

TRACHOOM

Sedert die dae van die eerste Blanke nedersetters in hierdie land is trachoom al 'n plaag, ten spyte daarvan dat hierdie feit nie altyd deur die gesondheidsoutoriteite erken is nie. Ons kennis van hierdie siekte—van sy voorkoms onder alle rasse en van sy etiologie, epidemiologie, voorkoming en behandeling—het egter vinnig uitgebrei sedert die stigting van die Nasionale Raad vir Blindes in 1929. Ons gaan nou 'n nuwe tydperk tegemoet waarin ons dink aan die beheer, en moontlik selfs die uitwissing, van trachoom.

Trachoom is 'n chroniese oogsiekte wat kinders aantast en sommige van hulle, dekades later, blind maak. As die siekte al gevestig is, is dit maklik om die regte diagnose te maak, maar dit is moeilik om trachoom te herken in die vroeë stadiums wanneer niks meer nie as net 'n infeksie van die bindweefsel van die ooglede aanwesig is. Tekens van 'n ligte infeksie kan slegs gevind word deur die boonste ooglid om te dop, en pasiënte is dikwels verslae om te hoor dat hulle 'n siekte het wat tot blindheid kan lei al het hulle min of geen klagtes nie.

Die verbreiding van ons kennis op hierdie gebied, soos Warren¹ op bladsy 441 van hierdie uitgawe aantoon, het steeds vinnig toegeneem sedert die aanstelling, in 1946, van 'n Direkteur van 'n spesiale afdeling van die Nasionale Raad vir Blindes—die Buro vir die Voorkoming van Blindheid. Die Nasionale Raad vir Blindes en hierdie Buro het baie werk gedoen. 'n Groot deel van hierdie werk is egter weer vergeet totdat Scott² 'n voordrag oor 'Trachoom by die Suid-Afrikaanse Bantoe' gelewer het voor die Suid-Afrikaanse Mediese Kongres wat in 1949 in Kaapstad gehou is. Dié bydrae is in hierdie *Tydskrif* gepubliseer (24, 357) en dit het weer baie bespreking uitgelok, bv. of die siekte wel trachoom is, of daar 'n verband tussen wanvoeding en trachoom is, ens. 'n Hele aantal uitstekende ondersoekers^{3,4} het hierop gevolg en die onderwerp het weer eens 'n belangrike aktuele mediese probleem geword.

In hierdie uitgawe van die *Tydskrif* plaas ons 'n aantal bydraes oor trachoom wat tydens die Twee-en-veertigste Suid-Afrikaanse Mediese Kongres op Oos-Londen in Oktober 1959 gelewer is en ook ander bydraes wat later opgestel is. Die simposium weerspieël die huidige stand van ons kennis op hierdie gebied.

Die geskiedenis van trachoom word kortliks deur dr. Warren¹ geskets. Die belang van vroeë diagnose word

aangetoon deur dr. Scott⁵ wat 'n hoë herstelisyfer rapporteer in gevalle wat die voorgeskrewe behandeling self toegedien het oor 'n tydperk van ses maande. Hierdie resultate geld natuurlik net vir gevalle waar die behandeling vroeg begin is voor die ontwikkeling van die komplikasies van trachoom. Die doeltreffendheid van die behandeling word deur die statistiese studies van Adelstein⁶ bevestig.

Die vraag of hierdie oogsiekte deur wanvoeding of infeksie veroorsaak word, is beslis deur die isolasie en kweking van die betrokke organisme deur dr. J. H. S. Gear en mej. E. Whitney⁷ in hierdie land. Die finale bewys dat die toestand van infektiewe oorsprong is, is gelewer deur die suksesvolle inenting van 'n menslike vrywillige wat later weer genees is.⁸

Die isolasie van die betrokke virus het navorsers tot onlangs toe nog altyd ontwyk. Die verslae in hierdie simposium toon egter aan dat Suid-Afrika ook op hierdie gebied 'n leidende rol kon speel. Ons wil nie net die span dokters wat die navorsing gedoen het gelukwens nie, maar ook die Buro vir die Voorkoming van Blindheid en die farmaseutiese firmas wat hul ondersteuning verleen het.

Dit is te verstaan dat die diagnose van trachoom by Suid-Afrikaanse Naturelle met omsigtigheid gemaak word aangesien die geloof bestaan dat trachoom selde by die Bantoe-rasse voorkom. Dit wil egter voorkom of die siekte wyd verspreid is in Afrika, en trachoom moet dus vermoed word in alle gevalle van bindvliesontsteking. Die verwoesting wat hierdie siekte veroorsaak kan slegs onder beheer gebring word deur vroeë diagnose en behandeling; en die uitkakeling van die risiko van her-infeksie, en dus ook die hoop op die uiteindelijke eliminasie van trachoom in 'n endemiese gebied, kan net deur massa-behandeling bewerkstellig word. Ons hoop dat die Departement van Gesondheid bereid sal wees om hulp te verleen aan die Suid-Afrikaanse Nasionale Raad vir Blindes vir die bestryding van hierdie aansteeklike siekte op 'n landswyse grondslag.

1. Warren, R. St. H. (1960): *S. Afr. T. Geneesk.*, 34, 441.

2. Scott, J. G. (1950): *Ibid.*, 24, 357.

3. Murray, N. (1950): *Trachoma in South African Bantu*. Tesis vir die graad M.D., Universiteit van die Witwatersrand. Gepubliseer (1953), *S. Afr. I. Klin. Wetensk.*, 4, 119.

4. Warren, R. St. H. (1954): *A Study of Trachoma in the Pedi of Sekukuniland*. Tesis vir die graad M.D., Universiteit van die Witwatersrand.

5. Scott, J. G. (1960): *S. Afr. T. Geneesk.*, 34, 442.

6. Adelstein, A. M. (1960): *Ibid.*, 34, 446.

7. Whitney, E. en Gear, J. H. S. (1960): *Ibid.*, 34, 451.

8. Scott, J. G., Gear, J. H. S., Cuthbertson, E. and Smith, D. M. (1960): *Ibid.*, 34, 450.

TRACHOMA

Trachoma has been a major scourge in this country since the days of the first European settlers at the Cape—although this fact was not always recognized by the health authorities. However, since the formation of the National Council for the Blind in 1929 our knowledge of trachoma—its incidence among all races and its aetiology, epidemiology, prevention and treatment—has increased rapidly. We are now entering an era in which we think in terms of the control and possibly even the eradication of trachoma.

Trachoma is a chronic eye disease which affects infants and which, decades later, blinds some of them. It is easy

to make a diagnosis when the disease is established, but it is very difficult to recognize it in the earlier stages when all that is present is a mild infection of the palpebral conjunctiva. Evidence of mild infection can only be found by everting the upper lid of the eye, and patients are often surprised to learn that they have a blinding disease when they have little or no complaints.

The extension of our knowledge, as Warren¹ points out in an article on page 441 of this issue, 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. A great deal of work has been done by the National Council for the Blind and this Bureau; but much of this work was overlooked until Scott² read a paper on trachoma in the South African Bantu at the South African Medical Congress in Cape Town in 1949. Scott's paper was published in this *Journal* (24, 357) and provoked much discussion, e.g. whether the disease was in fact trachoma, whether there was a relationship between malnutrition and trachoma, etc. Several excellent investigations followed^{3,4} and the subject once again became an important topical medical problem.

In this issue of the *Journal* a number of papers on trachoma are published. Some of these papers were presented at the Forty-second South African Medical Congress in East London in October 1959, and the symposium reflects the present state of our knowledge in this field.

The history of trachoma is briefly sketched by Dr. Warren.¹ The importance of early diagnosis is demonstrated by Dr. Scott,⁵ who reports a high proportion of cures by simple self-administered treatment over a period of six months, provided the treatment is begun before the complications of trachoma have developed; and the effectiveness of treatment is confirmed by Adelstein's statistical studies.⁶

The question whether this eye disease results from malnutrition or infection has been settled by the isolation and growth of the causative organism in South Africa by Miss E. Whitney and Dr. J. H. S. Gear.⁷ The final proof of in-

fectivity was provided by the successful inoculation of a human volunteer, who was later cured.⁸

The isolation of the virus has eluded research workers until recently, and the reports in this symposium show again that South Africa is able to take a leading part in the world of medicine. We wish to congratulate not only the team of doctors who have carried out the research work, but also the Bureau for the Prevention of Blindness and the various pharmaceutical firms who have assisted them.

In view of the belief that trachoma rarely occurs among the negroid races, it is not surprising that the diagnosis of trachoma in South African Natives is made with some trepidation. There are however indications that the disease is widespread throughout Africa and it follows that trachoma should be suspected in all cases of chronic conjunctivitis. It is only by early diagnosis and treatment that the ravages of this disease can be curtailed, and it is only by mass treatment in an endemic area that the risk of reinfection can be minimized and trachoma thus eliminated. We look to the Department of Health to assist the South African National Council for the Blind in combating this infectious disease on a nation-wide scale.

1. Warren, R. St. H. (1960): *S. Afr. Med. J.*, 34, 441.
2. Scott, J. G. (1950): *Ibid.*, 24, 357.
3. Murray, N. (1950): *Trachoma in South African Bantu*. Thesis for the degree of M.D., University of the Witwatersrand. Published (1953): *S. Afr. J. Clin. Sci.*, 4, 119.
4. Warren, R. St. H. (1954): *A Study of Trachoma in the Pedi of Sekukuniland*. Thesis for the degree of M.D., University of the Witwatersrand.
5. Scott, J. G. (1960): *S. Afr. Med. J.*, 34, 442.
6. Adelstein, A. M. (1960): *Ibid.*, 34, 446.
7. Whitney, E. and Gear, J. H. S. (1960): *Ibid.*, 34, 451.
8. Scott, J. G., Gear, J. H. S., Cuthbertson, E. and Smith, D. M. (1960): *Ibid.*, 34, 450.