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Contents.

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TABLE OF CONTENTS OF
THE SCIENTIFIC AMERICAN SUPPLEMENT,
No. 77,
For the Week ending June 23, 1877.

BLUE GLASS BLINDNESS.

It is curious to notice in what strange ways a popular mania affects different people. The believers in the blue glass absurdity have hitherto had a monopoly of wild theories on that subject, of which they have invented no lack, to meet the various objections raised, but here is a blue glass skeptic gravely making assertions fully as baseless as the errors which they are aimed to controvert. The skeptic in question is none other than our staid contemporary the *Evening Post*, of this city: which, in its anxiety to warn its readers against an apparent danger inherent in blue glass, perpetrates the following:

"That blue glass has any curative properties remains yet to be proved; but that glass of that color will concentrate the rays of the sun, in a lesser degree, as the common burning glass does, was known before General Pleasonton's book was printed and made so much of by the newspapers. A gentleman of Brooklyn suffering from weakness of sight was recently led by the advice of well meaning friends to use spectacles of blue glass, such as certain opticians are selling just now. The result was that his eyes, already too weak to be used much in ordinary circumstances, were exposed to a terrible glare and heat, which in less than a week entirely destroyed the eyesight of the sufferer. He is now totally blind. This is a fact, and the gentleman would doubtless be glad to have other sufferers from weak eyes know of his case and draw a moral therefrom. Another similar instance has come under our observation, a young lady being in this case the dupe of the blue glass enthusiasts. It is worth bearing in mind that the only property of blue glass that has been proved is its power to concentrate the rays of the sun and produce extraordinary heat."

Neither glass stained blue nor glass of any other color "concentrates the rays of the sun as the common burning glass does." A lens, from the curvature of its surface or surfaces, has the property of causing the luminous rays which traverse it either to converge or to diverge. By a burning glass or double convex lens, parallel rays are conveyed to a focus. If blue glass is made in similar form, it will act similarly; otherwise it will not.

But, as we have repeatedly pointed out, blue glass cuts off a very large proportion of the luminous rays, and the light it transmits is nothing but modified sunlight, or rather sunlight shaded and reduced in intensity: so that, so far from blue glass producing a terrible "glare," it transmits an exceedingly mild light. This property was utilized by photographers long ago in order to relieve the eyes of their sitters; while blue spectacles have been worn by weak-eyed people almost ever since spectacles were contrived.

It is not necessary to discuss the question of whether blue glass becomes hotter through absorption than clear glass, in the absence of any authentic experiments on the subject. It is well settled that, as color teaches us nothing regarding the radiation and absorption of non-luminous heat, any conclusions as to its influence may well be wholly delusive. The absorption depends on the particular absorptive power of the coloring substance, and not on its hue. Clear glass is opaque to a considerable degree to heat rays, and therefore through absorbing them becomes warmed. The only question, then, is whether the coloring matter introduced is capable of producing increased absorption sufficient to render the glass hot, and so to cause it to injure the delicate outer portion of the eye through its proximity thereto. In the absence of any data determining this point, no positive opinion can be formed; but it seems probable that the resulting inflammation of the organ would produce suffering sufficiently intense to indicate its cause to the wearer of the glasses and induce him to discard them before the week had elapsed during which the lesion became permanently extended to the optic nerve. It should be understood, however, that, if blue glass spectacles are injurious, it is because of the constitution of the glass, and it does not necessarily follow in consequence of that glass being blue.

DRUNK OR DISEASED?

The sciences of law and medicine are now in direct conflict on the question of the responsibility of the inebriate. The law holds a drunken person answerable for his acts, and refuses to accept intoxication as a plea in extenuation. On the other hand, one of the highest medical authorities, who has made drunkenness the subject of prolonged and careful study, Dr. D. G. Dodge, late Superintendent of the New York State Inebriate Asylum in Binghamton, says that "inebriety is a condition of the system exhibiting a class of symptoms resulting from a long continued and excessive use of alcoholic stimulants, which brings the subject to a condition he is too weak to overcome; and for which he is not responsible." Society, it would seem, stands in a dilemma from which it is difficult to perceive any present way of escape.

The question is one, however, which demands speedy settlement, for laws are indeed anomalous under which fine-drawn pleas of "emotional insanity" have secured immunity for wilful murder, while the wretch who deals a fatal blow while crazed and diseased with drink is subjected to the full meed of punishment. Much has been written and said to prove that, when a man becomes a drunkard, it is a voluntary proceeding on his part. This is the legal view—or rather, the legal fiction—relative to the subject. There is no doubt that many do become confirmed inebriates through finding pleasure in their early use of stimulants; but this is by no means true of all. Dr. Dodge tells us that, like all hereditary diseases, intemperance is transmitted from parent to child as much as scrofula, gout, or consumption; that it observes all the laws of transmitted disease; that it may even skip a generation, and appear in a succeeding one with all its former activity: that the habit seldom culminates until the subject is thirty years of age, and that the disease is oftenest found among people between the ages of thirty and forty: that certain individuals possess an alcoholic idiosyncrasy, a natural latent desire for stimulants which leads, if indulged, to morbid appetite and a diseased condition of the system, which the patient is powerless to relieve, because the weakness of will that led to the disease obstructs its removal. These are all well demonstrated facts. Dr. Joseph Parrish says that he has known hereditary drunkenness developed after sixty years of sobriety. Dr. Forbes Winslow, before a British Parliamentary Committee, stated that he had observed a list of criminals in which a father was a drunkard, grandfather a drunkard, grandmother an idiot; and in the whole line the family showed drunkards, criminals, and idiots. All the forms of vice were hereditarily transmitted.

The difficulty at once suggests itself of how to distinguish between the man who gets drunk because he cannot help it and then sins, and him who deliberately becomes intoxicated. If we place the drunkard on the same level as the lunatic in regard to irresponsibility for crime, we find ourselves brought face to face with a host of perplexing questions. A man cannot sham lunacy without being reasonably sure of detection; but he can get genuinely drunk, and still have faculties clear enough to execute a purpose of revenge, for example. Neither law nor medicine can positively say how drunk a man must be to be irresponsible. Neither can we unearth every one's genealogy to find out whether his grandfather was an inebriate in order to predicate the hereditary hypothesis. It is evident, therefore, that the drunkard—no matter how he became a victim—must be placed in a different category from the lunatic and the criminal who commits crime automatically. A lunatic is never responsible, society must regard a criminal as always so; but the responsibility of the inebriate depends on a host of circumstances, which may differ in countless instances. It is obviously as much an error to regard every drunkard as an automaton impelled by irresistible impulse as it is to consider him—as we now practically do—a fully reflecting being. The problem is to find the just mean which will cover all cases, or to discover a mode of prevention which will simplify the general conditions.

The preventive remedies which have suggested themselves are two: First, the inebriate asylum; second, the repression of the liquor traffic. The inebriate asylum, though really a curative institution, is in the end the means of preventing the spread of inebriation by hereditary transmission. Intemperance is curable, just as insanity is, in most cases; and, to a certain extent, similar means are used to effect the desired result. The treatment, however, involves skill and thorough acquaintance with the disease in all its forms; and it is therefore of a nature which is best practised in special institutions. The increase in number of the latter may therefore be considered advantageous. As regards the checking of the liquor traffic, there is ground for much argument *pro* and *con*. A step in advance which might be taken, and its results tested before resorting to prohibition, is the stringent enforcement of enactments against adulterated liquors. Whiskey—or rather a vile decoction of fusel oil—is sold in the slums of this city, at retail, at prices less than the government tariff alone amounts to. Repression of adulteration would break up the sale, and place liquor out of the pecuniary reach of thousands of people who are now easily able to gratify their desires. Pure liquors, say authorities, are worse as a source of inebriation than the adulterated ones, owing to the greater proportion of alcohol present. This is doubtless true; but at the present time the immense preponderance of liquor sold is adulterated. Enforce the laws to prevent the sale of that, and maintain a high tariff on pure liquors, and it will become an expensive proceeding to get irresponsibly drunk.

ABOUT GRAVESTONES.

We have just received a volume containing seventy-four lithographed designs for gravestones, accompanied by a note from the publishers to the effect that the book is regarded "as the best modern work on the subject." It is a small volume, and the price is eight dollars, for which sum one might reasonably expect to obtain something new and valuable. The work is no doubt modern, but we fail to discover anything new or especially attractive in the designs. It seems to us—and the idea is one we have long held—that it is about time that a reform in our churchyard architecture was set afoot. We have got into a rut, so to speak, of designs which have been the same from the period "whereof the memory of man runneth not to the contrary." The visitor to the country churchyard, or our magnificent Greenwood, finds them at every turn; and he may depart with the fixed impression that, when gravestone makers emancipated themselves from slabs and tables, the sole decoration of which was the occasional hourglass or impossible cherubic head, they proceeded as far as the funereal urn and broken pillar and there stopped, a few bolder spirits only advancing to the further point of crouching lambs and kneeling angels. Now, these ideas are well enough in their way, or rather they were so, say fifty years ago, when we built our houses like Grecian temples and indulged in other architectural atrocities; but at the present time, we may truthfully assert that our graveyards possess a full supply of them, and that something new would be a gratifying change.