I have tried some other sort of treatment which helped me a lot to get better results as well as in shortening the period of treatment. Having tried it on my last two patients only, no full account can be given. These last two patients when I first saw and examined them to be sure of the diagnosis, I immediately performed paracentesis, and I was astonished to find out that they perceived the light of the operation lamp while they were still on the operation table, taking in consideration that they were completely blind with no P.L. On the second day one of them counted fingers at a distance of 50 cms.; and the other had only hand movements. Examining the fundi of these two patients on the second day, I found that the vaso-constriction was much less, so was the pallor of the disc. Moreover, they both took much shorter time to be cured and their fields are much less contracted than is usual after cure compared with the other cases treated with ordinary means of strychnine, etc. How does the paracentesis act in these cases? Is it only due to diminution of intra-ocular pressure and subsequent dilatation of vessels; or due to change of intra-ocular fluids (aqueous)? or a combined action of both? It is still a problem that needs further investigation.

Conclusion

It is obvious from what I have mentioned above that three important new facts were reached from dealing with my seven cases:—

(I) The amount of quinine that the patient takes need not be essentially large as described by all other writers.

(II) Neither vascular nor toxic theories explain all cases, and I believe there is another element in the subject, *i.e.*, sensitiveness of patient to quinine.

(III) In treatment, paracentesis immediately done to the patient, produces better and quicker results.

I hope that these points will be of interest to my colleagues to know and to deal with for further investigations.

NECESSITY OF AN INTERNATIONAL STUDY CENTRE OF TRACHOMA*

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IN connection with the general tendency for international co-operation in various matters of economic and cultural life of the different

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states which are endeavouring to resume work after the war, the question rises of a closer contact amongst different nations and also medical activities especially in the field of the struggle against epidemics.

Amongst infectious diseases of epidemic character, there is TRACHOMA which, in spite of taking the first place according to the great number of victims caused through it, and in spite of the fact that it concerns the most important organ of the human body, that is the sight, is comparatively little served as far as scientific researches are concerned. Moreover, this disease is not reduced but is on the contrary spreading more and more all over the world. About 90 per cent. of inhabitants in the largest countries having a population of several hundred million souls (China, East Indies, etc.) and a considerable percentage of a few other countries suffer from this disease which presents, in an absolute number the principal source of blindness¹.

Certain people, as Jews, Arabs, Mongols, seem to be more subject to trachoma, but none of the European races remains unaffected by it; furthermore, trachoma will indubitably enlarge its spread in all continents in consequence of the war².

The infection does not spare any category of people, it spreads even to the highest class of society though it preferably affects the poor and working classes. Due to the fact that this disease has substantially a chronic and long-lasting character, this has a great influence not only over the individual capacity but also in the economic life of the countries where trachoma is endemic, and it may be considered as one of the highest social scourges of this epoch. The harm caused to human beings through trachoma, concerning the sight organ, would not be less, qualitatively speaking, than that produced through the most cruel war, but quantitatively, it would certainly be greater than the latter cause, taking into consideration that even during peace time its action is a permanent one, whereas the harm caused through war is obviously sporadic.

Meanwhile in contrast to the majority of other infectious diseases, the cause of which has been long ago definitely known and against which struggle still goes on a strict scientific basis, the infectious agent of trachoma remains up to now, undetermined³. The treatment of this disease in principle only slightly differs from the mediaeval manipulations by Arabian toubibs⁴ whereas nothing can be said about the real prophylaxis of this infection as long as its aetiology is undetermined.

The cause of this poor outstanding situation is due to the fact that trachoma is excluded from the systematic studies and extensive microbiological researches, from which benefited since Pasteur, Lister and Koch, the other so-called general infectious diseases. As trachoma requires ophthalmological knowledge, it happened

to be left to the care of clinicians who have little spare time or well and sufficiently equipped laboratories.

In spite of the quantity of various Institutes : Pasteur, bacteriological, hygienic, microbiological, etc., which are spread all over the world, destined for the study and treatment of any and all infectious diseases there does not exist anywhere even one establishment which might have been dedicated to trachoma, except in the Soviet Union where there are a few Trachomatological Institutes having rather local and practical value. North Africa, birth place of trachoma, has not even one specialised Trachomatological Laboratory, though here the number of consultations for eye diseases of which the majority is given to trachoma, is equal or even more important than those of all other diseases altogether⁵.

In the meantime it was proved that the trachomatological problem presents itself in a much more difficult and complicated way for a final resolution than many other questions of microbiology. Trachoma therefore absolutely claims a specialisation such as for tuberculosis, with which it may be compared, as far as their propagation all over the world is concerned. It is well known that very remarkable results have been obtained in the struggle against tuberculosis since it became a separate speciality ; we might expect the same as far as trachoma is concerned. The initial condition of success in this direction would be the creation of a special establishment or Study Centre which would be equipped according to the modern requirements of scientific researches. This Centre must set itself, as the most urgent objective, the definite clearing of the aetiology of trachoma, this is to say the question which obviously stops the efficient development of the struggle against the infection.

Such a scientific Centre, under the form of an Institute of Trachematology would have, according to its designation, a character inter- or rather super-national because trachoma represents a world social scourge. Moreover, by international co-operation, it would be really useful in this case to establish a common stage in order to elaborate a single plan of scientific research, due to the fact of the misunderstanding and pending questions existing in various countries, as far as the gist of the problem of trachoma itself is concerned.

The International Trachomatological Institute must either be dependent on state aid financially from those states which are interested in the struggle against trachoma or else with the help of private charitable organisations which would like to contribute to the fight against blindness. The most convenient place for this establishment seems to be MOROCCO, the country situated between the ancient and the new Continent and so near Europe, which does not possess a too hot climate, harmful to the delicate

experience of cultivation of infectious agents, however hot enough to keep experimental animals which are receptive of trachoma, i.e., apes, etc. The necessary human material for these researches exists here in large quantity and in the nearly complete absence of preventive measures against epidemic spread.

Summary

1. Trachoma, the index of morbidity of which in several countries exceeds 90 per cent. of the population, presents one of the biggest social world scourges of this epoch and in an absolute number is the principal source of blindness.

2. The harm caused to humanity by trachoma as far as the eye is concerned is not inferior qualitatively speaking to damage resulting through the most cruel war, and quantitatively it certainly exceeds it.

3. Meanwhile the provoking agent of trachoma remains up to now, not completely definite, and the struggle against it is purely empirical and in most countries absolutely unsatisfactory.

4. The cause of this state of things is that trachoma, contrary to other infectious diseases, has been left outside of the systematic laboratories' studies in the absence of establishments specially installed for it.

5. For successful researches on trachoma, it is necessary to create a specialised Study Centre well equipped according to the latest progress on scientific lines which can be accessible to scientific men of the whole world who would like to devote themselves to researches in this subject.

6. The most convenient place for this establishment is MOROCCO, trachoma country "par excellence," situated between the ancient and the new Continents.

7. The creation of such an institute would open a new era in trachomatology and be of lasting benefit to the world in the struggle against blindness.

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