THE TRACHOMA PROBLEM

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BY

A. F. MacCALLAN, C.B.E.

The article with the above title by Lieut.-Col. Wright in the June issue of the Brit. Jl. of Ophthal. requires some comment from me.

1. In 1934 I was requested to prepare a report on "Trachoma in the British Colonial Empire" for presentation at a joint meeting of the International Association for the Prevention of Blindness and the International Organization against Trachoma.

I carried out the hack work which this report entailed at the Library of the London School of Tropical Medicine, from some scores of official reports on Public Health from all parts of the Empire. I omitted references in order to make the report readable.

This report was published in French in the October, 1934 number of La Revue Internationale du Trachome. In it the following quotation was made:—"Dans un régiment de cavalerie en garnison dans la province de la frontière nord-ouest 97% de Sikhs . . . étaient atteints de trachome."

As Wright states, in an article in the June number of the Brit. Jl. of Ophthal., this statement appearing to require elucidation, he referred it to the proper Authorities, by whom I was invited to substantiate it.

A prolonged search at the Library failed to run to earth the quotation, but I found in other official reports statements on the same lines, which were published, with full references, in the English version of my report in the Brit. Jl. of Ophthal. for November, 1934. For instance in the Annual Report of the Public Health Commissioner with the Government of India for 1931 (Vol. II, p. 36), and in the British War Office Report of the Health of the Army for 1931 (Vol. LXVII, p. 121), it is stated that "well over 90 per cent. of the Sikhs are infected" with trachoma. So no serious exception can be taken to the quotation in French given above, at any rate as regards the Sikhs.

Wright in his article says, "if we use the word trachoma in as loose a sense as that employed by those who primarily furnished the figures on which this international report was based, etc."

thereby suggesting that a large proportion of the cases of conjunctivitis examined in India are not trachoma at all. However that is a matter which he may discuss more usefully with the Public Health Commissioner with the Government of India, and with the Medical Department of the Indian Army concerned with recruiting. It should be mentioned that in the Annual Report of the Public Health Commissioner with the Government of India
for 1931 (Vol. II, p. 62) it is stated:—"Instructions have since been issued permitting the enlistment in all recruiting centres of the following types of cases (of trachoma), (a) Early cases in the papillary or follicular stage; (b) slightly more advanced cases, etc."

It is obvious that the above mentioned instruction to recruiting Medical Officers would have been issued only after serious consideration, and after deciding that it was not possible to obtain a sufficient number of non-trachomatous recruits.

2. Wright says, "there is also a general vagueness as to what is meant by trachoma clinically," and "what does the average ophthalmologist mean by trachoma?" However he has himself given a fairly satisfactory clinical definition in the Brit. Jl. of Ophthalm., June, 1935, p. 314. There is very little difference in the clinical descriptions of the disease given in the excellent books on trachoma by Morax and Petit, by Cuénod and Nataf and in an out-of-print book by MacCallan. There is a fair proportion of cases of conjunctivitis seen in trachomatous countries in which immediate clinical diagnosis is difficult or impossible. Unfortunately neither cultures nor microscopical examinations are of help in diagnosis.

3. The capillary haemorrhages which Wright mentions as being prominent to slit-lamp examination can of course be seen in any case of acute conjunctivitis in any country.


Apparently Herbert is not in agreement with the view that follicles are the antecedents of "Herbert's peripheral pits" (Brit. Jl. of Ophthalm., May, 1935, p. 261 et seq.).

5. When I began to see hospital out-patients in a trachomatous country I was confronted with a number of different types of trachoma all of which it was customary in Egypt and elsewhere at that time to lump together as trachoma. There was complete confusion in the minds of ophthalmologists then, as there still
CONCRETIONS IN A LACRIMAL CANALICULUS

is in some other countries, as to the evolution of the disease. But in 1905 I adopted a definite scheme of classification of the stages of trachoma which enabled us to appreciate the need for different modes of treatment in different stages. This classification was published first in 1912 (Report of the Ophthalmic Section of the Department of Public Health, Government Press, Cairo, p. 7), after a trial in Egypt for seven years. It is still used in all hospitals and schools in Egypt.

Before treatment it is advisable to make certain that the conjunctival change is really due to trachoma by observation of early pannus vessels with the corneal loupé or slit-lamp.

There is no doubt that in some people trachoma is a very mild disease, requiring very mild treatment, and this is more frequent in some countries, such as India, than in others, such as Egypt.

Equally with Wright I regret that there has been no marked improvement in the methods of treatment during the last 30 years.

6. Lieut.-Col. Wright says, "In view of the fact that there is such widespread interest in the problem (of the aetiology of trachoma) and that the recent literature indicates a more concentrated effort, it may not be out of place to suggest that an attempt be made to abstract the international literature and present it under the different headings of investigation in an orderly and abbreviated form available to future investigators in any of the different fields for easy reference." As President of the International Organization against Trachoma I am glad to inform him that Dr. Wilson, the Director of the Memorial Ophthalmic Laboratory in Egypt, has consented to undertake this task, as his contribution to the annual meeting of the Organization, which will take place at the time of the International Congress of Ophthalmology in December, 1937.

CONCRETIONS IN A LACRIMAL CANALICULUS CAUSED BY ACTINOMYCES*

BY

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Dr. A. Hagedoorn who observed the patient and made the diagnosis supplied the clinical data.

A country woman, 30 years of age, suffered from epiphora and discharge for more than 2 years. A little swelling and redness was noticed at the site of the right lower canaliculus. On pressure

*A paper read before the Ophthalmological Society of Holland, December 16, 1934.
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