NOTES, CASES AND INSTRUMENTS

IMPRESSIONS OF THE CUBAN OPHTHALMOLOGIST.

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Read at the banquet of the Eye, Ear, Nose and Throat Section of the Illinois State Medical Society, May 16, 1922.

The practice of medicine in Cuba is entirely different from that in the States. Cuban people are either rich or poor, and the staunch middle class people we have in America are not found here. This condition has a bearing on medical practice, in that the poor people can not afford to employ the high class Cuban physician, in consequence of which there have been formed what are called in Cuba societies, similar in some respects to our fraternal orders in the States, but having no secret work. They are organized along social, educational, recreational and athletic lines, but mainly for medical services, which they receive from the highest class of Cuban physicians.

These members pay dues of two dollars per month, which entitles them to free medical, surgical and hospital care, the use of their club rooms, entertainment, etc. There are six large societies in Havana, the largest of which has a membership of 60,000, the smallest of these 5,000, two Cuban and 4 Spanish. The societies have their own complete hospital buildings and grounds, each with its contagious ward, insane ward, operating pavillion, eye and ear department, etc. The buildings and grounds are laid out similar to the State Hospitals for the insane in Illinois, but of course not so extensive in size. On being taken thru the different wards, I was much impressed with the skillful and thoro treatment these patients were accorded, and the high type of men that are obtained as managers or heads of the different organizations.

The medical staff of these institutions are composed of some of the best physicians and surgeons in the city, and their pay, which is monthly,

is very small, or about \$200. Their private practice is where these physicians make their money, but the experience gained in the institutional work is invaluable to them. Many resign from the society work when it becomes too great a burden. I find the Cuban doctors to be men of alert mentality, students of and contributors to medical literature, who keep abreast of the times. Also they are skilled operators and keen observers, with the highest degree of diagnostic ability.

One of the Cuban societies, the Centro-Gallego club, has erected a building costing \$2,500,000, which encloses the beautiful National opera house, with its wonderful theater and magnificent ball room.

A large institution on the Malecon is the Orphan Asylum run by the Sisters of Charity, where in the rear of the building is seen the little door thru which unfortunate infants are secretly entered. They are reared and kept in the institution, both male and female, until they attain the age of twenty-one. The San Lazaro hospital for lepers, of whom there were 500 on the island twenty years ago, faces the Gulf on San Lazaro Street. The disease here is not of a contagious type, and those afflicted with it are decreasing in number. American medical men, the late General Gorgas and Major Walter Reed, eradicated the scourge of yellow fever in Havana by exterminating the mosquito, and since 1901 the city has been exempt from this terrible disease.

At the present time, no screens are used in the hotels or homes in Havana, and no mosquitoes and very few flies are seen. There were 50,000 cases of malaria treated in Havana last year, all from the interior of the island. This is a disease they are continually fighting in Cuba. Very few cases of typhoid fever are seen, and Cuban people do not suffer from dental sepsis and decay like we do in the States, the Latin-American race seemingly having better teeth than their neighbors in North America.

Ten per cent of the inhabitants of Cuba suffer from chronic alcoholism, and while the male population are inveterate smokers, using a great amount of tobacco of the blackest and strongest kind, scarcely any cases of tobacco blindness are seen. This apparent resistance to the action of nicotine I figure is due to the outdoor life the people lead, and to the profuse amount of water thrown out by the skin in perspiration.

There are seventeen oculists and aurists in Havana. Seven are exclusive eye surgeons, and 10 combine eye, ear, nose and throat work. These physicians see annually from 1000 to 6000 cases. Dr. J. Santos Fernandez of Havana is the dean of Cuban Ophthalmologists.

Dr. Fernandez was born at Matanzas, Cuba, in 1847, and was sent at a very early age to study at Madrid and Paris. He was graduated in 1872 and entered Professor Galezowski's Clinic, where he became first Assistant and Chief of the Clinic. In 1874 he had a large eye Clinic and Dispensary at Toledo, Spain. In 1875 he returned to Cuba and established his Eye Clinic, which has operated continuously since that time. He was the first man, for several years, to practice ophthalmology exclusively in Latin-America. When Pasteur informed the world about his discovery of immunization to rabies, Dr. Fernandez established the first Pasteur laboratory in America, long before any in the United States, and the second laboratory of this kind in the world. This happened in 1887.

He also presented the Mercedes Hospital with its first sterilizing plant. He has been very actively engaged in all social problems, such as, the campaign against glanders, prostitution, tuberculosis, Child Welfare, Humane Societies, etc. He was elected president of the Academy of Sciences in 1900, and has held this chair continuously until the present time. He is also an honorary member of many international societies. He has been a prolific writer, having written over 2000 different papers, mostly on eye diseases and operations. Dr. Fern-

andez founded two medical papers that still live, one 47 years old and the other 22 years. He is easily the most prominent Spanish speaking Ophthalmologist.

Many cases of conjunctival disease are found here, much of the lid troubles being due to the intense glare of the sun, and also many cases of trachoma are seen. Trachoma is treated by expression and copper sulphat. They have a form of swimming conjunctivitis which is due, they claim, to dandruff from the scalp of the male. Great numbers of the inhabitants wear the dark, B. tinted, Crookes' lenses, to protect their eyes from the sunlight.

Cases of cataract are very common in Cuba. No Smith-Indian operations are being done, for their experience with the operation has not been successful, on account of vitreous loss and deformed pupils. They do a one stage operation, and the section and capsulotomy are combined. Many corneal diseases are common. In hypopyon and pneumococcus ulcers, parenteral injections of milk are being used. They are also using this injection in the severe infections of the interior of the eye and in iritis, with excellent results. Their lacrimal cases are nil. The negro have a large straight canal, the white a longer, narrow and crooked canal, but in neither white or black are lacrimal cases seen.

In cases of scleritis and episcleritis, they have obtained good results with bacillary emulsion, and are using this extensively. For the operative treatment of glaucoma, they are doing the classical iridectomy. No trephining operations are done because of delayed infections. Sympathetic ophthalmia is hardly ever seen by the oculists in Havana. In 75,000 cases, Dr. Fernandez told me he had never found a case of sympathetic disease. In their tonsil operations, they do dissection with the knife, and the Sluder operation for protruding tonsils. They use very few general anesthetics in tonsil work, injecting for local anesthesia in as young as 5 years of age.

In nasal diseases, many Cubans suffer from nasal asthma and vasomotor rhinitis (no ethmoid involvement). For operation in these cases they use the cautery and turbinectomy. They have no cases of hyperplastic ethmoiditis. In the ear work, they have very little mastoiditis, but they have a good deal of ear trouble from aspergillus. Thirty per cent of the inhabitants are syphilitics, and they have a great deal of acquired and hereditary interstitial keratitis.

The natives of Cuba, however, do not suffer to the same extent from the infections of the tonsils, nasal or ear diseases as the people in our country. Taken altogether, these people are hospitable and delightful, and we can envy them the outdoor life they enjoy the whole year round, in a balmy climate, unsurpassed in any other part of the world.

INFECTED CORNEAL ULCER.

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Mrs., A. M., aged 66 was seen April 21, 1918. April 16, while milking a cow, the animal's tail switched, striking the patient in the right eye. Two days later, the eye commenced to pain and get red, growing worse to date. Now, a deep seated, constant neuralgic pain, particularly prominent in the right temple, of which she complains greatly.

Examination: There was marked injection of the bulbar conjunctiva, especially the temporal portion, which was deep, involving the ciliary vessels. The palpebral conjunctiva was moderately injected. The lids were very slightly swollen, with a narrowed commissure. Some secretion of a thick nature in the lashes of the upper lid. Extending from the temporal edge of the pupil to within a millimeter of the temporal limbus, was a round corneal defect filled with mucoid secretion. A smear of this material disclosed the pneumococcus.

The outline of the ulcer was irregular and ill defined. It extended

down to Descemet's membrane, the margin being undermined slightly all around. The base was infiltrated and the zone of extension indicated a downward progression. There was no pannus. From the temporal limbus, a few vessels of repair could be distinguished. The pupil was normal in size and outline, but reacted very sluggishly to even strong light. The anterior chamber was of normal depth, but contained a very slightly hazy aqueous with minute hypopion. The iris was of a dusky blue compared with the bright blue of the fellow eye. There were no adhesions to the cornea. By the ophthalmoscope, a bright pupillary reflex could be determined, but no details of deep structures made out. Pupil dilated regularly and widely under influence of atropin. Tension by palpation normal, altho the eye was quite tender to pressure. Vision R. = 12/70; L. = 12/13, approximately. The patient was illiterate.

Treatment: At this time the eye was cocaineized and the ulcer thoroly cauterized with the cherry red tip of the electric cautery, and dionin instilled.

Daily, for one week, the ulcer was cleaned out by directing a stream of one part formalin in 500 parts of water against it from a hypodermic syringe, holding the point of the syringe about an inch away from the eye. Atropin and dionin solutions were instilled, and the eye bandaged daily. On the last two days of the week, tinctur of iodine was also applied to the ulcer (at this time there was no optochin to be obtained in town). So far the ulcer had not extended, altho the hypopion had gradually increased until it was 3 mm. deep.

On April 30th, the temporal edge of the ulcer gave evidence of reinfection, because of the whitish appearance of the margin. This was removed by the electrocautery.

On May 1st, the hypopion being no less and the ulcer not improving, a Saemisch incision was performed, the incision being horizontal, and the hypopion evacuated. There was no prolapse of the iris, the aqueous being allowed to escape gradually. The next