

THE NEGRO AS A FACTOR IN THE WORK OF PREVENTIVE MEDICINE IN THE SOUTH.

Being a Southern man by birth and preference, nothing said in this article can be construed as an attack upon the negro. We realize that he came among us without his consent, and except for the arbitration of the sword, which we believe was to the interest of the entire country in the abandonment of slavery, which, as an institution, should never have existed in any Christian civilization, yet after nearly a half century of freedom, the large bulk of the negro population, notwithstanding the expenditure of thousands of dollars for his betterment, is still without patriotism or pride, and even education has done but little to improve his morals or impress upon him the importance of proper rules of sanitation and hygiene for the preservation of his health. While a few of his race have by superior intelligence impressed the world with the possibility of education, it must not be presumed that they represent the true type of the Southern negro as a whole, careless and indifferent in all matters moral and physical. The South is confronted with a serious problem, for this race is with us in enormous numbers to stay, and from his susceptibility to certain infectious diseases and carelessness and indifference to the welfare of others, which is almost universally characteristic of the race, at once develops a serious problem in the effort to curtail, if not eliminate, the dreadful scourges which have devastated our land in the past, paralyzed commerce, and marked our Southland because of his presence as a suitable place for the continuation of their destructive effects. In the matter of tuberculosis alone, it is a well known fact that the negro in the South is more susceptible to its infection, and his tissues yield more readily to its destructive influence than any other race known to

mankind. This statement, connected with the fact that the negro as a race is indifferent to the modern laws of hygiene and sanitation, and are so improvident that they care but little what tomorrow may bring forth, at once impress the thinking men with the fact that he is a barrier to the success of the crusade now being waged against that terrible scourge. Poorly fed, lazy, and without ambition, the negroes are rapidly leaving their natural habitat, the work most suitable to their condition, namely, that of the farmer, and are congregating in great numbers in the cities of the South, where they live in filth and degradation, with little idea as to their future, with constitutions weakened by immoral practices, badly clothed and poorly fed, hiding among themselves any source of infection from the proper authorities, whether it be consumption, smallpox, or any other infection. They are, to say the least, a menace to the health of the people who have made many sacrifices for their comfort and their upbuilding, notwithstanding the fact that a devastating war rendered them poorly equipped to meet the terrible responsibility of caring for these ignorant human beings left as a charge and responsibility by conditions over which this generation had no control. As to what the future may bring forth time alone can tell, but that proper laws and their enforcement is the only salvation to the negro race and protection to the whites, who, of necessity must be intimately in contact with him, is one of the problems of the future which no prophetic eye can possibly unravel, but self-protection and duty from a humanitarian standpoint to this race is required from every man who loves his country as a patriot and who realizes the great responsibility of proper protection of those who intrust their health and lives to his keeping. Education of the public and proper laws, the enforcement of which should be left to a bureau of health of national appointment and government aid, is the only hope of the future.

REPORT OF CASES

IRIDOCAPSULOTOMY AND REPORT OF A CASE.*

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MR. CHAIRMAN: This subject has been one of great interest to me for several years. The Section on Ophthalmology of the American Medical Association has each year made advancements, but this year has far excelled all others along this line.

On my way to that meeting, I stopped one day in Philadelphia and attended a most excellent clinic held by L. Webster Fox. I did so because I had several capsular cases which had given me considerable trouble. While there I saw him do several iridotomies with fair results. I then heard that excellent paper by Peter A. Callan, of New York, on secondary cataracts. I felt fully compensated for my trip there, had that been all, but the whole program was good.

I returned home feeling confident that I had a better understanding how to deal with cataract operations and secondary membranes than ever before.

Secondary membranes, ever so thin, should be given much thought before being operated on. I believe that new light has been thrown upon this subject. The entire profession is nearly convinced that tearing secondary membranes will soon be a thing of the past.

This is why I bring this subject before you for your consideration. I only hope that you can enlighten me and make me more competent to deal with cases like this with greater satisfaction than the one which I report.

I have consulted a number of books, and of that number, Ball, of St. Louis, is the only one who describes this operation. L. Web-

ster Fox has been operating along this line for two years or more.

I am due him a debt of gratitude for his valuable information, both verbal and clinical. On operations for secondary membranes, I think of him as I do Stephens and Savage on muscles.

Callan, in his paper, tells how to deal with thick secondary membranes, but as I understand it, he does not tell how to operate on dense secondary membranes with medium-size pupil as a result of iritis.

Pupils that would give sufficient vision could the dense membrane be removed.

The case which I report is, I think, rather unusual in that the pupillary space was sufficient, but no vision could be had within that space by an operation.

The following case is that of a man, age 65, who came to me last December, blind in both eyes from cataract. I operated on the left eye, and removed the lens with some difficulty, there being hemorrhage into the anterior chamber from conjunctival vessels. There was a loss of vitreous. On account of this continual hemorrhage into the anterior chamber and the loss of vitreous, most of the cortex was left. The wound healed nicely.

On the tenth day iritis set up; doubtless from a deep cold and remaining cortex. Hot applications and the instillation of atropine and dionin kept it under control.

I believe that, had it not been for the persistent use of these two remedies, especially the latter, which has been such a boon in the

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