die of trachoma, but it endangers the sight, which is the means of gaining knowledge, happiness and delight in the beautiful.

I do not doubt that the lectures today will bring valuable data for the anti-trachoma campaign. I do not doubt that the new executive committee under the leadership of MacCallan will give new energy to the fight.

There is still very much to do. But the new Chairman will be reinforced by old tried friends. Among these in the first place I mention Morax who at the head of the French Trachoma League and as editor of the *Revue Internationale du Trachome* does invaluable service to the cause of trachoma; de Lapersonne, president of the Association Internationale de la Cécité, who at the French Medical Academy represented the anti-trachoma campaign with such wisdom; and Wibaut the experienced cautious General Secretary of our organization, who can proudly point to the results achieved in Amsterdam with regard to the victory over trachoma.

In the past 5 years we have laid the foundation of our organization. The Valhalla of the anti-trachoma prophylaxis will be built by the new staff.

Sursum corda!

SOCIAL AND ADMINISTRATIVE MEASURES AGAINST TRACHOMA

A paper read at the meeting of the International Organization
against Trachoma on April 5, 1935, translated and
epitomised by A. F. MacCallan, C.B.E.

BY

DR. ZACHERT

WARSAW

THE campaign against trachoma constitutes a complicated problem which consists of two parts.

Zachert considers that in the campaign against trachoma two principles are concerned. The first is to prevent, or to limit as far as possible the appearance and the propagation of the disease in a population, and the second is to provide treatment so that the effects of the disease may be limited and at the same time to destroy foci of infection.

The means suitable to effect these objects must differ in various countries and the author describes the social and administrative measures which are in force in Poland.

He points out the unfavourable frontier position of Poland,

situated between Eastern Europe, where trachoma is very prevalent, and Western Europe where the disease is far less common.

A decree was issued by the President of the Republic with reference to the necessity of establishing prophylactic and therapeutic establishments throughout the country, and of insisting on the treatment of those affected and on the prevention of the propagation of infection.

In the anti-trachoma warfare the front line trenches are held by the ophthalmic clinics at the public hospitals which are fully equipped for the purpose, while the second lines are to be manned by smaller therapeutic units which will be established far from the larger centres of population in order to supply the needs of the countryside.

There were already existing in the country districts dispensaries for anti-tubercular and anti-venereal work carried on by municipalities and staffed by the local doctors, so these were utilized for the commencement of anti-trachoma treatment. In this way, in a relatively short time, an anti-trachoma organization was established, so that in 1934 there were 400 centres where trachoma was treated. These general practitioners before commencing work undergo a special course in the diagnosis, therapeutics and prophylaxis of trachoma.

About 50 per cent. of the anti-trachoma dispensaries are branches of hygiene centres, 30 per cent. are branches of dispensaries for the treatment of other diseases, and 20 per cent. are independent trachoma units.

It may be stated in round numbers that there is a trachoma dispensary for every 80,000 persons of the population inhabiting an area of 1,000 square kilometres (386 square miles), where there are 1,000 trachoma patients to treat.

Zachert states that while this arrangement is not entirely satisfactory theoretically, it is the best that can be done at present to get an anti-trachoma campaign in working order.

The Red Cross Society of Poland has organized two travelling hospitals (services mobiles) each of which has three ophthalmic surgeons and the necessary subordinate staff. These work during the three summer months in localities which are far from the existing means of ocular treatment.

A valuable item on the programme is the institution by the Government of an anti-trachoma column which travels about the country under the charge of an experienced ophthalmic surgeon carrying out inspection of the dispensaries and giving expert help to the doctors who are in charge.

Among other important weapons which the Polish Government has made use of in its strife against trachoma are two trachoma schools in each of which 400 children are treated and educated. One of these has recently been closed owing to its success.

According to the law, persons infected with trachoma are obliged to undergo treatment and observe certain hygienic regulations in order to limit the propagation of the disease. Medical practitioners are obliged to notify all cases of trachoma which come within their purview, and these are registered at the appropriate Public Health Office. Then the District Medical Officer has to warn the patient and his family as to the danger of infection, and see that treatment is carried out. If this is neglected a fine may be imposed.

Dr. Zachert makes no claim that all these regulations are carried out, as yet, with complete strictness. He observes that with a chronic disease such as trachoma it may be impossible to seize on it at its inception, also it must often happen that diagnosis is faulty.

In order to appreciate the incidence of trachoma in Poland it is necessary to see the figures relating to the infection of recruits for Army Service. This is about 1.5 per cent.

There is of course a special Government Department to organize and direct the anti-trachoma campaign. This is presided over by Dr. Zachert. After a careful examination of his report it is abundantly clear that he is a first class organizer with a highly scientific outlook.

His multifarious duties have already been indicated, for he supervises all the activities which have been very briefly described. In addition he has arranged post-graduate courses of 10 to 15 days which are attended at various times by the medical men who carry on the clinical work. There is also published a trimestrial journal containing original articles as well as abstracts from foreign ophthalmic publications.

LEGAL AND SOCIAL MEASURES AGAINST TRACHOMA IN JAPAN

A paper read at the meeting of the International Organization
against Trachoma on April 5, 1935, translated and
epitomised by A. F. MacCallan, C.B.E.

BY

PROFESSOR MIYASHITA

JAPAN

At the XIII International Congress of Ophthalmology at Amsterdam Miyashita gave an account of the geographical distribution of trachoma in Japan. This was published in the Reports (Vol. III, pp. 169-200). In the present communication he describes the