

active trachoma or entropion be present. This means that preventive measures alone are applicable in reducing the incidence of corneal lesions; these, however, are difficult to apply since they require funds and trained personnel, and a fundamentally different attitude by the population to hygiene and disease. For the health of the eyes the chief problem is daily face-washing and the availability of water. Further, once an acutely inflamed eye has developed, the mother of the child, burdened with other household and cultivating duties, often fails to realize the importance of early treatment. Even if she does, the nearest medical centre may be several miles away on foot and it is unlikely that she will be able to make a daily visit. Even if she were to achieve this, it is more than probable that the staff at the centre will only have a nodding acquaintance with ocular problems. It would seem, therefore, that a relatively high incidence of blindness or of defective vision will remain a characteristic of these communities for a long time.

One very common class of patient remains to be mentioned, the youngster of secondary school age complaining of symptoms of eye-strain. Our Unit has to insist on a publicity which frankly discourages these young people from attending; otherwise we find our clinics flooded with anxious young men and women who are quite sure that they need glasses or that they have serious ocular disease, to the detriment of the ordinary out-patients with gross pathological conditions. This problem is more in evidence in the more advanced areas where school attendance is high. A possible, partial and practical solution to this problem may lie with the eye-trained Medical Assistants. In one area, our Medical Assistant holds a special clinic on Saturday morning for school pupils only, there being no school classes on Saturday. He carries out an external examination, examines the fundus with an ophthalmoscope; and assesses the visual acuity with a Snellen chart. Having satisfied himself that there is no serious ocular disease, he informs the patient and explains how the symptoms arise. These are largely due to anxiety over examination results, and the conviction so wide-spread in Africa that the more one reads, the more one learns. The Medical Assistant gives advice on faulty lighting and reading habits, and sends the patient away with a placebo. If the visual acuity is frankly deficient, the patient is sent for refraction; in Kenya this may involve a journey of one or two hundred miles.

Summary

An account is given of the activities of the Kenya Mobile Eye Unit and of the eye-trained Medical Assistants who carry out preventive and curative work in certain districts in Kenya. Observations on a number of common clinical conditions seen by the Unit are included.

ADDENDUM

Since this article was accepted for publication, this Mobile Eye Unit has been virtually handed over to the charge of the Clinical Assistant mentioned in the text. He takes full responsibility for every aspect of the Unit's work while on safari, and performs with great skill the intracapsular operation described in the text. He has of course no recognized medical qualifications.