ABSTRACTS

MISCELLANEOUS

- (1) **Poleff, L. (Morocco).—Réflexions au sujet de l'organisation scientifiques et de la prophylaxie réelle du trachome après la guerre.** (A paraître dans La Revue Internationale du Trachome).

(1) **Poleff** is well known for experimental work on the aetiology of trachoma which he has carried on for some years at the Institute of Hygiene of Morocco at Rabat. His laboratory is now closed and he has little hope of being able to continue his researches. Ophthalmologists who are interested in trachoma will greatly regret his enforced abstention from work for which he is especially fitted. In the present paper he gives his views on the organization of scientific research after the war and on the principles of prophylaxis.

As compared with other diseases caused by ultra-viruses there is comparatively little known of the ultra-virus of trachoma. The author thinks this is because, except in Russia, there is no existing Institute or Laboratory dealing with trachoma alone; there is even no ophthalmic laboratory except that established in Egypt to commemorate the men of the Egyptian Labour Corps and Camel Transport Corps who were killed in the first Great War. For research in trachoma the practitioner should have a knowledge of ophthalmology as well as of microbiology. This was the case with the author when in 1936 he commenced work at the Institute of Hygiene at Rabat with subventions from the International Organization against Trachoma and from the American Academy of Ophthalmology and Oto-Laryngology devoting himself entirely to trachoma research. This continued until the outbreak of war, when as a foreigner his work was stopped. Special laboratories and special personnel are essential in the author's opinion for furtherance of knowledge of the disease and of its prime cause.

In the author's opinion prophylaxis should be aimed at in each trachomatous country by the creation of base hospitals, dispensaries and first aid posts for the treatment of eye diseases, especially of trachoma. Treatment should be brought to the sufferers, even to their homes. Administrative measures should include the necessity for a servant to have a certificate that he was free from active trachoma before being engaged, and compulsory treatment for all when necessary.

The author concludes as follows:—"The very important rôle of the International Organization against Trachoma, already in operation before the Great War, might be enlarged by a co-ordination of the scientific and prophylactic activities of Institutes of Trachomatology in different countries and by encouragement in research on the aetiology and pathology of trachoma on an international plan."

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