with difficulty unless filtration is carried out with serum or broth. This renders doubtful some filtration experiments carried out by methods prior to this technique. With this in view we have not carried out transmission experiments with filtered human trachomatoid material on normal humans or allantoic membrane, as we think that in such filtration experiments Gradacol membranes (Elford) should be used. These were not available at the start of our experiments.

This paper is not intended to be a scientific criticism of matters referred to, nor does it pretend to touch upon the many important phases of the trachoma problem, nor yet to make even a passing reference to the work of some who have done more in this field than others whose labours have been referred to; it is nothing more than a superficially discursive and almost unpremeditated statement such as might have been delivered at the annual meeting of the International Association for the Prevention of Blindness and the International Organisation against Trachoma had I been able to attend.

CAMPAIGN AGAINST TRACHOMA*

(Presidential Address)

BY

PROFESSOR DR. EMILE DE GRÓSZ

ACCORDING to § 2 of the statutes of the International Organization against Trachoma, initiated on the occasion of the XIII Ophthalmological Congress by van der Hoeve and Marx, and formed at Geneva in 1930, one of the aims of this Organization is "to hold conferences directed to the strengthening of the scientific bases of the anti-trachoma campaign, to settle questions of aetiology, diagnosis, therapeutics, spread and prophylaxis, and to occupy itself generally with the scientific and social effects of trachoma as well as to prepare bills and legislative measures for the same."

The session held at Madrid in 1933, on the occasion of the XIV Ophthalmological Congress was in the service of this aim. Here MacCallan, Angelucci, Morax, Pittaluga and Thygeson presented very valuable referata on the aetiology of trachoma. The session held in Paris in 1934 together with the International Association for the Prevention of Blindness initiated by its esteemed president de Lapersonne, served the same cause. At this session the referendaries MacCallan, Issa Hamdi el Mazni bey,

* Read at the meeting of the Organization on April 3, 1935.

Luigi Maggoire, Lasnet, Wibaut and Cuénod introduced the anti-trachoma campaign in the colonial and the tropical States.

We are endeavouring to fulfil this same mission by this session today, which session, by favour of the Ophthalmological Society of the United Kingdom and the Royal Society of Medicine we are able to hold in Great Britain, in the country of Thomas Young, Mackenzie, Bowman and Critchett. On this occasion Dr. Josephus Jitta will speak of the co-operation of the League of Nations in the anti-trachoma campaign, MacCallan will expound the general principles of trachoma prophylaxis. Tewfik will report upon Egypt's struggle against trachoma; Miyashita on Japan's and Zachert on Poland's struggle against trachoma.

We owe many thanks to Josephus Jitta for supporting our organisation with his valuable experience and authority. The report which he, together with Lutrario in 1934, presented to the Hygiene Section of the League of Nations is a fundamental work which affords a picture of the geography of trachoma and its prophylaxis, and completes the referata delivered at the XIII International Ophthalmological Congress. No one discusses the general principles of prophylaxis with more competence than MacCallan whose imperishable merits I thoroughly set forth in my inaugural speech as Chairman last year.

In Egypt and Japan (where they have set up 1267 dispensaries) and in Poland (where they have set up 347 dispensaries and 2 school sanatoria with 860 beds) they have made great exertions in the organisation of the anti-trachoma campaign and the knowledge of these exertions will be edifying to us just as in the past year we learned much from the referata which we heard on Italy's admirable accomplishments, and also on the campaign organised in Algiers and Tunis.

These sessions endeavour to afford a solid scientific basis for the anti-trachoma campaign. The Royal Hungarian Government endeavoured to do the same when it allocated the sum of 2000 Swiss francs as a prize for the clearing up of the aetiology of trachoma.

In rewarding Taboriski and Lumbroso we also gave satisfaction to Halberstädter and Prowazek, who, by their investigations carried on a quarter of a century ago in Java, gave a great impetus to the research for the aetiology.

It is with deep emotion that I mention Angelucci the great apostle of the doctrine of constitutio, and Hideyo Noguchi the discoverer of bacillus granulosus, who started the extensive research work of the Rockefeller Institute. The work of these two deceased savants is continued by a whole band of trachoma research workers, whose names will undoubtedly be appreciated at future sessions.

The delegates of the ophthalmological associations of the various

States, at their session held on April 3, 1935, elected MacCallan as Chairman of the next cycle. He was at the head of the anti-trachoma campaign in Egypt for 20 years. One characteristic of the English spirit is that wherever it gains a foothold it takes culture and civilisation. So did MacCallan who, when departing from Egypt, left 40 trained specialists, 29 permanent and 14 travelling hospitals for eye-treatment. Today the number of hospitals has increased to 64, and the number of school dispensaries to 32. There are 1270 beds available and the number of patients treated annually amounts to 800,000. This signifies that the system created by him is vigorous and capable of development. The members of the International Ophthalmological Congress to be held at Cairo in 1937 will have the opportunity to convince themselves of what MacCallan created and of the self sacrifice with which the wise Egyptian Government furthered this great work of art. His statue, set up in the garden of the Giza Memorial Ophthalmic Laboratory bears witness to the fact that Egypt appreciates his great services.

It is with great assurance that for the next cycle I shall pass over to him the Chairman's seat which hitherto I have so unworthily filled. Doubtless I owe this great honour to the fact that in Hungary, Parliament passed a special law on trachoma as early as 1886, the fundamental principles of which are still correct.

During the 15 years in which I have acted as Commissioner for Trachoma Affairs, I have set up the same fundamental principles as MacCallan, namely that the eye hospitals and eye departments are the centres of anti-trachoma prophylaxis. Cure and prophylaxis are sisters and are not antagonistic to each other. This is also proclaimed by Sir George Newman.

We fight against trachoma with the weapons of science and enlightenment, but we are well aware that culture and prosperity prevent the spread of trachoma.

England has been in the foreground in this sphere also for decades. Even today, the words of Lord Beaconsfield are valid : Public health is the foundation upon which are built the happiness of the people and the power of the State.

And this could not be otherwise for the highest patrons of the hospitals and the prevention of disease are His Majesty the King and the Royal Princes.

The campaign against trachoma may deservedly be placed among the campaigns against cancer and tuberculosis. Trachoma was unable to spread in England. This was due to wise preventive measures and to the self sacrificing work of the ophthalmic surgeons. The continuation of prophylaxis and constant watchfulness are great national interests. The enormous spread of trachoma in India should be a warning. It is true that people do not

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,