CAMPAIGN AGAINST TRACHOMA

According to the law, persons infected with trachoma are obliged to undergo treatment and observe certain hygienic regulations in order to limit the propagation of the disease. Medical practitioners are obliged to notify all cases of trachoma which come within their purview, and these are registered at the appropriate Public Health Office. Then the District Medical Officer has to warn the patient and his family as to the danger of infection, and see that treatment is carried out. If this is neglected a fine may be imposed.

Dr. Zachert makes no claim that all these regulations are carried out, as yet, with complete strictness. He observes that with a chronic disease such as trachoma it may be impossible to seize on it at its inception, also it must often happen that diagnosis is faulty.

In order to appreciate the incidence of trachoma in Poland it is necessary to see the figures relating to the infection of recruits for Army Service. This is about 1.5 per cent.

There is of course a special Government Department to organize and direct the anti-trachoma campaign. This is presided over by Dr. Zachert. After a careful examination of his report it is abundantly clear that he is a first class organizer with a highly scientific outlook.

His multifarious duties have already been indicated, for he supervises all the activities which have been very briefly described. In addition he has arranged post-graduate courses of 10 to 15 days which are attended at various times by the medical men who carry on the clinical work. There is also published a trimestrial journal containing original articles as well as abstracts from foreign ophthalmic publications.

LEGAL AND SOCIAL MEASURES AGAINST TRACHOMA IN JAPAN

A paper read at the meeting of the International Organization against Trachoma on April 5, 1935, translated and epitomised by A. F. MacCallan, C.B.E.

BY PROFESSOR MIYASHITA

JAPAN

At the XIII International Congress of Ophthalmology at Amsterdam Miyashita gave an account of the geographical distribution of trachoma in Japan. This was published in the Reports (Vol. III, pp. 169-200). In the present communication he describes the
legal and social measures which have been adopted to combat the disease.

In 1919 the Japanese legislature passed an important law to enforce these measures, some of the provisions of which may be mentioned. Every medical practitioner who diagnoses a case of trachoma must give proper instructions to the patient and the relatives as to disinfection and preventive measures, which have to be carried out, and the patient must undergo treatment; in the case of destitute persons the cost of treatment is provided. The employment of domestic servants who are infected with trachoma is forbidden. In schools, workshops, hotels, lodging houses and hairdressers' shops the manager is compelled to take all necessary precautions to prevent the spread of contagion.

In Japan public health arrangements are centralized in a special department in the Ministry for Home Affairs where all preventive measures, including those against trachoma, are dealt with. In 30 of the 47 provinces into which the country is divided special public health medical officers deal with trachoma, in the other provinces it is carried out voluntarily by doctors.

Gratuitous institutions for the treatment of trachoma cases are established in a given district for a limited period of time which often extends to several years. They then move on to another district with a high trachoma index.

A small proportion of the institutions for the gratuitous treatment of trachoma cases are supported by the provincial authorities. There are also, approximately, a dozen private eye hospitals supported by voluntary contributions. Apart from these, in large cities, the ophthalmological departments of University, Provincial, Municipal and Red Cross hospitals undertake the treatment of the poor.

It is of the greatest interest to learn that persons employed as nurses, hair-dressers, etc., who come into intimate contact with the public are licensed by the Police and if found to be trachomatous are submitted to compulsory treatment until certified to be non-infective.

All men in Japan are twice submitted to an eye examination, first when they have a preliminary military training at the age of 19 years, and again at the recruiting age of 20, the first is by the local physician, and the second by Officers of the Army Medical Corps.

Men and women teachers and school children throughout the country are examined once a year for trachoma by the school medical officer or by an ophthalmologist.

Among the remaining population a general eye examination is carried out only in districts with a high trachoma index.
There is a difficulty in diagnosis in some cases of conjunctival inflammation for medical practitioners who have not had instruction by an expert trachomatologist; this is a world-wide experience. To overcome this, organized post-graduate courses of several weeks’ duration have been instituted.

A Japanese organization for the Prevention of Trachoma was created in 1916. This publishes a journal called “Trachoma,” sends out lecturers into the provinces, distributes pamphlets dealing with trachoma prophylaxis, organizes a “Trachoma Prevention Day,” prepares educative cinema films and provides popular lectures.

Japanese emigrants from home are examined twice before being allowed to embark for destinations abroad. Immigrants into Japan are also examined for active trachoma on arrival.

Professor Miyashita assures us that the various regulations for the suppression of trachoma have been carried out strictly since the passing of the law of 1919. Approximately 10 million persons are examined every year in Japan for trachoma. The total sum disbursed by the provincial and central governments being about £38,660 or yen 760,000 annually.

There is no generalized treatment of trachomatous children in the schools, but this is carried out at certain of the schools and is recognized to be desirable.

On the whole the adoption of the law for the prevention of trachoma has led to appreciable results in the campaign against this disease in Japan. A decline in the trachoma index has been observed in all classes of the population and among all professions. Experience has shown that the measures adopted have been satisfactory.

The author is impressed by the importance of the early incidence of trachoma among infants and the desirability of inaugurating some form of treatment in the family, as this is the chief place where infection occurs, in Japan as in Egypt and Palestine. He hopes to see all the measures which have been briefly indicated here applied with greater strictness.
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