ease, he is passed and presented to the shore examiner of the transportation line and the ship-surgeon, whose duty it is to exclude and deny passage to any found otherwise diseased or of the excludable classes under the Immigration Law. Those who survive this gauntlet of inspection are received aboard ship and are then under the supervision of the ship-surgeon, who should daily inspect every immigrant as well as their quarters, and vaccinate those not vaccinated. Obviously the object of this inspection is ship sanitation, care of the immigrant and the discovery in its incipiency of any contagious or infectious disease and its immediate isolation, as well as the study of the immigrant's physical and mental caliber.

When the ship arrives at the entrance to the port of entry, it is boarded by the quarantine officer, who should make an inspection of each immigrant.

One would naturally wonder how, after all this seemingly exhaustive medical inspection, there could arrive at our doors any who might be of the excluded classes, or quarantine disease reach the immigration stations.

There are several reasons which might account for this. The examiners at the port of foreign embarkation are not trained government officers and they will frequently take chances of the possibility of a case escaping detection or its possible acceptance, by the port medical officers. The ship-surgeon in many instances is untrained, insufficiently informed as to his duties, inadequately paid, and often but merely taking advantage of a cheap trip across the Atlantic, without any realization of his responsibilities. Another cause, I believe, is the difference of opinion of medical men, as to what is and is not Trachoma, particularly those who are not trained and have not had the opportunity of personally examining many Trachomatous eyelids. And yet another reason, in Canada at any rate, is the unsafe and dangerous method, as will be shown later in this paper, of granting pratique to ships at quarantine without inspection before sunrise and after sunset, upon the sworn statement of the ship-surgeon, of the absence of quarantinable, infectious or contagious disease.

In spite of the vigilence on the part of the steamship lines, the number of those denied admission at the ports of arrival, because of Trachoma, for the last ten years, has increased from one in 1,800 to one in 400, while, in Canada, last year the ratio was 1 in 161. It has been said by a representative of the transportation interests, that steamship companies were rejecting in Europe, on account of Trachoma, over 100,000 applicants for passage a year, so that it can be readily seen that this one malady alone is the sole obstacle in the way of hundreds of thousands emigrating to the United States and thousands as well to Canada, many of whom are bound by family ties to those already domiciled or citizens of either country.

Examiners at the ports of entry nowadays do not find so many well marked cases of Trachoma, as was the custom a few years ago, and the majority of cases now held for disease of the eyelids require observation and treatment for a few days to as many weeks to definitely diagnose cases of Trachoma. Many cases are seen of long standing Chronic Trachoma, in which the conjunctiva of the lids have become replaced by scar tissue or partly so, either in one or both eyes, by the spontaneous arrest of the disease, before the destruction of the conjunctiva has become complete. To all intents and purposes such a condition is cured Trachoma and is so accepted, but whether it remains permanently cured is a question, as cases have been found months later in which the disease was again active. Medical officers of the United States Public Health and Marine-Hospital Service, as examiners of immigrants destined to the United States, are instructed by their regulations to rely upon definite clinical manifestations, as conclusive evidence requisite for the issuance of a certificate of Trachoma as follows: A characteristic connective tissue hyperplasia, lymphoid cell proliferation with degeneration of the encapsulated follicles and destruction of conjunctiva. The essential diagnostic features being, the formation of firm organized follicles, which coalesce with the conjunctiva, break down, causing progressive destruction and permanent scar tissue formation. There have been about thirty or more kinds of bacteria isolated, as being responsible for inflammatory conditions of the conjunctiva or cornea, but the cause of Trachoma is still unknown.