

Medical Matters.

GENERAL CONSIDERATIONS ON TRACHOMA.

Dr. Francisco Fernandez, writing on the subject of Trachoma in *Sanidad y Beneficencia*, says in part:—

Trachoma is a mysterious disease, quite overlooked in the majority of cases, and which does not awaken in many cases any suspicion on the part of the persons attacked; a cruel and treacherous disease which sets in silently and stealthily, takes hold profoundly, and is very difficult to eradicate.

As trachoma is one of the most contagious of ocular infections, and since it produces a very large number of cases of blindness, it is not strange that all scientists who have devoted themselves to ophthalmology have made great efforts to discover the cause of the disease and the means of curing it.

Recently it seems as though the transmitting agent of trachoma has been discovered; the eminent German oculist Greeff, who has a private clinic for diseases of the eyes in the Hospital La Charité, of Berlin, and who has written a great deal on his speciality, believes that he has discovered the transmitting germ of this terrible affection which has long been a scourge to mankind. His discovery has not awakened the enthusiasm which was to be expected, and it may be that this indifference, otherwise inexcusable, is due to the fact that it has not yet been possible to confirm in all respects that the agent discovered by Greeff is really the cause of the disease.

Among the various treatments of trachoma, we believe that experience has demonstrated a great many times that real trachoma is not curable by means of medicament brought into contact with the conjunctiva. We have confirmed this repeatedly, and we do not hesitate to affirm that the suspicious case of trachoma cured with medicaments is not trachoma.

It is our opinion that the only treatment which can give favourable results is the surgical, either by excision or incision. Both methods are applicable. Both also have their disadvantages. In a given case one may be preferable to the other, but this is not so in all cases.

The inefficacy of the medicinal treatment and the advantages of the surgical, have been demonstrated, and we believe that it is lamentable to insist on curing authentic trachoma by means of drugs. This is very important in connection with immigrants who are allowed only three months to get cured, and if they do not succeed in getting rid of the disease in that time, are sent back to their country.

Even admitting that the medicinal treat-

ment cures real trachoma, is three months sufficient to bring about that result by the employment of drugs? We doubt it; and we would even affirm that not only are three months insufficient, but that even six months of treatment with drugs would not be sufficient to modify to any extent a case of true trachoma.

We have employed repeatedly the term true trachoma and real trachoma. We mean precisely what we say: we refer to real trachoma, and in no wise to the various states of false granulations which, especially in children, are frequently observed in Cuba, the pathological conditions of which are sometimes diagnosed as real trachoma; and which in two or three weeks are cured, so that we read in the daily newspapers of a notable cure effected by this or the other physician. Unfortunately these cases are considered by some as trachoma, since it is no small merit to have cured a case of this disease in two weeks. We have had the bad luck not to have been able to realise any such wonder.

We honestly believe that in the cases of immigrants suffering from trachoma who are under bond, the surgical operation should be carried out immediately, either the incision or the excision of the palpebral conjunctiva, or both combined. If with one operation the aspect of the conjunctiva is not much modified, the operation may be repeated one or more times, and we believe that the majority of cases may be cured in a given period. We believe that only in this way can these cases be cured in the short space of three months which they are allowed.

In conclusion, we do not consider the statement unwarranted, that the medicinal treatment does not cure trachoma; a few cases may be cured, but the immense majority can only be cured or improved by surgical means.

PLAGUE INFECTION IN A CALIFORNIAN WOOD RAT.

An addition to the list of animals capable of harbouring the bacillus pestis is announced by Dr. W. C. Rucker in the Public Health Reports of the U.S.A. Public Health and Marine Hospital Service for January 7th, as notified in the *Lancet*. The animal in question is the *Neotoma fuscipes anectens* (Elliot). Several species or varieties of this genus are found in California. They are indigenous, and although called "wood rats" are very different from the imported true rats (*Mus norvegicus*). They are found in wooded localities where they construct elaborate "nests," which are sometimes 6 or 7 feet in diameter and 3 feet high. In the *Neotoma fuscipes* the body and tail are of nearly equal length, each measuring about 8 inches.

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