscope shows an acute or chronic, traumatic or albuminuric retinitis or retinitis pigmentosa. Another condition is that of tobacco amblyopia, sooner or later to affect the optic nerve by causing atrophy of it, scotoma, contracted field, color-blindness and finally total blindness of the eye. The same condition is possible by imbibing too freely in spirituous beverages. Who is to pass judgment on this condition? No one but the skilled physician who is able to survey the interior of an eye.

Very many other conditions might be cited, prevalent among railroad men, which lower the acuity of vision, and which therefore necessitate a periodic examination of all employes' eyes by competent oculists, especially employes having to do with signals. Every railroad should have a competent oculist with enough assistants to correctly examine, periodically, both subjectively and by means of an ophthalmoscope, the eyes of all employes having to do with signals. This will, if properly executed, lessen the railway accidents the first year by one-half and relieve the railway surgeons of one of the supposed functions of their respective offices. I am aware that all railways employ oculists in name, but not in fact, their supposed function being to examine the fundus of all feigners in railway accidents and pronounce them healthy eyes and to be a general consultant in case the railway surgeon accidentally suspects some fundus lesion.

Recently in a medical journal I noted an expression from a railway surgeon of note in which he claims that the employe's character is of vastly more account to the railway employing him than is his eyesight. In my judgment both should be good and no employe placed who can not demonstrate that he has both good character and good eyes. A law should be passed in every State in the Union compelling the railway companies to periodically examine all their employes having to do with signals and especially those in the train service. This would prove no injustice to any, but would be a boon to humanity in the saving of lives and a saving to the railroads in thousands of dollars spent annually on accidents.

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The Association and the Colleges.

LOUISVILLE, KY., Sept. 5, 1898.

To the Editor:—In the *JOURNAL* of September 3, page 337, Dr. T. J. Happel, ex-vice-president of the AMERICAN MEDICAL ASSOCIATION, says: "After carefully reading the notices sent out by Dr. Wm. B. Atkinson to the deans of the several colleges in the United States, I am satisfied that the ASSOCIATION has attempted to reach a point which it should attain, in an unconstitutional manner. Had this point of order been made against the resolution at the time it was offered, as the presiding officer of the ASSOCIATION on that day, I would have decided the point well taken, and have ruled it out of order."

Dr. Happel presided on Wednesday, at the time the resolutions were offered. He referred them to the business committee. On Thursday the business committee recommended their adoption; Dr. Happel, again presiding, put the question, and decided the resolutions unanimously adopted. He was then the only person authorized to decide. He was at that time under solemn obligation to execute all the provisions of the constitution of the AMERICAN MEDICAL ASSOCIATION. He decided then as an officer clothed with full power.

It is now about three months since he ceased to be an officer,

and it is an unheard of proceeding for him to undertake, after he has passed out of office, to decide that his conduct in office was irregular, unconstitutional and void. Does not Dr. Happel know that ignorance of the law can never be pleaded as an excuse for its violation?

The resolutions are an ordinance of the ASSOCIATION, and not a constitutional amendment; and, whilst they affect the qualifications of certain persons holding membership, they are, in fact, intended merely as an addition to the by-laws.

The constitution says of delegates, and other members, that they "shall continue such so long as they remain in *good standing* in the body from which they were sent as delegates, and *comply with the requirements of the by-laws* of the ASSOCIATION;" and of the permanent members, "so long as they shall *continue to conform to its regulations*." The constitution, therefore, decides that the provisions of the by-laws are to determine the qualifications of membership, or rather, the conditions upon which membership may be continued. See Art. ix of the by-laws, entitled "Conditions Excluding Representation."

The resolution to which Dr. Happel makes reference does not alter or amend the constitution of the ASSOCIATION. It amends Art. ix of the by-laws by adding to the specifications of conduct which shall exclude from representation.

Article viii of the by-laws formerly contained this paragraph (Transactions, Vol. xxvi, page 491): "It shall be the duty of every member of the ASSOCIATION, who learns that any existing medical school departs from the published conditions of graduation, to report the fact at the annual meetings; and, on proof of the fact, such school shall be deprived of its representation in this body." The by-laws, in relation to the conditions excluding representation, have been amended so often that it would require a large octavo volume to contain all of them. The only rule with which I am familiar, concerning amendments to the by-laws, is that set forth in the first Article, which says: "the order of business shall, at all times, be subject to the vote of three-fourths of all the members in attendance."

I am sure the ASSOCIATION will enforce the provisions of the resolution; it must do so or stultify itself. The technical quibble about attempting to make the resolution appear as an amendment to the constitution is both unreasonable and absurd.

The profession of medicine can not have more than one standard of qualification. The minimum curriculum of the College Association, which has been unanimously adopted by the AMERICAN MEDICAL ASSOCIATION, is the lowest that can be accepted of any candidate for admission to the regular medical profession in the United States. The Degree of Doctor of Medicine must be of equal dignity and effect, whether conferred in the North or the South, the East or the West; there can be but one standard.

DUDLEY S. REYNOLDS.

An Osteopathy Assertion.

CHICAGO, Sept. 4, 1898.

To the Editor:—The recently-issued circular of the Chicago College of "Osteopathy" contains the assertion that the "officialist" E. H. Pratt (one of the faculty) is a member of the Chicago Academy of Medicine. He has never been a member nor (as the Chicago Academy of Medicine is affiliated with the AMERICAN MEDICAL ASSOCIATION) would he be eligible.

JAS. G. KIERNAN, M.D., Secretary.

NECROLOGY.

JAMES K. HOGAN, M.D., Long Island College Hospital, N. Y., 1888, died at his home in New York City, September 3, aged 42 years. He was a native of Ireland and a graduate

of Queen's College, Cork, before he arrived in this country. Two small children are his survivors.

GEORGE MCCREERY, M.D., Bellevue Hospital Medical College, 1877, died on board the transport *Catania* and was buried at sea. He was appointed an Assistant-Surgeon, U. S. Army, and attained the rank of Major at the beginning of the present war.

Dr. L. v. DITTEL, in his 83d year. The Vienna school loses in him one of its most brilliant minds, and the science of urology one of its modern founders. His name is, perhaps, best known by one of his minor achievements, the elastic ligature of hemorrhoidal nodules.

Dr. G. ZANCAROL, at Alexandria, Egypt. A prominent physician among the European colonies in Egypt and writer on medical and surgical subjects and international hygiene.

Dr. BONSDORFF, aged 83. Formerly professor of anatomy at Helsingfors.

WILLIAM H. BENNETT, M.D., N. Y. University Medical College, 1870, died at his home in Brooklyn, N. Y., September 1, aged 54 years.—J. P. Fryer, M.D., Ypsilanti, Mich., August 26.—F. S. Hilbish, M.D., Fremont, Ohio, August 25, aged 56 years.—W. B. Scales, M.D., Sedalia, Mo., August 27, aged 57 years.—John Stearns, M.D., Washington, D. C., August 26, acting U. S. Surgeon Fourth Mass. Heavy Artillery, during the civil war.—Richard Townsend, M.D., Philadelphia, August 28.—William Vannuys, M.D., Anderson, Ind., Rush Medical College, 1855, August 28.—J. M. Wilkinson, M.D., Dover, Del., August 25, aged 48 years.

PUBLIC HEALTH.

Reduction of Typhoid Fever in the French Army.—One of the chief factors in the reduction of the number of cases of typhoid in the French army is the regulation forbidding the men frequenting saloons, cafés, etc., where non-sterilized water is used. The consequence is that the proprietors vie with each other in the work of sterilization.

Unlowered Death-Rate in Diphtheria.—The discussion following Professor Kassowitz's arraignment of antitoxin treatment and the Klebs Loeffler bacillus, mentioned in the JOURNAL, page 257, lasted four weeks and packed the rooms of the Vienna k. k. Medical Association to the doors, in spite of the midsummer heat, at each session. In conclusion Kassowitz stated that he had accomplished his purpose if he had called attention to the fact that antitoxin treatment is not a *res adjudicata*, but is still on trial, and required scientific weighing of actual facts, instead of blind laudation.

The Mosquito and Leprosy.—The mosquito is now credited with the transmission, not only of malarial infection but of leprosy. Prof. Sommer of Buenos Ayres in an article on "Leprosy in the Argentine Republic" (*Semana Médica*, June 23), notes that in hot countries leprosy is more frequent in localities where there is much water and hence larger numbers of mosquitoes. He considers this the explanation of the prevalence of leprosy among fish-eating populations, which used to be ascribed to the fish. Kaposi reported at the recent Leprosy Congress the case of a tourist on a steamer passing through the Suez Canal who was stung on the finger by a mosquito and a leproma developed at the spot.

How to Exterminate Mosquitoes.—An almost imperceptible amount of potassium permanganate—1 to 1500—is fatal to the mosquito, according to the *Public Health Journal*. By scattering the crystals here and there, a handful of potassium permanganate will oxidize a ten-acre marsh and kill all the mosquitoes and their embryos in it, thus freeing man from the pest for thirty days. *Janus* for August states that an oil medium is better than an aqueous for insecticides, as the oil works its way into inaccessible crevices. Another communication de-