

**BLINDNESS IN INDIA.**

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*To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.*

SIRS,—Some months ago I read in your issue of April, 1931, an account of the Second Annual Meeting of The International Association for the Prevention of Blindness. I was particularly interested in that portion of the account which referred to blindness in India, as I thought it misrepresented the opinions of some of the leading ophthalmologists in that country. I waited till my return to India in November last before making any written statement in this connection, as it was desirable to get into personal contact with certain Government officials interested in this subject. The information conveyed to the meeting with regard to blindness in India appears to have been in the form of an address by the late Mr. C. G. Henderson, I.C.S. (retired). He is reported in your columns to have conveyed the impression that blindness in India "according to more detailed enquiry" was something like three times the amount that the official census returns give and must total quite a million and a half, much of which can be prevented.

It would ill become me to belittle the work of the late Mr. C. G. Henderson, or the association of which he was president. Although I never quite saw eye to eye with its methods of work or publications, it always had my sympathy as a practical philanthropy. To those interested, our different points of view were indicated in an editorial in the Indian Medical Gazette for September, 1929, which discussed preventable blindness in India and the part played by the Blind Relief Association of Bombay. Since that time this body has assumed the title of the All-India Blind Relief Association and it was as President of that Association that Mr. Henderson spoke at Brussels. The title of the association gives the impression of an extensive organisation spread throughout the peninsula and as such entitled to express authoritative views on the subject to which it devotes itself. Actually the All-India Blind Relief Association is a small organisation with a very limited field of activity practically confined to a portion of the Bombay Presidency and Sind, in fact, to the sphere of action of the Bombay Blind Relief Association, which was its parent body.

Presumably the "more detailed enquiry" quoted above refers to investigations made by the President or members of this organisation. How they were made, or from what data it is inferred that the methods employed were more accurate than the official census return, is not obvious. Mr. M. W. W. M. Yeatts, I.C.S., the Special Census Officer for the Madras Presidency, with its population of 47,193,602, which, as in the case of other huge masses of

the general population in India is untouched by the All-India Blind Relief Association, assures me that the census figures in India are about as accurate as any in the world, and that Mr. Henderson, who had no experience of census operations, could not possibly have obtained more accurate information than is collected by the whole machinery of Government devoted to this work. I am also informed by an Indian civil servant, an ex-member of the Bombay Secretariat, that he cannot imagine any method by which an enquiry could possibly be carried out by a member of his service in more detail than by the Special Census Officer.

The late Mr. C. G. Henderson, I.C.S., was in fact an enthusiastic philanthropist with a great interest in the relief of blindness; he probably made detailed local observations, and presumably used these particular observations to form an opinion on a huge generalized problem, a very fallacious form of reasoning. For a great many reasons, there is a tendency to exaggerate the amount of blindness in India. I do not in any way wish to minimize the importance of this problem of blindness in India, or deny the possibility of a greater relative frequency in India, but when dealing with a subject of this kind, it is important to retain perspective. By reason of religious, climatic, and other conditions, the blind are more present with us in India, than, for example, in Europe, so that one easily gets a false impression. The impression becomes even more erroneous if one confines one's observations to isolated groups, such as the selected population of an eye infirmary or relief centre. The census operation overcomes this great fallacy, and gets as near mathematical accuracy with regard to total blindness as any private individual, or even a small association, is likely to get.

With regard to the different causes of blindness, the census returns can furnish very valuable basic figures which help us to judge of the relative importance of certain causes of blindness. Here again we must be careful not to judge by appearances or argue on analogy. I have in earlier years fallen into the error of presuming that because ophthalmia neonatorum was held to be the chief cause of preventable blindness in England and America, it was of similar importance in India. I now have a different opinion, and would like to take advantage in this letter, of restating it. I believe that keratomalacia is the chief cause of preventable blindness in India. In your report on the Meeting of the International Association for the Prevention of Blindness, referred to above, page 248, I see that Dr. Lossonaru attributes "35 per cent. of the blindness in China to small pox." Further we read "xerosis from faulty hygiene ranks next, although it must be presumed that this is a temporary cause only." Why presume that it is a temporary cause? There is nothing to suggest a temporary nature in the total loss of the cornea and lens which is a common sight in

our out-patients' department. In an article in the *Lancet* for April 11, 1931, which has probably passed unnoticed by the International Association for the Prevention of Blindness, I tried to show that keratomalacia (not ophthalmia neonatorum) was the greatest cause of preventable blindness in India. I referred to the difficulty of dealing with such a huge economic problem. This note of pessimism has become even more justified in the last months. Still I am convinced that a great deal of good might be done by well directed efforts to combat preventable blindness. The prevention of blindness is a problem to which any philanthropic organisation, carefully advised and controlled, might well direct its attention, but in so far as blind relief goes, the Government ophthalmic organisations in this country are in a better position to extend such relief than any philanthropic body. Public money, which is given with a view to the relief of blindness in India, would be much more economically administered by the existing machinery, and thus save the cost of reduplicating administrative staff.

Yours faithfully,

ROBERT E. WRIGHT,  
C.I.E., Lt.-Col., I.M.S.

MADRAS.

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## NOTES

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### Appointment

DR. LÖHLEIN, of Jena, has been appointed Professor of Ophthalmology at Freiburg i. B., in succession to Theodor Axenfeld.

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### Royal London Ophthalmic Hospital. Annual Dinner

THE Annual Dinner of past and present students of the Royal London Ophthalmic Hospital, Moorfields, took place at the Langham Hotel on Thursday, February 11, 1932.

Sir William Lister, K.C.M.G., was in the Chair, and among those present were General Sir Harold B. Fawcus, K.C.B.; Vice-Admiral St. G. S. Bond, C.B.; Sir Peter Chalmers Mitchell; Sir Arnold Lawson, K.B.E.; Mr. Theodore Luling (Chairman of the Hospital); Messrs. T. Harold Clouston, H. G. R. Vaisey, T. Wontner