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A SHORT HISTORY OF TRACHOMA IN SOUTH AFRICA*

R. St. H. Warren, M.D. (Rand), D.O. (R.C.P. & S. Eng.), *East London*

So little do we know of the early history of the Native in this country, of the migrations of tribes from the North, and of their subsequent movements, that it is impossible to say when and how trachoma was first introduced into South Africa.

Yet we know that when the first European settlers arrived at the Cape trachoma was already endemic in Europe, and that, following the Napoleonic invasion of Egypt, the disease subsequently reached epidemic proportions in parts of Europe.[1] It is thus conceivable that travellers and settlers may have introduced or furthered the spread of the disease at the Cape.

On the northern borders of South Africa, among the Pedi tribes of the Northern Transvaal, traditional history relates that Arab slave traders invaded the territory in the early 17th century. They might possibly have been responsible for carrying infection into this area.[2] It is interesting to note that 100 years ago Livingstone, in his diary, mentions that every year there is an epidemic in the period before the rains.

In 1897, Lewowitsch[3] mentions that trachoma was prevalent in his practice amoung the Boers and non-Europeans both in the Transvaal and in the Cape. Apparently he saw large numbers of cases. Yet, strangely enough, for the next 30 years little real notice was taken of the disease apart from occasional reports and the relatively few notifications which were made once trachoma became a notifiable disease in 1925. The impression is created that ophthalmologists and health authorities considered trachoma to be an uncommon disease in this country.

The National Council for the Blind

It was with the formation of the National Council for the Blind in 1929 that our knowledge (particularly among the Natives) of preventable eye disease, and inevitably of trachoma, began to grow. This extension of our knowledge gained ever-increasing momentum after the appointment in 1946 of a Director to a special department of the National Council for the Blind: The Bureau for the Prevention of Blindness. In fact our knowledge of trachoma in this country has developed almost entirely through the direct or indirect activities of the National Council for the Blind and this Bureau. An enormous amount of work has been done by them and surveys and investigations have been, and are still being, conducted in many parts of the country, particularly in the Transvaal. It would be impossible to mention all of them, or the many ophthalmologists who have taken part in them.

It was in such a series of surveys in 1943 and for some years afterwards that P. H. Boshoff, in particular, in his reports to the Council, indicated once more the 'undoubted prevalence and importance of trachoma in the Transvaal at any rate', and made the very significant observation that 'in the areas under review, the results of conjunctivitis and trachoma appear to be the commonest causes of eye disease leading to blindness'.[4] However, much of this was forgotten until Scott read a paper on trachoma in the South African Bantu at the South African Medical Congress in 1949. This paper was subsequently published[5] and, both at that time and later, provoked considerable discussion on whether the disease in question was in fact trachoma. For instance, shortly afterwards, in 1950, Blumenthal,[6] on the basis of his investigations, came to the conclusion that trachoma was not a prevalent disease in South Africa and that much of what was diagnosed as trachoma was in fact malnutritional kerato-conjunctivitis, to which he gave the name pseudo-trachoma. As he put it, the 'misdiagnosis of trachoma for one of the forms of chronic malnutritional kerato-conjunctivitis is common'. And although subsequent investigations have shown that trachoma undoubtedly exists in South Africa, with a very high endemicity in some parts, his paper had the excellent effect of arousing considerable interest in the disease among a number of ophthalmologists.

In the same year, Murray[4] produced an excellent thesis on trachoma in South Africa and made an exhaustive investigation, among other things, into the incidence and geographical distribution of the disease showing how prevalent it was in some areas and not in others.

In 1950 I myself began investigations on the problems of trachoma in the Northern Transvaal, which were to continue for the next 4 years. During this period, scrapings which I took from clinically typical cases of active trachoma were examined by Amies (then of the South African Institute for Medical Research), and the characteristic H.P. bodies were demonstrated—I think for the first time in South Africa. Since then these bodies have frequently been shown. There appears to be no doubt that, not only does trachoma exist in this country, but that in some parts, notably in the Northern Transvaal, its incidence assumes pandemic proportions with an infection rate of over 90%.[7]

In the last few years the question of the relationship between malnutrition and trachoma has also received attention. My own investigations in Sekukuniland, and the more extensive investigations of Amies, Lowenthal, Scott and Murray[8] in other parts of the Northern Transvaal have shown that there is no direct relationship between these conditions—a fact which had been pointed out some years before, for example, by Julianelle in America.

Prevention and Cure

In recent years attention has naturally turned towards the prevention and cure of trachoma, a task fraught with tremendous difficulties and raising, in addition, the much discussed

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problem of whether trachoma is curable by any of the known antibiotics. To rid an area, for example the Northern Transvaal, with its large number of ignorant and superstitious people, of trachoma will be a Herculean task. Already Scott and Taylor[9] have done a considerable amount of groundwork in this very difficult field, and here and there, have apparently achieved considerable success.

Finally, and very recently, success in cultivating the virus of trachoma and transmitting it to a human volunteer has been achieved both overseas and in South Africa.* We are well aware of the great significance of this new development, particularly in its application to the very difficult problem of the control and eradication of trachoma.

* A report of this work is published on page 450 of this issue of the *Journal*.

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