points out that the patient I saw was just a casual individual produced for my benefit and not related in any way to their work, who subsequently developed the cicatricial changes, etc., commonly accepted as criteria of trachoma. I had no intention by my reference to this particular case of casting doubts upon the clinical material used in Dr. Tang's researches. As Dr. Tang says, "the case was shown to you for opinion as we have declared at the moment rather than a demonstration of a case of trachoma," and I regarded it in that light. I do not think the average reader of the paper would regard my reference to this particular patient as other than an example of a case in which I had a doubt to which I gave expression. I trust Dr. Tang will accept my apologies.

Yours faithfully,

R. E. WRIGHT.

GOVERNMENT OPHTHALMIC HOSPITAL,
MADRAS, August 1, 1935.

TRACHOMA IN THE INDIAN ARMY

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIRS,—In reply to the letter of the Deputy Director of Hygiene and Pathology at Army Headquarters, India, which appeared in the current number of the *Brit. Jl. of Ophthal.* I must express my regret that statistics quoted by me from official publications of the Government of India in the July number (p. 383 *et seq.*) should appear to him to contain "a mis-statement as gross as it is fantastic."

Every ophthalmic surgeon who has a working knowledge of trachoma knows that army recruits drawn from a civil population which is almost universally trachomatized will bear the stigmata of trachoma to a similar degree. For an individual who has been infected with trachoma at some period will almost invariably show evidence of the disease for the rest of his life, and for statistical purposes is classed as trachomatous, although he may suffer little or no inconvenience from the vestigial remains of the disease. It is to be remembered that incompletely cicatrized trachoma is liable to suffer a recrudescence as the result of irritation and to regain its contagious properties.

The excitement which has been caused by my appreciation of certain admirable reports emanating from the Government of India and from the British War Office appears to be excessive.

There is no doubt that many parts of India are heavily trachomatized, and the distant trachomatologist is glad to learn that a satisfactory army can be recruited therefrom. No suggestion has been made that this is not the case, nor that after recruitment there is any neglect of ocular hygiene.

As I have already stated, "There is no doubt that in some people trachoma is a very mild disease . . . and this is more frequent in some countries, such as India . . ." It is highly important to realize that this clinical variety is very different from the trachoma found among the lower classes of Northern Africa and Central Europe. In the mild cases no active treatment may be required, though where racial and social conditions permit, some elementary measures of prophylaxis are desirable.

Yours faithfully,

A. F. MACCALLAN.

LONDON,

September 8, 1935.

NOTES

**All-India
Ophthalmological
Society**

As a result of the deliberations of this Society at its Fourth Conference in Madras in April, 1935, at which the urgent need for more co-ordinated and energetic measures in connection with the prevention of blindness in India was emphasized, the Committee respectfully submit the following to the authorities concerned both in British India and the Indian States.

1. Before registration, certification or licensing of qualified medical practitioners, midwives, or others concerned with the conduction of child birth, a guarantee be given by competent medical authority that aspirants for such registration, certification, or licence possess a practical knowledge of the prophylaxis of ophthalmia neonatorum, preferably Credé's method or a modification thereof.

2. That in view of the very serious menace to sight constituted by that condition sometimes called xerosis of the conjunctiva or keratomalacia, but actually the expression of a multiple deficiency complex (a food problem), the authorities concerned, namely, the Government of India, the Indian Research Council and the Local Governments in British India and the various governments of the Indian states, to require of the special medical officers employed