

The Calcutta Eye Hospital

In the *Indian Medical Gazette* of July, 1917, Lt.-Col. F. P. Maynard, of Calcutta, discussed the question of the provision of a new eye hospital for Calcutta.

The principal interest of that communication lay in the fact that the new eye hospital for Calcutta was still only in the state of being "proposed." Years ago, when the Madras Eye Hospital was still incomplete, but yet had made considerable progress towards its present condition, Colonel Maynard, the Superintendent of the Calcutta Eye Hospital, wrote to the Superintendent of the Madras Hospital of his hopes of a new hospital. In those days, and probably long before, he was dissatisfied with the state of the hospital under his charge, as indeed any one in such a position might well have been; but he was met then, and, we fear, still is met, with a *non-possumus*. During the war this might easily be understood, but the position was very different in the days before the war. When one reflects on the appalling loss of economic efficiency in India, which results from preventable and from curable blindness, it is impossible to avoid the conclusion that the Government of Bengal has shown a want of grasp of the big problems before them in allowing so able and enthusiastic an officer as Colonel Maynard to ask so long in vain, and to wait years for a suitable hospital to work in. The eye hospital at Calcutta has long been a disgrace to the Presidency, from the point of view of buildings and conveniences. Calcutta, with a population of 1,220,000 people in 1910, is the second largest city in the British Empire, and it is the capital of the Bengal Presidency, which numbers over 45,000,000 souls. *It has one eye hospital*, and that one, despite the excellence and zeal of its staff, is inefficient to a degree! To pass over everything else for the time being, let us consider Maynard's last paragraph: "It is hoped in time to collect a good museum—the material is enormous, and *at present runs mostly to waste*—and with the help of a pathologist and registrar to carry on research work into the pathology of the eye, as affected by tropical diseases." The italics are our own. Side by side with this we may place the unedifying spectacle of a comparatively subordinate Indian civilian trying, during his furlough in England, to raise the means to institute a campaign against blindness in India. One uses the word unedifying, not in detraction of the excellent work which that very able and farseeing civilian, Mr. Henderson, is trying to inaugurate, but in comment upon the fact that the inactivity of those responsible should have made such a state of things possible. No one who has not worked in India can form a conception of the enormous amount of preventable and curable blindness that is laying its shadow over the health, happiness, and usefulness of this great portion of our Empire. The

facts are incontrovertible. They have been brought to the notice of the different Governments; and yet comparatively little has been done. Some of the responsible administrators appear to suppose that the medical officers, when they bring these matters forward, are riding hobbies, or are striving to advance their own interests under cover of Government service. What is wanted is a larger conception of the situation and a more statesmanlike method of dealing with it. Were the question seen as it really is, even "the war" would not have been allowed to stand in the way of energetic action being undertaken, not merely in Calcutta, but in many other parts of India, which would remove the stain of insufficient hospital accommodation for dealing with eye disease. According to the latest census, there are 600,000 totally blind persons in India. This does not include the partially blind, or those going blind. Much of this blindness is preventable; much is curable. The very first means for fighting this scourge is so to equip the few big hospitals at the educational centres that the medical men turned out from them shall have an opportunity, and indeed the best possible opportunity, of learning all that a student can be taught of the treatment of disease of the eye. The need is self-evident, and parsimony is worse than a mistake; it is a sin against responsibility.

ABSTRACTS

I.—AETIOLOGY OF LEBER'S DISEASE

Zentmayer, William (Philadelphia).—Concerning the etiology of hereditary optic nerve atrophy. Report of two cases with interesting X-ray findings. *Trans. Amer. Ophthalm. Soc.*, Vol. XVI (1918), p. 6.

Zentmayer's report deals with two families, A and B. In the first (A) there were four children, of whom three were alive and two of them affected with hereditary atrophy of the optic nerve. In the first patient, who was affected at thirty years of age, the pituitary fossa was, according to an X-ray examination by Dr. Henry K. Pancoast, 13 mm. in an antero-posterior direction by 12 mm. in depth. In the second patient, affected at twenty-nine years of age, the cure of nasal polypi and purulent ethmoiditis failed to arrest the progressive loss of vision. The fossa measured 10 mm. by 11 mm., *i.e.*, was on the border line of the normal. In the second family (B) there were nine children, namely, 5 males and 4 females. Of these the first and seventh child,