

CORRESPONDENCE

TRACHOMA

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—The article "Trachoma in Palestine," which appears in your May issue refers to the stages of trachoma without stating the origin of this classification. This will be found under my name in the *Compte-Rendu of the International Congress of Medicine*, Budapest, 1910. It was also reported in the *Ophthalmoscope*, September, 1909, in the *Ophthalmic Record*, December, 1910, and in the *Archives d'Ophthalmologie*, September, 1911. I had occasion to point out in the *Lancet* of February 17, 1923, that the Zionist organization, to which the author of "Trachoma in Palestine" belongs, although in receipt of all reports on ophthalmic subjects from the Egyptian Government, seemed chary of acknowledging the source of their inspirations.

Without a classification of the stages of trachoma it is impossible to understand the progress of the disease, or the principles of its treatment. With your permission I will briefly indicate the stages referred to adopted for teaching purposes long ago by E. Fuchs, and now used by Lindner. They are as follows:

Trachoma Stage I.—Tiny follicles, like grey pins' heads, appear on the conjunctiva of the upper tarsus. They are quickly followed by the appearance of trachomatous pannus, or vascularization of the clear cornea at its upper border; this can only be seen with a slit-lamp, or with a good compound lens and satisfactory focal illumination.

Trachoma Stage II is divided into trachoma *IIa*, trachoma *IIb*, and trachoma *IIc*. Trachoma *IIa* is characterized by the predominance of gelatinous follicles, while trachoma *IIb* is characterized by a papillary hypertrophy which coexists with the follicles. Trachoma *IIa* is accompanied by a discharge from the conjunctiva and on this account is particularly contagious. Trachoma *IIa* exhibits numerous greyish follicles which protrude above the surface of the conjunctiva, they easily rupture when manipulated, allowing their gelatinous contents to escape. Exactly how or why trachoma *I* passes into trachoma *II* is not certain, perhaps as the result of organisms other than those which are the aetiological factor in trachoma. Trachoma *IIb* is characterized by the formation of red raspberry-like papillae which mask more or less the typical gelatinous follicles. Two sub-varieties are distinguished, trachoma *IIb'*, and trachoma *IIb''*. Trachoma *IIb'* is unmixed trachoma, while trachoma *IIb''* is trachoma complicated with spring catarrh. Trachoma *IIc* is trachoma complicated by

a superadded bacterial infection with the Koch-Weeks bacillus or the gonococcus, or the Morax-Axenfeld bacillus, or other organisms.

Trachoma Stage III.—In this stage cicatrization has begun, or is more or less advanced. Islands of inflamed conjunctiva or of trachomatous follicles are seen to be surrounded by a network of fine lines of connective tissue. Pannus may greatly interfere with vision. In this stage entropion and trichiasis develop. Trachoma III may relapse into trachoma II, or cicatrization may advance to a cure of the disease, the stage trachoma IV. The stages are described more fully in my book on trachoma, now out of print.

The importance of treating trachoma in the schools of a trachomatous country cannot be overestimated, as Dr. Shimkin points out. In Egypt, at all the Government Primary Schools, this is carried out by an ophthalmic surgeon in a special room on five days of the week throughout the school year. The organization has been described in the Annual Reports of the Ophthalmic Section of the Department of Public Health, Egypt, from 1912 to 1921.

Yours faithfully,

A. F. MACCALLAN.

NOTES

Advanced Course on Spectacles

AN advanced course on spectacle work will be held at the University Eye Clinic, Bâsle, from October 18 to 23. The demonstrators are Brückner (Bâsle), Erggelet (Jena), Hallauer (Bâsle), Hartinger (Jena from Zeiss's), Hegner (Lucerne), von Rohr (Jena). Fee for the course 50 Swiss francs. Those desirous of attending should send their names to the Universitäts Augenklinik, Bâsle, Mittlerestrasse 91.

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Obituary

WE regret to announce the death of Dr. E. Landolt in his 80th year at Paris on May 9. We propose to publish an obituary notice in our next number.

FUTURE ARRANGEMENTS

1926

July 14—17.—Oxford Ophthalmological Congress.

July 21—23.—British Medical Association at Nottingham.