CORRESPONDENCE

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIRS,—In your issue of July, 1935, Dr. A. F. MacCallan comments on an article by Lieut.-Col. Wright, on "The Trachoma Problem," which appeared in the June number of your Journal.

Dr. MacCallan has confused the Sikh civil population (from which recruits are drawn) with the Sikh soldiers of the Indian Army. It has been found that, amongst the former, the incidence of trachoma is well over 90 per cent. Amongst the latter active trachoma is an infrequent and trivial disease. This is due to the recruiting sieve. In his annual report for 1934, the military ophthalmologist, Poona, makes the following remarks.

These remarks are typical of those received from the other ophthalmological specialists serving with the Army in India.

"A Punjabi battalion, strength 703, containing a large proportion of Pathans and Sikhs, arrived recently in the station.

The men were specially examined for trachoma, with the following results:—

Percentage of total trachoma cases in <i>all</i> stages	...	28
Acute infection, liable to spread		Nil.
Unfit for service		Nil.
Number of cases requiring treatment		10
		<i>i.e.</i> , 1.4%

None of the cases complained of eye trouble.

Many were found to have old scars of healed trachoma.

Incidence amongst the younger men was no higher than amongst the older soldiers—showing that medical examination on recruitment is satisfactory.

As usual, it was found that Pathans and Sikhs are the most heavily infected, and Dogras the least.

It can be safely stated that the slight relaxation of the regulations for the recruitment of cases of trachoma has had no adverse effect on the health of the Army.

No case of trachoma was invalided during 1934."

Hence, our appraisalment of the value of the quotation from the French differs from that of Dr. MacCallan. Serious exception is taken to this quotation because it contains a mis-statement as gross as it is fantastic.

I have the honour to be, Sirs,

Your most obedient servant,

A. C. AMY.

COLONEL,

Deputy Director of Hygiene and Pathology.

ARMY HEADQUARTERS, INDIA.

August 2, 1935.

[ED.—A copy of this letter has been sent to Mr. MacCallan.]

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIRS,—With reference to your annotation—"Intravenous Anaesthesia—Sodium Evipan" published in the August number (Vol. XIX, No. 8) of the *Brit. Jl. of Ophthal.*, we should like to point out one obvious mistake.

No one, as far as we are aware, has claimed that "the quiet induction of anaesthesia whilst the patient is in bed" is one of the advantages of Evipan. It has always been stressed that anaesthesia with Evipan is of comparatively short duration and that the anaesthetic is not given until the patient is ready on the operating table and the operation field prepared.

It would appear that the writer of your article had confused Evipan with Avertin, the latter drug being given per rectum before the operation whilst the patient is in bed.

We should also like to point out that the paroxysms of sneezing, coughing, etc., which incidentally only occur in a very small percentage of cases when proper precautions are taken, are always over in a few minutes, and it is only a matter of delaying the commencement of the operation whilst this "stage" passes off.

Although we are fully aware of the advantages of local anaesthesia in eye work and its superiority to general anaesthesia in the majority of cases, yet we have found from experience that in those cases where general anaesthesia is indicated, Evipan, properly administered, has great advantages over other methods of anaesthesia.

We are,

Yours faithfully,

T. KEITH LYLE.

F. G. FENTON.

[ED.—The writer of the annotation—"Intravenous Anaesthesia—Sodium Evipan" is well aware that it is the usual practice to inject this drug when the patient is on the operating table. In the case of some nervous children it has been felt desirable that this should be done whilst the patient is in bed in a ward adjacent to or near the theatre and the patient then carried unconscious on a stretched canvas sheet from bed to the operating table. The field of operation has received preliminary preparation and is covered with sterile gauze before the anaesthetic is administered.]