The retirement of Mr. A. F. MacCallan

The retirement of Mr. MacCallan from the post of Director of the Ophthalmic Section of the Department of Public Health of Egypt affords a suitable opportunity for a brief review of his valuable work. When he went to Egypt in 1903, with the exception of the official Government ophthalmic appointment of surgeon to the Kasr-el-Aini Hospital at Cairo, there was no provision for the ophthalmic needs of the teeming population of Egypt, though no country was more in need of skilled ophthalmologists.

Sir Ernest Cassel had recognized the necessity and, with characteristic generosity, had placed a large sum of money (£41,000) at the disposal of the British Agent (Lord Cromer) for ophthalmic relief. A committee was formed under the Presidency of Sir Horace Pinching, Director-General of Public Health in Egypt. The committee decided to establish a travelling tent hospital, which was to travel round the country, remaining six months at each place. Mr. MacCallan was appointed to organize and administer this and other relief measures subsequently inaugurated. These travelling hospitals became a definite branch of the Egyptian Government Service in 1906, in which year the first permanent hospital was built at Tanta. Between 1904 and 1912 eight additional ophthalmic hospitals were opened in various parts of Egypt. During 1913, partly owing to the interest displayed by Lord Kitchener, six more hospitals were provided. In all of these hospitals the initial outlay and cost of maintenance is assured. Two were provided and endowed by Sir Ernest Cassel, six were provided and maintained by local self-taxation (Provincial Councils), and the initial cost of the remainder, which are all maintained by the Government, was borne by public subscription, gift, local taxation, or Treasury grant. The administration and clinical direction of these hospitals are vested in the Director with the assistance of two British and one Egyptian Inspecting Surgeons. On Lord Cromer's retirement his successor, Sir Eldon Gorst, became the trustee of the Cassel Fund. To the value of the work accomplished the Reports of the Egyptian Public Health Department bear eloquent testimony.

In addition to his Government work Mr. MacCallan has found time to be the mainspring of the Egyptian Ophthalmological Society, to write numerous valuable papers and one book ("Trachoma and its Complications in Egypt"), and, possibly the most valuable and lasting achievement, to train a large number of Egyptian surgeons to follow in his footsteps.
Dr. M. T. Sadek, ex-President of the Egyptian Ophthalmological Society, has sent us an account of a reception which was held on December 21 last, in honour of the retiring Director. It was attended by the Under-Secretary of State for Public Health and the Director-General of Public Health and most of the members of the Egyptian Ophthalmological Society, the greater number of whom were his old pupils. In returning thanks for the many speeches of appreciation, Mr. MacCallan recalled that he was probably the only Government official who had held the same post for twenty years.

Cocain Substitutes

On December 7, 1923, a discussion took place at the Royal Society of Medicine (as reported in the Lancet, December 15, 1923), which was opened by Dr. P. Watson-Williams on the comparative value of cocain substitutes. The discussion covered a wide field, including as it did the standpoints of the laryngologist, the ophthalmic surgeon, the dental surgeon, the aural surgeon and the general anaesthetist. Many opinions were expressed, but so far as we can see there was no particular case made out against cocain, which appears to remain the local anaesthetic par excellence. From the ophthalmic standpoint Mr. Foster Moore put the following series of questions, namely, whether there is a drug or combination of drugs the equal or superior of cocain as regards (a) degree and rapidity of anaesthesia; (b) amount of irritation caused; (c) liability to cause desquamation of corneal epithelium; (d) degree of absorption if injection of eye not quite absent; (e) toxicity; (f) stability and sterilizability by boiling; (g) stimulation of the sympathetic nerve; (h) liability to become a drug of addiction. The answers to the above questions (according to the Lancet report which is no doubt condensed) do not appear to have been very completely offered by Mr. Foster Moore, but one gathers that he has made considerable use of novocain, 1 or 2 per cent. solution, for infiltration anaesthesia, and that he had found it so satisfactory that he suggests its more frequent employment. Mr. Foster Moore appears to have been the only ophthalmologist who joined in the discussion and one is inclined to regard this as an indication that so far as the ophthalmologist is concerned cocain still holds the field. In his reply Dr. Watson-Williams said he thought the profession had got into a wrong mental attitude in regard to cocain. If a better substance could be found it would be welcomed, but cocain should not be black-listed because it was socially abused at a time when it was available for anyone. He also drew attention to the important fact that his son, Mr. Eric Watson-Williams, had pointed out that cocain became rapidly changed in the body into eegonin, the harmless base.