

cificity of the disease, I have been asked so often by practitioners what trachoma does consist in, that it will be my apology for giving a broad, as well as a brief, description of its clinical features.

Trachoma is characterized by the presence of granulations in the palpebral conjunctiva, with more or less inflammatory reaction, with or without discharge; following, in the majority of cases, a most insidious course essentially chronic, giving no subjective symptoms for a long period of time; pannus, eyelids distorted by the formation of cicatricial tissue and ulcerations of the cornea are the ordinary complications of trachoma, of which impaired vision and blindness are the ultimate consequences.

As to its etiology, so long as we are not agreed yet on the essential specificity of the disease, I shall merely quote what Sweigger wrote in 1885:

“The causes of trachoma must be sought chiefly in bad sanitary conditions. Badly ventilated, over-crowded rooms in houses, barracks, factories, may not only produce trachoma in a previously healthy conjunctiva, but give a trachomatous character to any chronic conjunctivitis.”

It is an infectious disease, spread by contact, and experience furnishes undeniable proofs that the transmission may be due directly to spurring of discharge into the eyes during inspection or at operation, or indirectly to fingers soiled with the discharge, or to common use of toilet articles, etc.; a family may be infected by a trachomatous servant.

Lucanus does not believe in any particular individual predisposition, but Vennemann pretends, supported by statistics of careful observation, that there is certainly an individual predisposition. Where the predisposition is slight, only abortive cases, as they are called, arise; but if it is strong, distinct trachoma develops.

During the last few years the writings of some distinguished members of the profession in this country, among others Dr. Byers and Dr. Boulet, of Montreal, who have already read papers, the former before this association, and the latter before La Société Médicale de Montreal, also Dr. Prowse, of Winnipeg, have not failed to draw the attention of the authorities to the importance and the necessity of amending our laws concerning immigration in order to classify trachoma among the excludable diseases.

In 1897, the Congress at Washington passed a law in that direction, and since 1899 the eyes of all immigrants arriving in the American ports are being inspected by the medical officers of