Annual report on the ophthalmic section.

MINISTRY OF THE INTERIOR, EGYPT.

Department of Public Health.

Eighth Annual Report of the OPHTHALMIC SECTION, 1920,

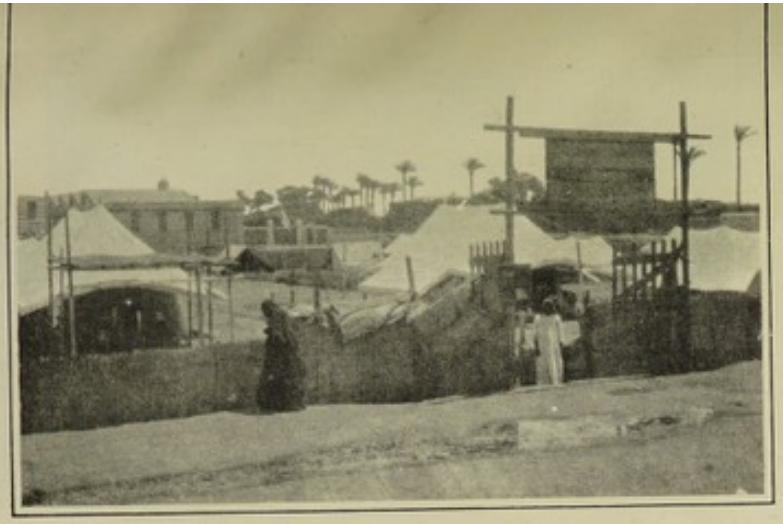
By the Director of Ophthalmic Hospitals.

CAIRO.
GOVERNMENT PRESS.

To be obtained, either directly or through any Bookseller,
from the GOVERNMENT PUBLICATIONS OFFICE, Ministry of Finance, Dawawin P.O., Cairo.

1921.

PRICE: P.T. 20.



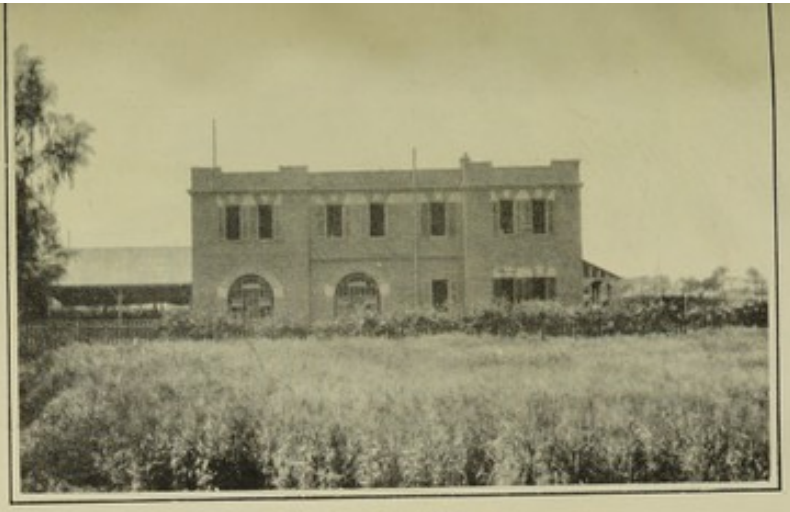
Cassel Fund Travelling Ophthalmic Hospital No. 1. 1904.

Cassel Fund Travelling Ophthalmic Hospital now permanently attached to Aswân Province. 1905.

Tanta. 1908.

Asyût. 1911.

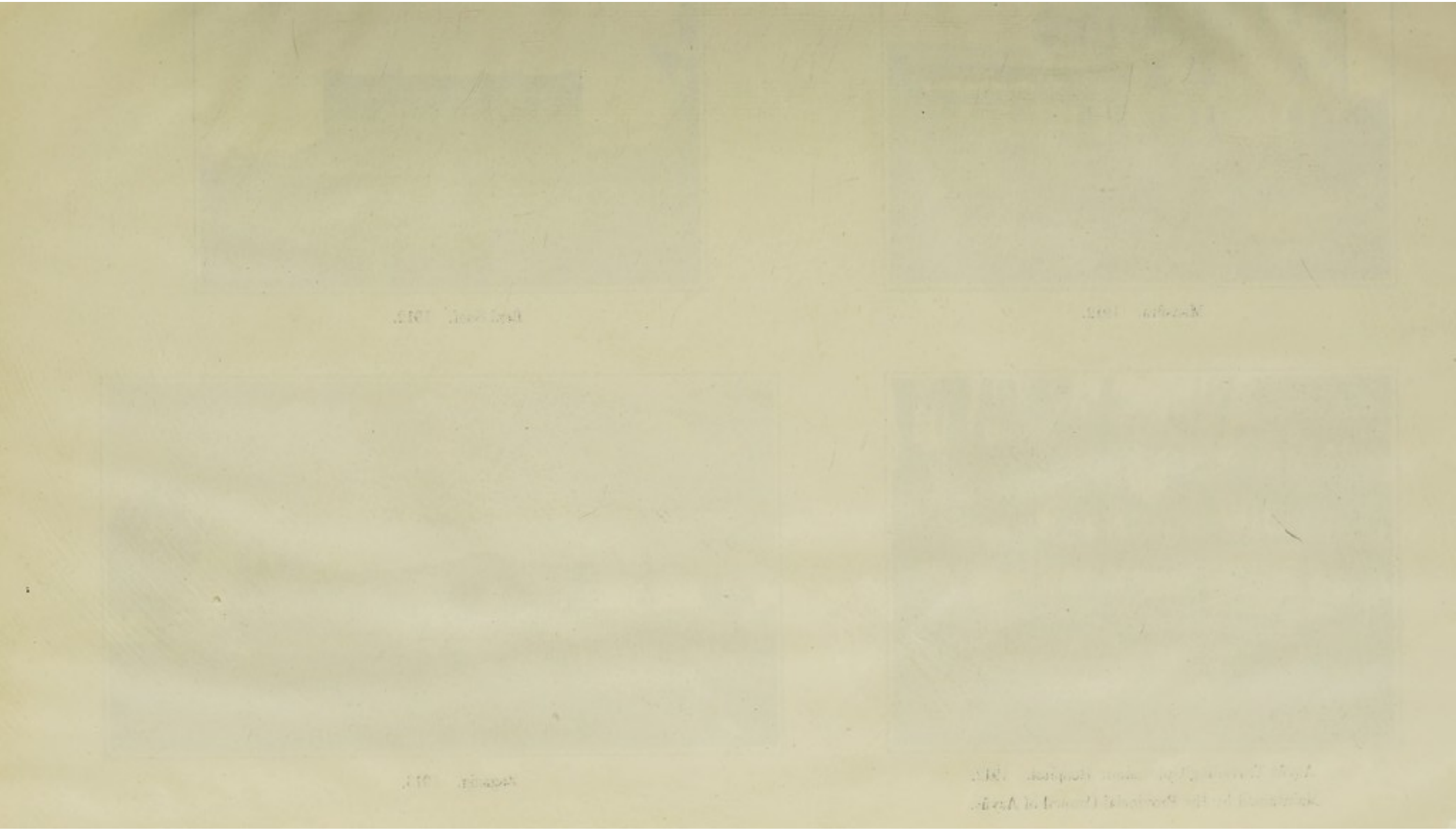
Mansûra. 1912.



Beni Suef. 1912.

Asyût Travelling Ophthalmic Hospital. 1912.
Maintained by the Provincial Council of Asyût.

Zagazig. 1913.



Mahalla el Kubra. 1913.

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Kafr el Zaiyât. 1913.

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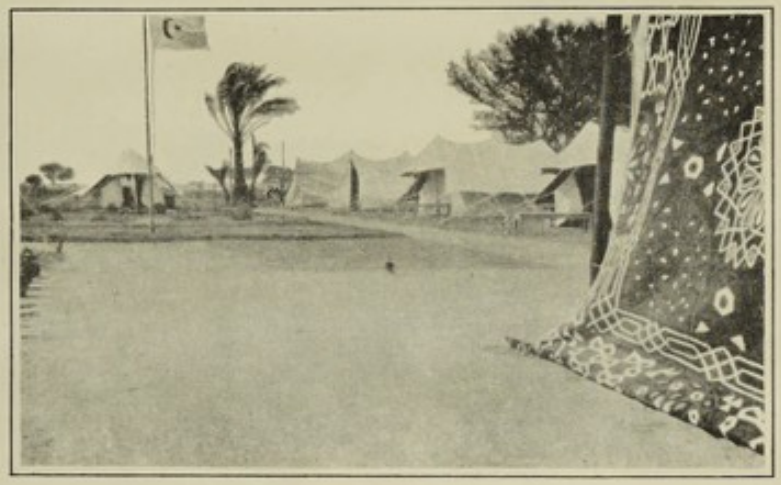


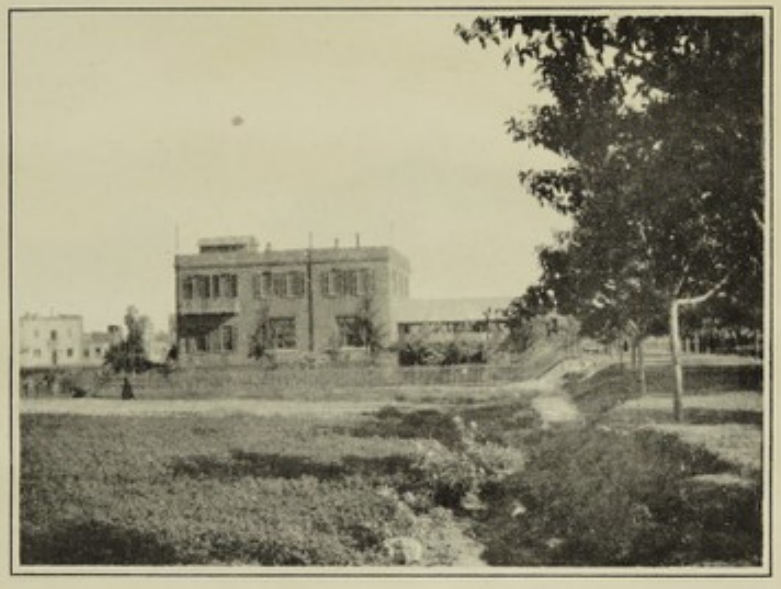
Daqahlîya Travelling Ophthalmic Hospital. 1913.

Maintained by the Provincial Council of Daqahlîya.

Damanhûr. 1914.

Sheb'in el Kôm. 1914.

Sohâg. 1914.

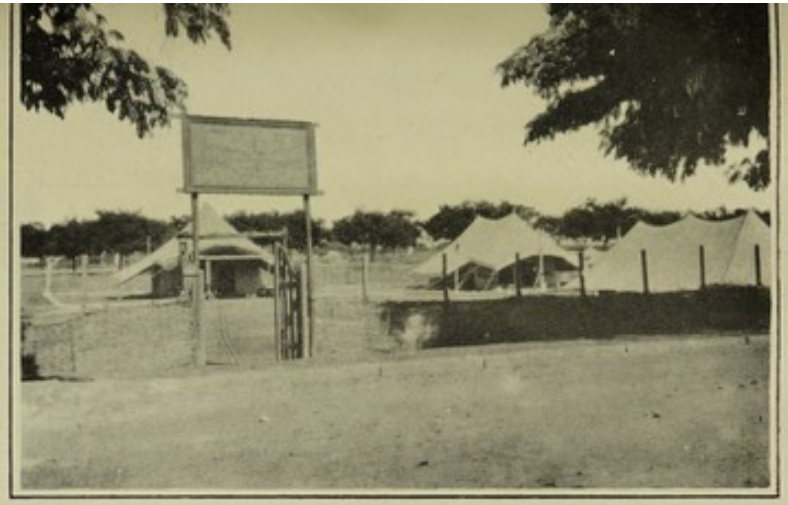


Minya. 1915.

Santa. 1915.

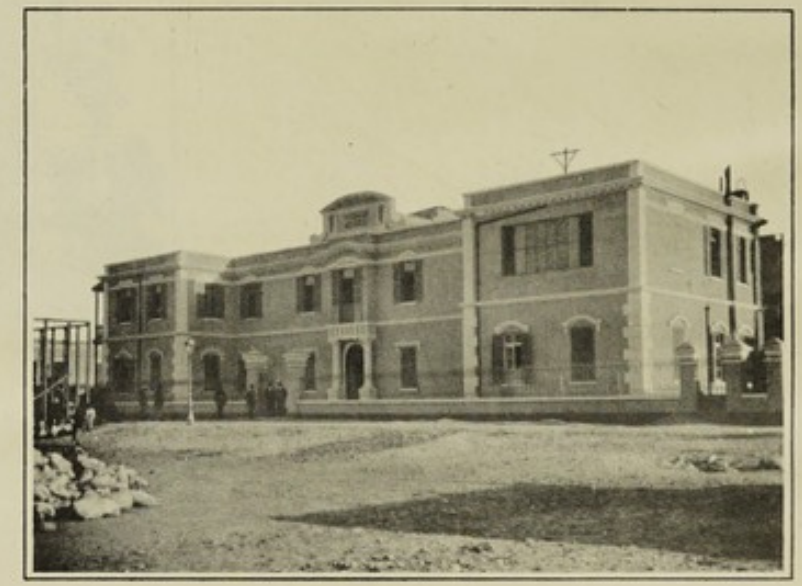
Maintained by the Provincial Council of Gharbîya.

Faiyûm. 1916.



Stationary Ophthalmic Hospital for Gîza Province. 1918.

Benha. 1920.



Port Said. 1921.

Qena. 1922.

Cairo,
July 23, 1921.

SIR,

I have the honour to enclose my Report on the Ophthalmic Hospitals and on ophthalmic progress in Egypt during the year 1920.

I have the honour to be,

Sir,

Your obedient servant,

A. F. MACCALLAN,

Director of Ophthalmic Hospitals.

TO THE UNDER-SECRETARY OF STATE,

DEPARTMENT OF PUBLIC HEALTH,

MINISTRY OF THE INTERIOR.

CONTENTS.

DEATH OF THE FOUNDER OF OPHTHALMIC HOSPITALS IN EGYPT.

The death occurred in London on September 21, 1921, of the Right Honorable Sir Ernest Cassel, who was known by every educated person in Egypt as the founder of the Egyptian Ophthalmic Hospitals.

In 1903 Sir Ernest Cassel placed under the trusteeship of the late Earl of Cromer a sum of L.E. 40,000 for the training of Egyptian medical men in the science and treatment of diseases of the eye. At the suggestion of Dr. Osborne it was decided by the then Director-General of the Department of Public Health, Sir Horace Pinching, into whose hands Lord Cromer had given the management of the fund, to commence by the establishment of a single travelling ophthalmic hospital, in which ophthalmology should be taught by a specialist brought out from England for the purpose. From this small beginning a system of ophthalmic hospitals has developed, providing at Government expense, with the assistance of the Cassel Fund, a permanent specially built hospital in each of the fourteen provinces of Egypt, together with three additional permanent hospitals in the largest province, while elsewhere there are five travelling hospitals in tents.

All these hospitals are served by Egyptian surgeons whose special education has been the outcome of Sir Ernest Cassel's original benefaction.

Sir Ernest Cassel continued to take an enthusiastic interest in the work until his death.

REPORT ON THE OPHTHALMIC SECTION, 1919.

FOREWORD.

During 1920 clinical work was carried on at twenty hospitals or units in Egypt, and shows an increase on the amount done in the previous year, the number of new patients amounting to 94,921, the number of operations to 56,503, and the number of attendances of out-patients to 1,064,509.

With the completion of the hospital now being built at Qena (of which His Highness the Sultan laid the foundation stone in January 1921) the task of providing a hospital for each province will have been more than fulfilled. The complete inability of Aswân province to build a hospital has led to the allocation of one of the two large travelling hospitals provided and endowed by Sir Ernest Cassel to the province. It will be at work at Aswân town in the winter, and in the spring will move to Kôm Ombo, or to Idfû, or perhaps still further north to Isna or Luxor which though not actually in Aswân Province are a very long distance from the nearest permanent ophthalmic hospital at Qena.

The photographs of the hospitals which are reproduced in this report show the twenty different units. The travelling hospitals are five in number; two of these are the large and completely equipped hospitals which were converted into general hospitals during the great war. The third large tent hospital is stationary at Gîza and is similarly equipped. Every operation which can be done in a building can be done in a properly equipped tent hospital, but surgery is somewhat at the mercy of dust storms, and a very much stricter attention must be paid to every detail of administration in order to ensure asepsis. The two travelling hospitals provided and maintained by the Provincial Councils of Daqahlîya and Asyût are smaller and less expensive, but both of them are capable of very useful work, each of them seeing about 3,000 new cases and doing about 2,000 operations a year, in spite of having only one surgeon for each and a staff composed of the fewest possible employees.

The capital expenditure involved in the provision and equipment of the twenty hospitals has been approximately L.E. 100,000. The annual cost of maintenance, including the expenses of ophthalmic clinics at the Government Primary Schools and the cost of administration was L.E. 33,000. It is claimed that these sums, details of which are given in an appendix to this report, are significant of economical management.

RAPPORT

DU DIRECTEUR DES HOPITAUX OPHTALMOLOGIQUES, 1920.

AVANT-PROPOS.

Durant l'année 1920 le travail clinique a été fait dans vingt hôpitaux et cliniques. Il a accusé une augmentation sur le travail de l'année précédente. Le nombre des nouveaux malades s'élève à 94,921, le nombre des opérations à 56,503 et le nombre des malades externes à 1,064,509.

Par l'achèvement de la construction de l'hôpital de Qena (dont la première pierre a été posée par Sa Hautesse le Sultan en janvier 1921) la tâche de doter chaque province d'un hôpital aura été plus que remplie. L'impossibilité complète dans laquelle se trouve la Moudirieh d'Assouan de construire un hôpital nous avait réduit à la nécessité de donner à cette province l'un des deux hôpitaux ambulants offerts et dotés par Sir Ernest Cassel. Cet hôpital fonctionnera à Assouan en hiver et, au printemps, il sera transféré à Kom-Ombo ou à Edfu ou peut-être plus au nord encore, à Esna ou Luxor lesquelles villes, quoique ne faisant pas partie de la Province d'Assouan, sont à une très grande distance de l'hôpital ophtalmologique le plus rapproché, celui de Qena.

Les photographies des hôpitaux qui sont reproduites dans ce rapport montrent les vingt différents hôpitaux. Les hôpitaux ambulants sont au nombre de cinq, deux d'entre eux sont les grands hôpitaux à équipement complet qui ont été transformés en hôpitaux pour les blessés durant la grande guerre. La troisième grande tente-hôpital stationne à Gîza et est équipée d'une façon similaire.

Toute opération qui peut être faite dans un bâtiment peut être faite dans une tente-hôpital bien équipée, mais les instruments chirurgicaux y sont plus ou moins à la merci des tempêtes de sable, et une surveillance beaucoup plus attentive doit être exercée en ce qui concerne les moindres détails d'administration afin d'assurer l'asepsie. Les deux hôpitaux ambulants créés et entretenus par les Conseils Provinciaux de Daqahlieh et d'Assiout sont beaucoup plus petits et moins coûteux, mais ils sont tous deux aptes à rendre des services très utiles. Dans chacun de ces deux hôpitaux on examine près de 3,000 nouveaux malades et on y fait près de 2,000 opérations et cela malgré le fait qu'ils ne sont pourvus chacun que d'un seul chirurgien et d'un personnel composé d'employés en nombre extrêmement réduit.

Les dépenses en capital engagées pour la création et l'équipement des vingt hôpitaux a été de L.E. 100,000 approximativement. Le coût annuel d'entretien, y compris les dépenses pour les cliniques ophtalmologiques des Ecoles Primaires gouvernementales et les frais d'administration, s'élève à L.E. 33,000. On peut invoquer ces chiffres, dont les détails sont donnés dans un appendice de ce rapport, comme témoignant d'une administration économe.

I.—OPHTHALMIAS IN EGYPT.

In previous Reports the distinction between the acute and the chronic forms of eye disease prevalent in Egypt has been made clear. But as questions are so often still asked on this point, it may here be repeated that the acute diseases of rapid onset caused by infection of the conjunctiva with such micro-organisms as the gonococcus, the bacillus of Koch-Weeks, the diplobacillus of Morax-Axenfeld, or the pneumococcus, are to be sharply distinguished from chronic granular conjunctivitis or trachoma.

The acute ophthalmias may, without treatment, cause blindness in a few days, and in addition a profuse discharge may last for weeks or months. Chronic granular lids or trachoma has an insidious onset, even people may become infected by the disease and have it for a long time without ever being aware of the fact. It is not infrequent for infection by trachoma to be acquired by the subject of an acute ophthalmia who goes to a doctor for treatment and who gets cured but takes away from the clinic an infection with trachoma; this is especially the case with babies. Conversely a practitioner who does not sterilize his hands after everting the lids of a gonococcal conjunctivitis, an almost impossible feat unless he wears indiarubber gloves, is likely to infect the next patient he touches, who comes to him for treatment for trachoma, with acute ophthalmia.

Acute conjunctivitis may be rapidly cured if suitable treatment is applied, while without treatment or with old-fashioned poultices, or fomentations with occlusion of the eye by a pad and bandage, irreparable damage may result. The form of treatment which is applied to all forms of the acute infection of the conjunctiva was described in the last Report and may be here quoted: "First the conjunctival sac is thoroughly flushed with eusol solution; secondly the conjunctiva is thoroughly swabbed with 2 per cent silver nitrate solution applied by means of a pledget of cotton wool wrapped closely round the end of a glass rod, different rods being used for the two eyes; thirdly the patient sitting before a bowl of freshly made eusol solution in which are floating pledgelets of cotton wool, continually swabs his eyes with the solution, allowing if possible some of the fluid to enter his eyes. In addition to this a hospital attendant swabs the patient's eyes at intervals of a half an hour. In the case of babies and children, the mother is taught to do the constant wash in the absence of the attendant. This goes on from 8 a.m. till 3 p.m. Antiseptic drops are then instilled into the patient's eyes by the attendant, or in severe cases the conjunctiva is again swabbed with silver nitrate solution by the surgeon. The patient then goes home and returns the following morning at 8 a.m. to continue similar treatment. Home treatment with the average out-patient is usually quite ineffective but is often ordered. Very few of these cases are admitted as in-patients, as they would require the provision of scores of extra beds in each hospital for their accommodation. Cases complicated by ulceration of the cornea are admitted when possible.

"This form of treatment has been carried out for more than ten years at the Egyptian Ophthalmic Hospitals with surprinsingly good results. In fact it may be said that if the treatment of an acute ophthalmia is commenced before corneal ulceration has occurred this complication rarely develops. This conclusion is based not merely on our clinical experience, but on detailed bacteriological and statistical investigations."

The eusol solution must be freshly made of active eupad powder and ordinary water of the strength of 2½ per cent, which is shaken up in a demijohn from time to time for twenty-four hours, after which the solution is filtered through cotton wool.

The remarkable correspondence between the rise of the atmospheric temperature in the spring and summer, the number of patients who apply for out-patient treatment, and the number of bacteriological examinations which show the presence of the gonococcus or the bacillus of Koch-Weeks, is very interesting; detailed studies have been made in previous Reports.

Beginnings have been made to obtain a fly count during the whole year at each of the permanent hospitals for the purpose of determining the relationship, if any, of flies to rise and fall of temperature. However, it will not be until the Ophthalmic Report for 1922 is published that any results are to be expected, as the fly traps in use at the present time do not give an accurate measure of the number of flies in the atmosphere.

Chronic granular conjunctivis or trachoma is a much less dangerous disease as far as the sight is concerned. The organism causative of the condition is quite unknown. In Egypt, where between 90 and 95 per cent of the Egyptians show evidence of the disease,

either in an active or cicatrized form, it is time that efforts were made to institute a serious research into the prime cause of the disease. The time has passed when ophthalmic surgeons, with their inadequate training in experimental zoology or bacteriology, can expect to discover the origin of a disease which up to the present has baffled all investigators, and it is by the labours of a scientist, who has already shown his aptitude for research in other directions, that the problem of the origin of trachoma must be sought.

It is encouraging to read in *Archives d'Ophtalmologie* for December 1920 an article by Dr. de Lapersonne, Professor of Ophthalmology at the University of Paris, which may be quoted :—

" A côté des preuves expérimentales que nous commençons à réunir, toute l'histoire du trachome, qu'il est inutile de rappeler ici, démontre bien l'origine infectieuse et contagieuse de la maladie. Avec un foyer principal en Egypte, connu de toute antiquité, le trachome règne à l'état endémique sur tout le littoral méditerranéen.

" C'est un fait parfaitement reconnu aujourd'hui que toutes les infections conjonctivales aigues préparent le terrain pour la conjonctivite granuleuse. Il suffit de consulter les statistiques de Lakah et Khoury et, plus récemment, de la Section Ophtalmologique du Service de Santé égyptien, pour voir l'extrême fréquence des infections conjonctivales aigues dans ce pays. Les examens bactériologiques montrent 46 pour cent d'infections gonococciques et 23 pour cent d'infections à bacilles de Weeks. A côté de cela les inspections ophtalmologiques des écoles d'Egypte accusent encore en 1916 une proportion de 80 à 100 pour cent d'enfants granuleux dans la population scolaire.

" Nos confrères anglais, et à leur tête le docteur MacCallan, ont entrepris depuis plus de quinze ans, avec une tenacité et une méthode remarquables, la lutte contre le fléau et ils sont arrivés à des résultats très encourageants. Si la fréquence est encore considérable chez les enfants, la proportion des complications graves est très réduite grâce aux mesures prophylactiques et thérapeutiques qu'ils ont appliquées."

In Egypt all pratitioners are acquainted with the division of trachoma into four stages representing the phases of the life history of the disease. Without such a classification it is impossible to obtain a clear idea of the many and varied appearances the disease may present. As it is not yet well known in England or America it may be outlined here, even at the risk of being tedious to those who have read previous Annual Reports. It is described at length in " Trachoma and its Complication in Egypt," Cambridge University Press, 1913 ; and in *Archives d'Ophtalmologie*, September 1911 ; it may be shortly outlined here :—

Trachoma stage I : seen typically soon after infection has taken place as slight roughnesses forming greyish dots.

Trachoma stage II : is divided into *a*, *b*, and *c* :—

a Greyish follicles project above the surface of the conjunctiva which rupture on pressure, allowing the escape of gelatinous material.

b Raspberry-like papillæ mask the typical follicles. Two sub-varieties may be distinguished.

b' Which is unmixed trachoma.

b'' Which is trachoma complicated by spring catarrh and is rare in Egypt; there is in these cases a definite eosinophilia.

c is trachoma complicated by a superadded acute conjunctivitis.

Trachoma stage III : where cicatrization has begun.

Trachoma stage IV : where cicatrization is complete.

Nothing new has been discovered in the treatment of trachoma during the past year. Much has been written on this subject and an ophthalmic surgeon in Europe has prepared a secret remedy, a powder, which is advertized to cure all kinds of trachoma. Its inventor, however, informed me verbally that it was useless for stages I and II of the disease, but he stated that it really was of value in old cases of stage III with much pannus. I have seen some of the results of treatment and have not satisfied myself that any ordinary treatment would not have produced as good a result.

Trachoma stage II *b''* or trachoma complicated with vernal conjunctivitis (spring catarrh) is more common than was formerly thought to be the case. While in some patients the clinical appearances are typical, in others it is not possible to diagnose the condition unless a microscopical examination of the conjunctival secretion has shown the presence of a marked eosinophilia. This eosinophilia of the conjunctival secretion in spring catarrh is said to be pathognomonic: it is not a mere filtration through the tissue from the blood stream as it is not present in the conjunctival secretion of cases of helmin

thiasis (ankylostomiasis or bilharziasis) in the absence of spring catarrh. Nor is eosinophilia present in unmixed trachoma.

The majority of the cases of undoubted spring catarrh which we have examined recently have presented an eosinophilia of the blood as well as of the conjunctival secretion. However, in a subtropical country in which an average of 50 per cent of the population have Ankylostoma ova in their fæces, and a still larger proportion are sufferers from bilharziasis, the presence of eosinophilia of the blood is not of much interest to the ophthalmologist. Anatomically the specimens of spring catarrh obtained by Heisrath's combined excision of conjuntiva and tarsus do not present any characteristic appearances beyond the presence of the eosinophile cells in the tissues and trachoma follicles. There are of course the appearances of chronic inflammation with papillary hypertrophy, but the great thickening of the epithelium described as a constant phenomenon is not present.

II.—CLINICAL CONDITIONS OF SPECIAL IMPORTANCE IN EGYPT.

Glaucoma, Optic Atrophy, Cataract, other Interesting Cases.

During the year more than 2,000 cases of glaucoma were seen out of a total of 108,000 cases examined, of whom 735 were submitted to operation. The operation of election has always been the trephining of the cornea-sclera with a 1½-millimetre trephine and performing an iridectomy through the trephine hole. 425 such operations were performed, and in only one case did any infection of the eye through the trephine gap result subsequent to convalescence, which is reported at the end of this section. 310 iridectomy operations were performed, either because there was a cataract and the operation was preliminary to extraction, or because the case had acute symptoms, or for other less frequent reasons.

Optic atrophy is a common condition in Egypt; during the last year 205 cases were seen. The most frequent causes are post-neuritic degeneration, infectious diseases (such as typhus), as a sequela of diseases of the retina and choroid, while the cause of 32 cases remains quite unknown.

There is a good deal of senile cataract in the country, 1,709 cases having been reported. As such a large number of the cases seen have already had their cornea damaged or are already blind from glaucoma, it was only possible to operate on 325 cases. The visual results of cataract operations are disappointing to the surgeon who has practised in Europe, an apparently perfect operation done for a fellah, and practically all our patients are uneducated folk, often only results in obtaining a visual result of 6/60 or 6/36 with which the illiterate patient is fully satisfied: with 3/60 or 4/60 vision a fellah is often able to earn his living with his fass (spade), and there is no doubt that some patients refuse to disclose their full visual acuity. As an example the operator mentioned in last year's Report as A.F.M.C. had the following results during 1920:—

Visual results with corrections:—

	Complicated Cases.	Non-complicated Cases.
6/6, 6/9, 6/12	—	1
6/18, 6/24	—	2
6/36, 6/60	3	14
5/60, 4/60, 3/60	—	6
2/60, 1/60	1	—
P.L. and no P.L.	3	3

Vitreous lost	1
Suppuration resulting in excision	—

Interesting cases are reported to the Director from each hospital every week and published monthly. Among these were 23 cases of optic neuritis, 5 cases of albuminuric retinitis, 3 cases of embolism of the central artery of the retina, 33 cases of luxation or subluxation of the lens, 18 cases of endogenous iritis, 6 cases of ophthalmia neonatorum (a condition which, strange to say, is rare in Egypt, although gonococcal conjunctivitis

is so common), 22 cases of malignant disease of the globe or orbit, 8 cases of fly blown orbit, and 20 cases of choroido-retinitis.

The case of late infection after trephine operation for glaucoma mentioned above, case No. 28112, Zagazig, was reported by Dr. Barsoum. This patient, aged 40, was first seen in November 1918, coming for removal of pterygium; a smear from the conjunctiva showed the presence of the Koch-Weeks bacillus. After treatment the pterygium was removed by Dr. Bakly under cocain on November 24; this was followed by a sub-acute glaucoma in both eyes, with steamy cornea, dilated pupil and increased tension. By the use of eserine the pupils were contracted and the tension reduced to 15 millimetres by Schiotz's tonometer, the vision being R. 6/36, L. 6/60. Another sub-acute attack of glaucoma which was controlled by the use of eserin supervened on December 4, on which day Dr. Barsoum performed the operation of trephining with iridectomy on both eyes. On December 30, R.V. 6/12, L.V. 6/12. Both eyes a little below normal, Schiotz's tonometer showing 7 millimetres only in each. There was a good filtering scar in each eye. Retinoscopy R. and L.=+2 dioptres.

Sixteen months later, on April 27, 1920, the patient came up again, with a hypopyon in the right eye, the left eye being normal. A smear from the conjunctiva was negative; there was œdema of the conjunctiva over both trephine holes. Under treatment by hot bathings and atropin the hypopyon disappeared by May 6 and the patient was discharged cured on June 1, with R.V. 6/24, L.V. 6/18.

This highly interesting case is supposed to be one of those extremely rare late infections through the trephine hole, though with what organism it is impossible to say as the smear from the conjunctiva was negative; cultures from the conjunctiva was not made. All these observations were recorded by Dr. Barsoum.

III.—BLINDNESS IN EGYPT.

Out of the 108,000 patients examined at the hospitals last year nearly 10,000 were found to be blind in one eye and 5,000 were found to be blind in both eyes. The principal cause of blindness was acute conjunctivitis; cataract, glaucoma, iritis, and optic atrophy were also responsible for a great deal of the blindness.

IV.—PATHOLOGICAL REPORT.

The Laboratory of Ophthalmic Pathology has been extended during the year at the expense of several friends in Egypt and in England. It is situated in close proximity to the Stationary Ophthalmic Hospital at Gîza.

There are few ophthalmic laboratories in the world which have such rich material. The total number of examinations made, excluding bacteriological examinations, during last year, was 397. The prevalence of the results of corneal ulceration caused in the majority of cases by acute conjunctivitis is shown by the large number of globes, 157, sent for examination after being excised for painful secondary glaucoma, the origin of which was an anterior synechia or adherent leucoma. 51 globes were examined which had been excised for phthisis bulbi.

The opportunity of examining during the course of one year at the same ophthalmic laboratory 26 cases of tumour of the globe and conjunctiva cannot be frequent.

Conjunctiva.

The growths originating in the conjunctiva consisted of 4 angiomata, 1 granuloma, and 2 sarcomata. The angiomata were classified as follows: 3 were of cavernous type, of which two were ordinary nævi in babies and one in a young adult; one was a lymphangiectasis in an adult of the type described by one of us (MacCallan) in the transactions

of the Ophthalmological Society of the United Kingdom in 1903, the Pathological Report of which by Parsons would apply to our recent case. The granuloma occurred in a girl of 14 years of age and is said to have been the size of a small nut projecting between the lids; it was pedunculated and attached to the conjunctival surface of the lower lid. It probably arose from a chalazion which had broken through the conjunctiva. Both the sarcomata occurred in children, one of whom was 3 and the other 4 years old; one of them of the spindled-celled variety grew from the conjunctival surface of the lid; the other was a large-celled sarcoma and probably arose from the bulbar conjunctiva.

Limbus.

The growths arising at the limbus were one endothelioma, one papilloma, and 8 epitheliomata. All of them were in persons of middle age or older, except one case of papilloma showing malignant tendencies in a man of 20 years.

Cornea.

The growths found were 5 granulomata, all of them entirely corneal in origin.

Choroid.

There were one melanotic sarcoma and one pigmented endothelioma, both in persons of mature years.

Retina.

There were two cases of glioma occurring in children.

Palpebral Sporotrichosis.

An interesting case of palpebral sporotrichosis was studied by the pathologist Dr. Sobhy Bey and is thus described by him: "The patient nº 30617, Stationary Ophthalmic Hospital, Giza, a male 30 years of age, a laundry man, was sent to me on March 26, by Dr. Barrada, dermatologist at Qasr el 'Aini Hospital.

"*Past History.*—A few years ago, the patient had an ulcer on the penis followed by an eruption which was accompanied by itching. Six months ago, the patient had redness and swelling of the left eye with discharge. This condition remained for a week and was treated by some kind of lotion and drops. This eye has been quite healthy since then.

"*Present History.*—Six months ago, the patient noticed a swelling at the inner canthus which shortly was followed by a swelling of the upper and lower lids. The patient then sought the advice of Dr. Galal of Qalawoon Ophthalmic Hospital who ordered him an ointment and hot bathings. After a week's treatment the swelling at the internal commissure ulcerated and Dr. Galal, suspecting its specific nature, sent him to Dr. Barrada for an opinion.

"*Description.*—A shallow ulcer is seen on the skin just below the lower canaliculus of the left eye, 3 millimetres by 8 millimetres in area with a brawny swelling around, giving to it a sensation of hardness, the ulcer itself feels soft. This brawny swelling spreads up and down in a concentric manner round the palpebral aperture, the outer commissure being free from œdema. In the skin of the lower lid, there is a nodule as big as a pea, the upper border of which touches the lower border of the tarsus. There is another swelling in the upper lid similar to the lower one, but a little smaller; the skin over these nodules is œdematous and does not move over them. There is a cord like resistance from the upper nodule going to the ulcer. There is a similar one in the lower lid that can hardly be felt. The preauricular gland is a little enlarged. Temperature was 36·8º and

showed no rise later. A well marked sore on penis, enlarged glands can be felt all over the body except in the occipital region. The throat was red and injected, but there was no ulceration. Patient was addicted to smoking. He was seen again on March 27, 1921, in the Ophthalmic Laboratory, Gîza. Smears and cultures were taken from the ulcer before cleaning it and from the discharge covering its base on serum agar, blood agar, and simple agar. The ulcer was then cleaned with sponges, freeing its base from the discharge ; and other slides were taken and other tubes were inoculated. To irritate the ulcer in order to obtain a serous discharge for the examination of Schaudinn's spirochetæ according to the method of Bury by Indian ink, it was rubbed with a sponge impregnated with alcohol. A Pravaz syringe was then prepared and the needle was introduced into the lower nodule after painting it with iodine tincture. A very small quantity of pus was obtained, and this was smeared on the surface of a simple agar tube. This last tube was put in the incubator. The blood was examined at the Public Health Laboratory for Wassermann's reaction and was found positive.

" *Report of the Laboratory Examination.*—The first slide, taken directly from the ulcer, was stained with methylene blue and a long branching mycelium with two conidia attached to it was found. A more prolonged research revealed nothing of the sort in all the other slides except two bodies looking like spores (or conidia). The three slides prepared according to Bury's method were exhaustively examined and the result was negative for the spirocheta pallida. I stained more slides with the slow and quick methods of Giemsa and no spirilla could be found. The tubes inoculated were examined from time to time. Some of these remained quite sterile while others only showed a few growths of cocci or some yeast colonies and one colony of mycelium. This latter was of a clear chocolate colour, rounded, of 5 millimetres diameter and 2 millimetres high, of an irregular edge and a surface showing protuberances and convolutions. It was not easy to make a smear from it as it was hard to get through it with the needle and seemed very adherent to the media. A penetration of this colony in the media could not be made out as the latter was not clear, being a blood agar. A smear showed a branching mycelium of a voluminous size. The threads of the mycelium were ribbon like, *i.e.* flat. Their branching was at an obtuse angle and in general they did not look at all like the threads of sporotrichosis. The agar tube inoculated with the pus aspirated from the nodule and kept in the incubator was examined on the fifth day. Besides one colony of a staphylococcus albus there were strewn on the surface of the agar other small ones, with a smooth rounded surface which had a defined edge. They looked at first clear, then becoming opalescent when old. A smear was made from these little colonies and was stained with methylene blue. I could see short threads or short stems at their bifurcation into two or more. The threads showed septa enclosing short spaces. The spaces took lightly the stains as if they were spores. The mycelium looked either straight or beaded from the swelling produced at the clear spaces. The conidia were single, *i.e.* one at the end of each thread or free. The free conidia were round, circular in shape and not oblong, surrounded by a capsule which seemed to take the blue stain of methylene blue while the inside was pale. Another interpretation of this character, the peripheral part of the protoplasm took the stain, the inside and the capsule remaining clear. This description is different from that given to the two varieties of sporotrichosis, Shenki and Beurmannii, where the conidia are multiple and oblong, and these take the stains readily. The tube was then taken out of the incubator and left at the room temperature. The colonies increased in number, coalesced but never changed their colour and remained always of a white opaque colour. This made me classify this strain in the variety of sporotrichosis described by Dor or an allied strain. Proper glucose and glycerine media were then prepared and subcultures were tried on these as well as on blood serum on many occasions and all efforts remained futile.

" *Experiments on Animals.*—A thin emulsion of the fungus was prepared and injected under the skin of the ear of a young rabbit. Some of the pus aspirated from the nodule was injected under the skin of a guinea pig to exclude the presence of tuberculosis. The rabbit was kept for months under observation and showed no lesions ; the guinea pig disappeared from its cage. Subcultures from the original tubes were tried again on glycerine glucose bouillon which was left at the room temperature. A very thin film appeared on the surface of the bouillon with some turbidity of the latter. This showed again the presence of the fungus. The blue litmus bouillon media turned a bit reddish, then bleached with absence of gas formation. These cultures will be used again for animal inoculations.

" *Diagnosis.*—Clinically we were confronted with an ulcer accompanied by lymphangitis. It is true any ulcer (septic) might be followed by a lymphangitis. This is more common with syphilis, tubercle, glanders, and sporotrichosis. The ulcer was not typically hard. Taking the observation of Dr. Galal as true, I disapproved of the possibility of its being venereal, as in these cases the lymphangitis comes on after the ulceration and not before. In other words the lymphangitis seen in venereal diseases is not specific, spirochetæ do not form lymphangitis. This is due to mixed and secondary infection as in phagedenic ulcers, etc. I at once thought of the possibility of the lymphangitic form of sporotrichosis, tubercle and glanders did not appeal much to me. However, the microscopic examination and the course of the case under treatment decided the diagnosis.

" *Treatment.*—These cases do badly if they are treated surgically, and one is warned against using the scalpel to open the nodules or abcesses formed by this kind of fungus. The iodide treatment is specific. On April 3, potassium iodine was ordered in the dose of 2 grammes daily which was increased every three days. Improvement appeared from the first week. On April 23, ten grammes of potassium iodide were reached daily. The ulcer healed up and the swelling of the upper and lower lids diminished in size. On April 25, potassium iodide was stopped. On May 4, potassium iodide reordered 2 grammes daily for a fortnight, and then stopped altogether.

The object of this long course of potassium iodide was to prevent any recurrence. On June 19, the patient was seen showing no signs of his disease except some brown pigmentation of his lids and there were no signs of recurrence. Wassermann remained positive after all this potassium iodide treatment.

" The patient was advised to undergo a complete mercurial and arsenical treatment for his syphilis.

" As far as I am aware, this is the first case of sporotrichosis ever published in the medical literature or proved by bacterial examination in this country. In general surgery and medicine, this disease might not be so rare as one thinks, but one must understand that it is very rare in ophthalmic practice."

V.—THE OPHTHALMOLOGICAL SOCIETY OF EGYPT.

The Ophthalmological Society of Egypt held its annual meeting at the School of Medicine on March 4. The programme was as follows :—

List of Communications.

Dr. Fischer : " Report of the Committee on the Prophylaxis of Trachoma."
Dr. M. T. Sadik and Dr. Khairat : " Notes on Severe complicated Cases of Purulent Ophthalmia with Herpetiform Eruptions."
Dr. M. A. El Bakly : " Three Cases of Streptothrix Infection of the Conjunctiva."
Dr. Zacharia Matta : " Some Notes on Blepharitis."
Dr. MacCallan and Dr. Sobhy Bey : " Malignant Growths of the Globe during 1920"
Dr. Abdel Messih Girgis : " Retinal Hæmorrhage after non-perforating Injury."
Dr. Sobhy Bey : " The Sclero-corneal Junction."
Dr. Cassimatis : " Theurapetic Value of Injections by Cow's Milk."
Dr. M. Tewfik : " A case of Double Tarsitis with Meibomian Cyst."
Dr. M. T. Sadik : Case of acquired Ptosis."
Dr. Abdel Messih Girgis : " Two Iridotomies for Glaucoma."

The Society has a membership of seventy-eight, and is affiliated to the Ophthalmological Society of Great Britain and Ireland. The Society publishes its transactions in the Annual Bulletin of the Ophthalmological Society of Egypt ; copies may be obtained from the Honorary Secretary of the Society, c/o Department of Public Health ; price P.T. 20 (or 4*s.* 6*d.*).

The important Report of the special sub-committee appointed by the Society at its Annual Meeting in 1920, to draw up a scheme for the prophylaxis of trachoma, was

forwarded to the Under-Secretary of the Department of Public Health. The Under-Secretary, after referring the technical points to the Director of Ophthalmic Hospitals, made a very sympathetic reply to the suggestions contained in the Report. It is unfortunate that the present time is one in which the strictest economy is necessary : so far from new credits being granted for affairs of great public utility, all departments are being asked to cut down their present rate of expenditure. It is to be hoped that money will be forthcoming later for carrying out the sub-committee's recommendations.

VI.—OPHTHALMIC CLINICS AT GOVERNMENT PRIMARY SCHOOLS.

Ophthalmic clinics are now established at all the Government Primary Schools in capital towns of provinces at which there is a permanent ophthalmic hospital. Their purposes are as follows :—

(1) The prophylaxis of acute ophthalmias and of trachoma.
(2) The treatment of acute ophthalmias and of trachoma.
(3) The systematic testing of the visual acuity of all pupils and where necessary the prescription of suitable spectacles. In the absence of corneal opacity and active trachoma all pupils with less than 6/18 in each eye are refracted under atropin.
(4) Advice is given to the parents of the pupils whenever the performance of a more serious operation is advisable : such operations may be performed during the school session without charge at the ophthalmic hospital if desired.
(5) The preparation of a complete series of statistics ; the preparation of statistics alone without an organized system of treatment is devoid of any value to the Government, the school, or the pupil.

The utility of the clinics is shown by the reduction of the more serious stages of trachoma from 62 per cent at Tanta in 1907, to an average of 8 or 9 per cent at all the schools at the present time.

I have previously pointed out that trachoma appears to be closely related to the age of the pupils, the more serious stages being common in the first school year and less common in the fourth year. This is the result of the gradual process of cicatrization which the life history of the disease manifests. These serious stages diminish from approximately 33 per cent in the first year, 15 per cent in the second year, 11 per cent in the third year, to 8 per cent in the fourth year. These details for the past four sessions in which treatment have been carried out are here given :—

Comparison of Serious Stages of Trachoma Stages I and II.

Class.	Per Cent.			
	1916-1917	1917-1918	1919-1920	1920-1921
First year	45·5	41·7	31·2	33·3
Second „	28·1	15·3	14·8	15·7
Third „	12·1	9·8	8·5	10·9
Fourth „	6·7	2·3	7·6	7·8

It was pointed out in last year's Report that the careful application of antiseptic drops to the eyes of pupils in the school clinics in place of the more drastic brossage, which is the rule at the majority of schools and hospitals, appeared to have an important effect in arresting the development of trachoma follicles and leading to their replacement by a satisfactory cicatrical tissue. Experience does not seem to bear out this observation, and although there is a certain amount of improvement again at Faiyûm School, the same treatment applied to a primary school at Alexandria resulted in a worse state at the end of the year than at the beginning, the more serious stages of trachoma (Stages I and II), being increased from 22 per cent to 27 per cent.

TABLE I.—SYNOPSIS OF WORK OF HOSPITALS SINCE 1904.

	1904 to *1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920
Hospitals in existence :—												
Travelling	2	2	3	4	5	4	—	4	4	5	5	5
Permanent	1	1	2	4	7	10	11	13	13	13	13	15
New patients treated	41,823	14,342	20,488	28,029	40,670	50,126	52,752	68,304	81,529	82,316	76,525	94,921
Total attendances of out-patients	616,792	190,247	236,411	341,211	544,267	686,012	735,919	849,366	903,751	922,614	906,961	1,064,509
Operations performed	32,758	11,486	14,322	21,315	30,648	40,710	42,146	54,205	59,581	54,277	49,974	56,503
In-patients	1,173	443	678	909	1,807	2,071	2,274	2,454	2,847	3,264	3,613	4,232
Details :—												
Patients examined	41,987	25,514	31,274	43,668	62,233	75,398	71,930	94,447	100,410	90,668	83,577	108,113
Patients regularly treated	19,886	14,342	20,488	28,029	40,670	50,126	52,752	68,304	81,529	82,316	76,525	94,921
Incurable cases	6,852	1,776	2,620	7,200	9,544	10,554	7,765	9,871	9,675	5,650	4,467	6,400
Blind in one eye	3,305	2,438	3,196	4,115	5,360	6,425	5,637	7,042	9,385	8,969	8,537	9,833
Blind in both eyes	2,237	3,010	2,811	2,824	3,878	3,591	2,992	3,504	4,611	4,261	4,278	5,154
Trichiasis cases examined	18,219	7,507	7,871	13,176	17,329	21,624	19,220	22,214	27,341	26,164	20,052	23,154
„ eyes operated on and cured	5,390	2,022	3,933	6,942	11,700	16,542	19,149	26,094	30,200	28,890	24,611	27,081
New patients treated per age :—												
Under 1 year	763	457	761	1,495	2,700	2,472	3,023	4,031	5,168	6,434	4,824	6,306
From 1 to 5 years	2,230	1,497	1,903	3,317	4,631	6,394	5,762	7,865	7,938	8,607	8,562	11,277
„ 6 to 10 „	2,344	4,469	2,101	3,210	4,786	5,634	5,229	6,985	9,217	9,213	9,097	10,544
„ 11 to 15 „	2,143	1,475	2,051	3,056	3,799	4,570	5,651	6,275	7,965	8,483	7,479	10,126
„ 16 to 20 „	1,985	1,499	2,067	2,588	3,253	3,949	4,491	5,752	6,748	6,826	6,159	7,096
„ 21 to 40 „	6,359	4,845	6,116	8,167	12,679	17,257	18,492	23,017	28,028	26,904	25,671	30,732
„ 41 years and over	4,004	3,100	5,589	6,196	8,822	9,850	10,104	14,379	16,465	15,849	14,733	18,840

* In 1904 there was only one travelling ophthalmic hospital and there was no permanent ophthalmic hospital until 1907.

Table II.—Details of Capital Expenditure.

Hospitals.	Date at which opened.	Government Grant.	Public Subscription or Private Benefaction.	Provincial Councils.
		L.E.	L.E.	L.E.
No. 1 Travelling	1904	—	1,000	—
No. 2 „	1905	—	1,000	—
Tanta	1908	8,463*	—	—
Asyût	1911	8,817	5,004	—
Mansûra	1912	—	5,000	—
Beni Suef	1912	—	4,000	—
Asyût Travelling	1912	—	—	720
Zagazig	1913	—	—	4,286
Mahalla el Kubra...	1913	—	—	2,400
Kafr el Zaiyât	1913	—	—	2,200
Daqahlîya Travelling	1913	—	—	720
Damanhûr	1914	—	—	5,000
Shibîn el Kôm	1914	—	5,422	—
Sohâg	1914	960	4,000	—
Minya	1915	—	—	5,500
Santa	1915	—	—	2,600
Faiyûm	1916	—	—	4,000
Gîza Stationary	1918	—	—	1,500
Benha	1920	—	14,000	—
Qena...	—	—	12,400	2,800
Total		18,240	51,826	31,726
Grand Total			101,792	

* The contractor who built the hospital lost L.E. 942 which above has been added to the contract price.

Table III.—New Patients treated per Month.

January	4,226
February	3,276
March	5,167
April	7,505
May...	8,887
June	7,933
July	12,323
August	10,331
September	9,687
October	10,299
November	8,504
December	6,783
Total	94,921

TABLE IV.—NUMBER OF PATIENTS TREATED AND OPERATIONS PERFORMED AT THE OPHTHALMIC HOSPITALS DURING 1920.

HOSPITALS.	NUMBER OF PATIENTS.	HOSPITALS.	NUMBER OF OPERATIONS
Tanta	7,506	No. 1 Travelling	4,225
Asyût	7,262	Tanta	3,988
No. 2 Stationary, Giza	7,015	Asyût	3,920
No. 1 Travelling	6,341	Sohâg	3,458
Shibîn el Kôm	5,436	Mansûra	3,295
Minya	5,395	No. 3 Travelling, Barrage	3,242
Faiyûm	5,351	No. 2 Stationary, Giza	3,222
No. 3 Travelling	5,178	Faiyûm	3,203
Mansûra	5,112	Beni Suef	3,143
Beni Suef	4,990	Minya	3,115
Sohâg	4,309	Zagazig	2,864
Zagazig	4,239	Shibîn el Kôm	2,647
Damanhûr	4,219	Daqahlîya Travelling	2,331
Asyût Travelling	3,717	Santa	2,268
Mahalla el Kubra	3,393	Benha	2,261
Benha	3,319	Kafr el Zaiyât	2,237
Kafr el Zaiyât	3,173	Damanhûr	2,062
Santa	3,032	Mahalla el Kubra	1,895
Alexandria Branch	3,026	Asyût Travelling	1,804
Daqahliya Travelling	2,908	Alexandria Branch	1,323

N.B.—Number of working months :—

No. 1 Travelling	10⅓	
No. 3 Travelling	10⅓	
Benha	7	(Opened on June 1, 1920.)
Alexandria Branch	6	(Put under supervision of Ophthalmic Section from July 2, 1920.)
Daqahliya Travelling	9⅔	
Asyût Travelling	6⅔	
Other hospitals	12	

TABLE V.—AVERAGE NUMBER OF OPERATIONS PERFORMED PER MONTH AT ALL OPHTHALMIC HOSPITALS DURING 1920.

HOSPITALS.	MAJOR.	HOSPITALS.	MINOR.
No. 1 Travelling	203	No. 1 Travelling	206
Asyût	198	Tanta	183
Benha	190	No. 3 Travelling	157
Sohâg	186	Benha	133
Beni Suef	181	Asyût	129
Faiyûm	178	Asyût Travelling	113
Mansûra	167	Alexandria Branch	110
Zagazig	161	No. 2 Stationary, Giza	108
No. 2 Stationary, Giza	161	Mansûra	107
Asyût Travelling	158	Minya	103
No. 3 Travelling	157	Sohâg	102
Daqahliya Travelling	157	Faiyûm	89
Minya	156	Daqahliya Travelling	85
Tanta	150	Shibîn el Kôm	83
Shibîn el Kôm	138	Beni Suef	81
Damanhûr	117	Santa	80
Kafr el Zaiyât	112	Zagazig	79
Alexandria Branch	111	Kafr el Zaiyât	75
Santa	109	Mahalla el Kubra	58
Mahalla el Kubra	100	Damanhûr	55

TABLE VI.—CONJUNCTIVAL MICRO-ORGANISMS FOUND DURING 1920.

ORGANISMS.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Goconoccus	102	64	97	167	493	566	1,097	1,084	1,097	1,061	944	305	7,077
Koch-Weeks	70	49	101	278	499	434	362	334	323	382	305	165	3,300
Morax-Axenfeld	81	78	120	173	167	182	221	166	97	114	95	75	1,569
Pneumococcus	7	13	16	38	65	29	29	23	23	26	31	16	316
Xerosis	16	21	23	31	26	30	30	22	18	38	43	22	320
Staphylococcus	1	1	—	2	3	2	4	—	1	—	1	1	16
Micrococcus	—	—	—	—	—	—	—	—	—	—	—	—	—
Streptococcus	—	—	—	—	1	2	3	—	—	—	—	1	7
Other organisms	1	7	7	20	14	12	42	12	5	—	3	17	140
TOTAL	278	233	364	707	1,268	1,257	1,788	1,641	1,564	1,621	1,422	602	12,745
Negative	95	99	151	182	239	296	266	205	177	265	239	130	2,350
GRAND TOTAL	373	332	515	895	1,507	1,553	2,054	1,846	1,741	1,886	1,661	732	15,095

TABLE VII.—RELATION OF VARIOUS CONJUNCTIVAL MICRO-ORGANISMS TO MONTHLY INCIDENCE OF ULCERATION OF CORNEA.

	Gonococcus.			Koch-Weeks.			Pneumococcus.			Morax-Axenfeld.			Mixed Infection.		
	No Ulceration.	Ulceration occurring in		No Ulceration.	Ulceration occurring in		No Ulceration.	Ulceration occurring in		No Ulceration.	Ulceration occurring in		No Ulceration.	Ulceration occurring in	
		New Patients.	Patients under Treatment.		New Patients.	Patients under Treatment.		New Patients.	Patients under Treatment.		New Patients.	Patients under Treatment.		New Patients.	Patients under Treatment.
January	54	45	3	50	20	—	2	5	—	64	15	2	32	6	—
February	45	19	—	37	11	1	9	4	—	60	18	—	34	6	—
March	75	22	—	84	17	—	13	3	—	105	15	—	42	5	—
April	138	28	1	246	28	2	30	8	—	145	28	—	59	6	—
May	392	100	1	442	56	1	50	15	—	131	36	—	33	11	—
June	411	154	1	389	44	1	21	8	—	140	41	1	35	13	—
July	811	285	1	312	50	—	18	11	—	170	51	—	61	13	1
August	761	321	2	290	44	—	15	8	—	130	36	—	30	12	1
September	789	295	13	278	44	1	8	14	—	69	28	—	21	15	—
October	753	293	15	309	73	—	12	15	—	89	24	1	51	10	—
November	879	253	12	344	60	1	18	13	—	61	34	—	33	13	—
December	188	117	—	121	44	—	4	2	—	55	19	1	28	7	—
TOTAL	5,096	1,932	49	2,802	491	7	210	106	—	1,219	345	5	459	117	2

TABLE VIII.—ULCERS COMPLICATING CONJUNCTIVAL INFECTION DURING 1920.

ORGANISM.	No Ulceration.	ULCERATION OCCURRING IN		Total.	Per Cent of Cases in which Ulceration occurred.
		New Patients.	Patients under Treatment.		
Gonococcus	5,096	1,932	49	7,077	27·99
Koch-Weeks	2,802	491	7	3,300	15·09
Pneumococcus	210	106	—	316	33·54
Morax-Axenfeld	1,219	345	5	1,569	22·31
Mixed infection	459	117	2	578	20·58
TOTAL... ...	9,786	2,991	63	12,840	23·78

TABLE IX.—INCIDENCE OF PRIMARY GLAUCOMA.

VARIETIES.	1915	1916	1917	1918	1919	1920	TOTAL.
Acute	8	19	12	12	49	328*	428
Sub-acute	28	15	38	45	49	158*	333
Chronic	396	436	552	637	1,617	1,739*	5,377
Absolute	1,194	1,113	1,842	1,518	1,000	—	6,667
TOTAL... ...	1,626	1,583	2,444	2,212	2,715	2,225	12,805
Total number of patients examined	71,930	94,447	100,410	90,668	83,577	108,113	549,145
Per cent of glaucoma cases	2·26	1·67	2·43	2·44	3·25	2·05	2·33
Per cent of absolute glaucoma cases	1·66	1·17	1·83	1·67	1·19	1·45	1·49
Operations :—							
Iridectomy...	30	78	153	203	299	310	1,037
Trephining with iridectomy ...	464	534	655	509	450	425	3,073

* Including 1,565 absolute monocular and binocular.

TABLE X.—AVERAGE TEMPERATURE.

The average temperature was arrived at by taking one place in Lower Egypt (Qorashîya), one place in Cairo (Gîza), and one place in Upper Egypt (Asyût), and obtaining an average figure from the mean temperature at each place on each month. This is shown in appended table, the readings being in degrees centigrade.

MONTH.	QORASHÎYA.	GÎZA.	ASYÛT.	AVERAGE.
January	10·6	11·0	11·0	10·9
February	9·6	10·1	11·2	10·3
March	14·0	14·5	16·6	15·0
April	18·8	19·3	23·2	20·4
May...	21·4	22·3	25·2	23·0
June...	25·4	25·7	29·2	26·8
July	26·8	26·8	29·7	27·8
August	27·0	27·0	30·4	28·1
September	23·2	23·0	25·6	23·9
October	20.8	21·2	23·2	21·7
November	15·4	16·0	17·3	16·2
December	11·6	11·8	12·2	11·9

TABLE XI.

TEMPERATURE AND NUMBER OF NEW PATIENTS TREATED

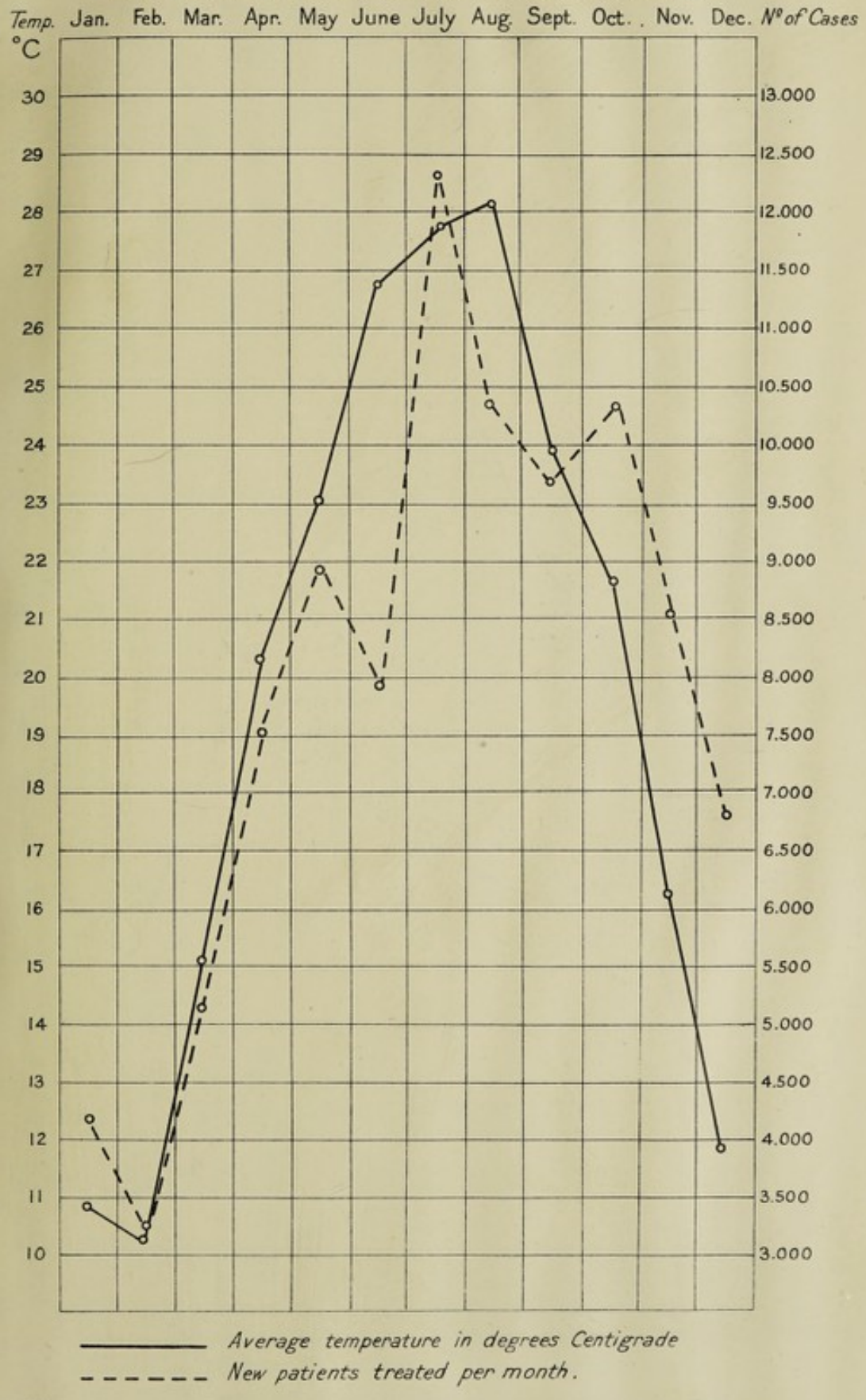


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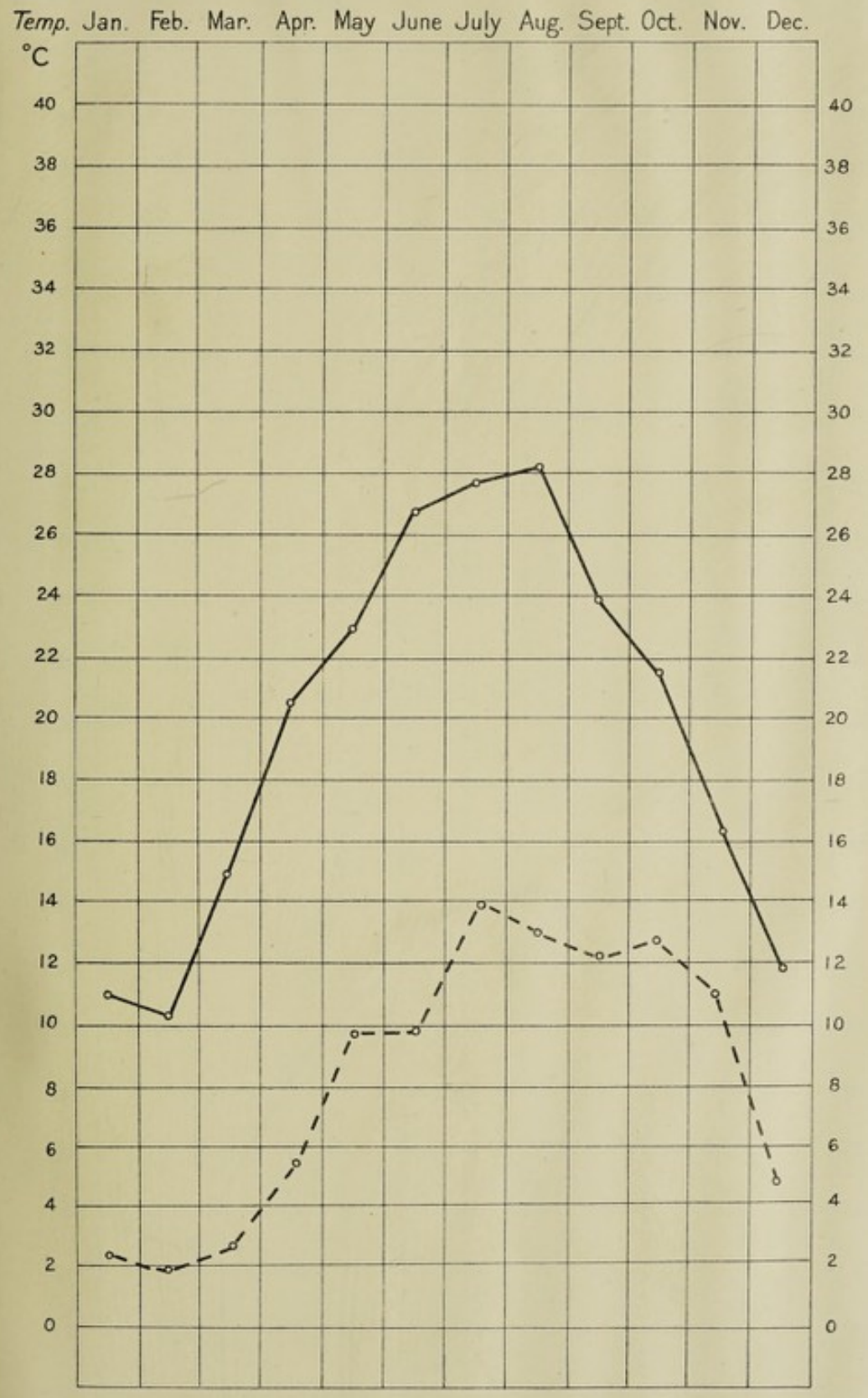
TABLE XII.

TEMPERATURE AND POSITIVE EXAMINATIONS

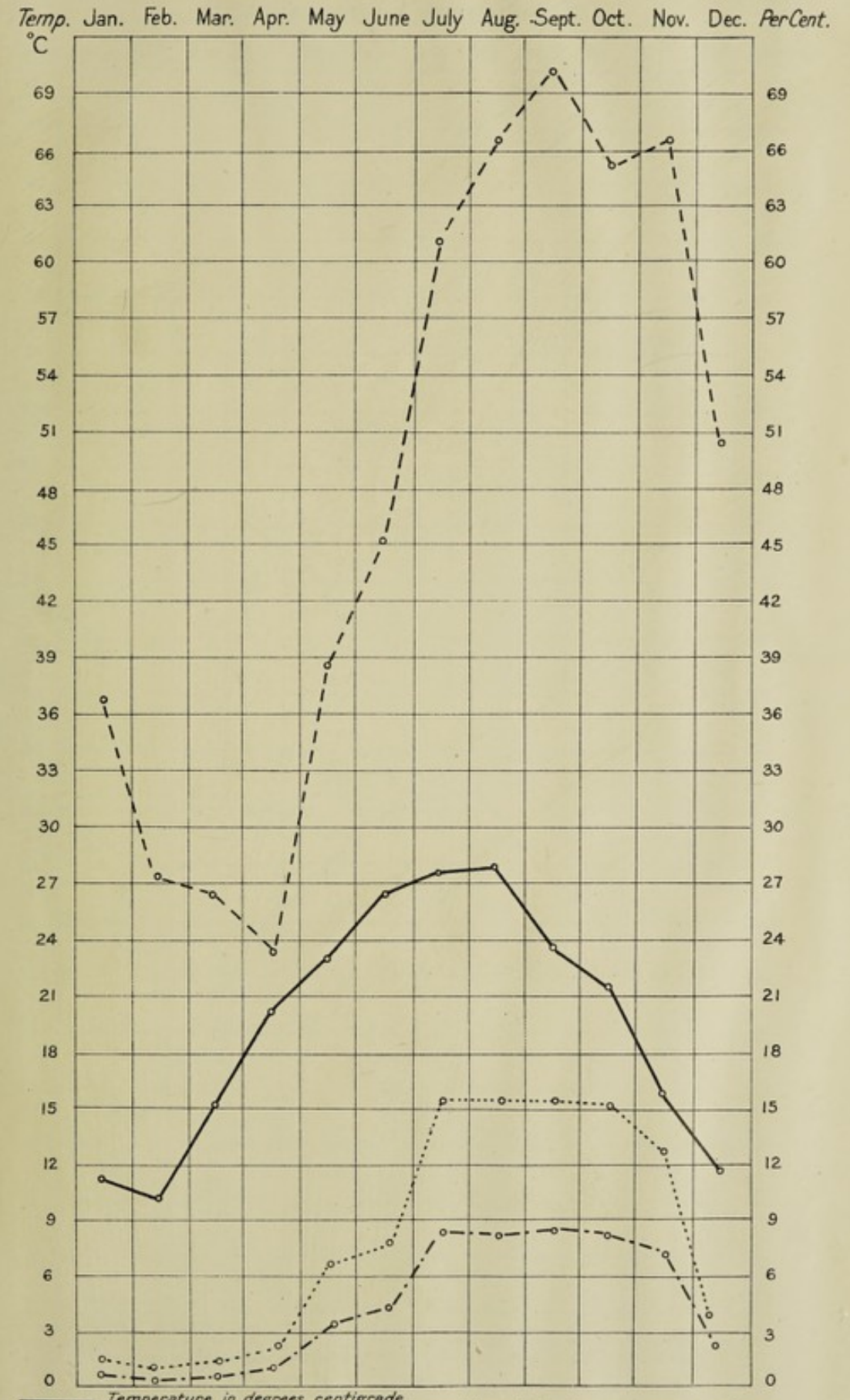


Average temperature in degrees centigrade.

Percentage monthly of Positive examinations on total of all micro-organisms found during the year.

S. of E. 21/659.

TEMPERATURE AND GONOCOCCUS

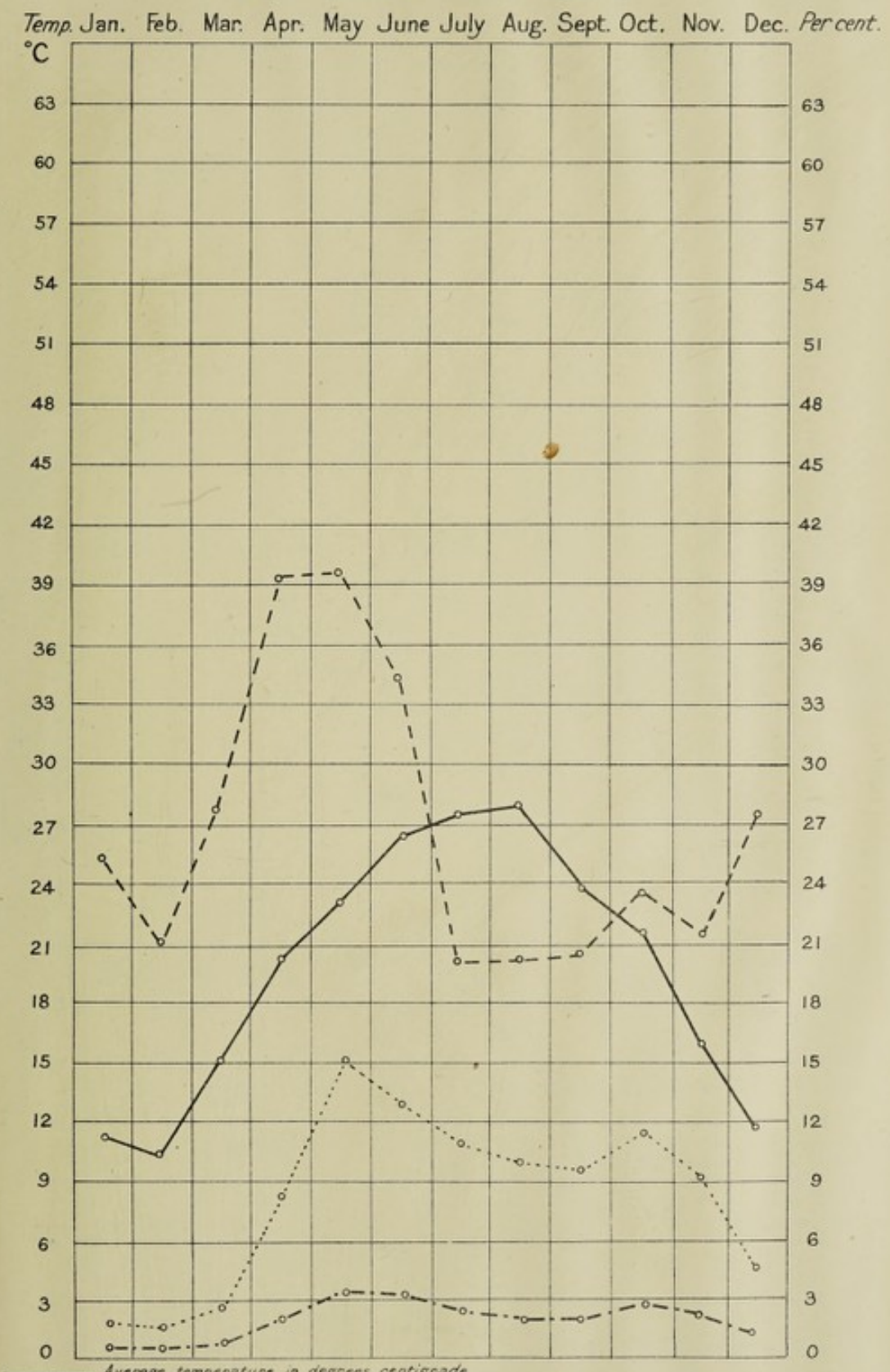


Temperature in degrees centigrade.
Percentage of gonococcal findings on monthly total of all micro-organisms found.
Monthly percentage of gonococcal findings on total of all micro-organisms found during the year.
Monthly percentage of gonococcal findings on total of gonococcal findings during the year.

S.of E. 21/659.

TABLE XIV.

TEMPERATURE AND KOCH-WEEKS



——— Average temperature in degrees centigrade

– – – – Percentage of Kock-Weeks bacillus findings on monthly totals of micro-organisms.

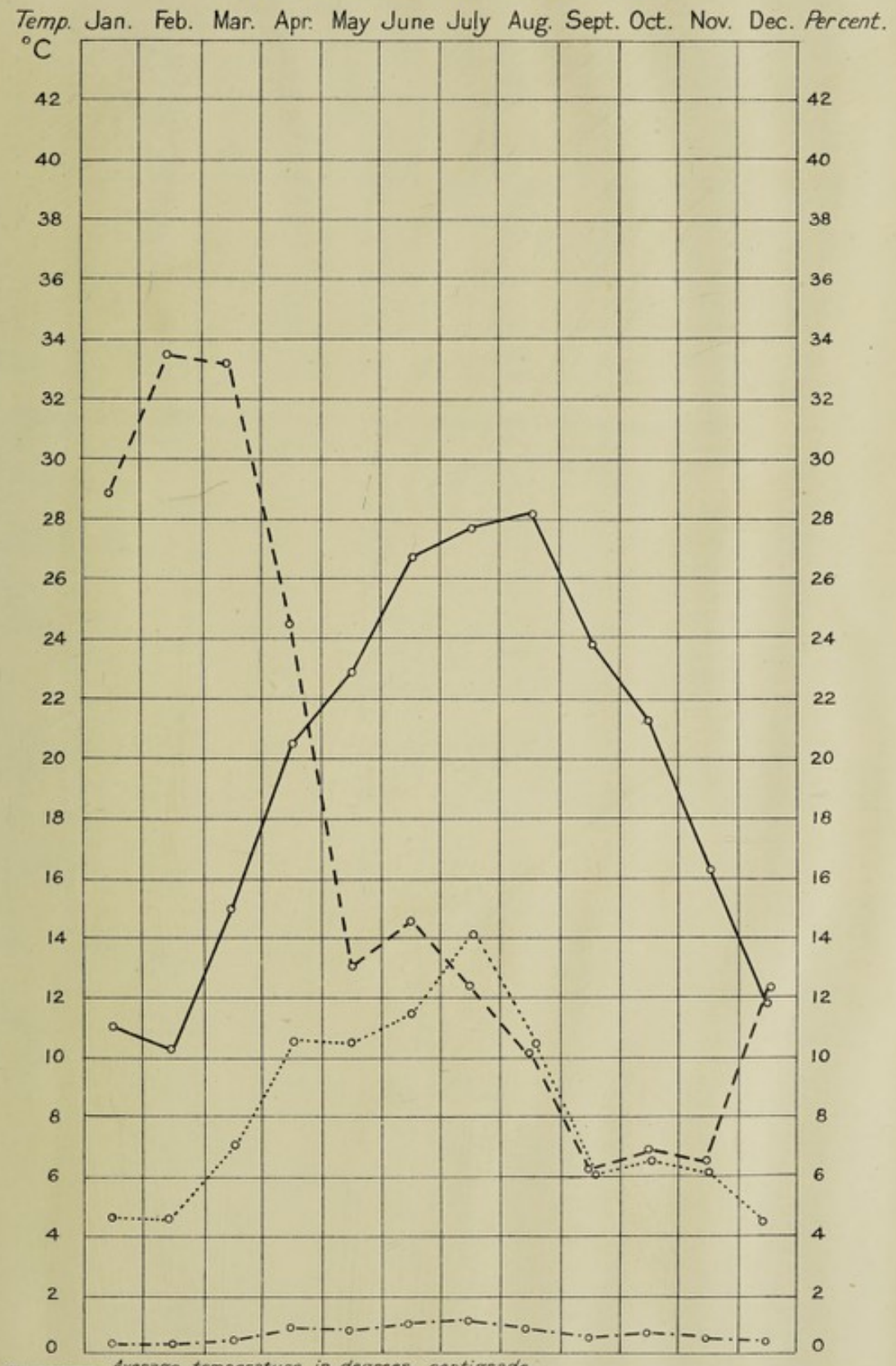
– · – · – Percentage of Kock-Weeks bacillus findings on total of all micro-organisms found during the year.

..... Monthly percentage of Koch-Weeks bacillus on total of Koch-Weeks bacillus findings during the year.

S.of E. 21/659.

TABLE XV.

TEMPERATURE AND MORAX-AXENFELD.



——— Average temperature in degrees centigrade.
– – – – Percentage of Morax-Axenfeld bacillus on monthly totals of micro-organisms found.
— · — · — Percentage of Morax-Axenfeld bacillus on total of all micro-organisms found during the year.
····· Monthly percentage of Morax-Axenfeld bacillus on total of Morax-Axenfeld bacillus findings during the year.

S.of E. 21/6.59.

TABLE XVI.—BLINDNESS AMONG OUT-PATIENTS SINCE 1906.

YEAR.	TOTAL NUMBER OF PATIENTS EXAMINED.	ONE EYE.		BOTH EYES.		ONE EYE AND BOTH EYES.	
		Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.
1906	40,103	1,297	3·2	663	1·6	1,960	4·9
1907	24,416	1,450	5·9	697	2·8	2,147	8·7
1908	19,614	1,189	6·0	852	4·3	2,041	10·4
1909	22,373	2,116	9·4	1,385	6·1	3,501	15·6
1910	25,506	2,438	9·5	2,010	7·8	4,448	17·4
1911	31,274	3,196	10·2	2,811	8·9	6,007	19·2
1912	43,668	4,115	9·4	2,824	6·4	6,939	15·8
1913	62,233	5,360	8·6	3,878	6·2	9,238	14·8
1914	75,398	6,425	8·5	3,591	4·7	10,016	13·2
1915	71,930	5,637	7·8	2,992	4·2	8,629	12·0
1916	94,447	7,042	7·4	3,504	3·7	10,546	11·2
1917	100,410	9,385	9·3	4,611	4·6	13,996	13·9
1918	90,668	8,969	9·0	4,261	4·7	13,230	14·6
1919	83,577	8,537	10·2	4,278	5·1	12,815	15·3
1920	108,113	9.833	9·1	5,154	4·7	14,987	13·8
TOTAL... ...	893,730	76,989	8·6	43,511	4·9	120,500	13·5

TABLE XVII.—TOTAL PERCENTAGE OF BLINDNESS IN ONE OR BOTH EYES.

PERMANENT HOSPITALS :—	1915	1916	1917	1918	1919	1920
Tanta	8·1	5·3	9·2	8·8	12·05	7·82
Asyût	10·1	11·7	18·4	20·2	20·7	19·05
Mansûra	15·3	16·6	13·2	13·9	18·2	17·70
Beni Suef	16·3	13·2	16·0	16·9	18·9	16·40
Zagazig	11·1	9·3	15·0	15·9	19·6 *	17·76
Damanhûr	11·4	11·8	13·5	12·9	10·8	9·2
Shibîn el Kôm	11·9	11·8	10·2	12·3	8·2	6·3
Sohâg	15·3	14·3	14·03	14·7	13·9	16·3
Minya	22·06	20·7	30·7	20·6	20·6	19·8
Faiyûm	—	11·06	13·0	18·2	17·7	12·36
Benha	—	—	—	—	—	9·5
Alexandria	—	—	—	—	—	10·7
Mahalla el Kubra	16·4	17·03	12·2	12·3	12·5	10·4
Kafr el Zaiyât	10·5	8·3	12·6	10·1	11·4	10·93
Santa	—	10·06	13·7	14·2	15·6	13·84
TRAVELLING HOSPITALS :—						
No. 1 Travelling :—						
Shibîn el Qanâtir	11·8	—	—	—	—	—
Kafr el Dauwâr	—	12·7	11·9	—	—	—
Qena...	—	—	20·5	18·3	—	—
Benha	—	—	10·7	—	—	—
Alexandria	—	—	—	15·0	—	—
Aswân	—	—	—	12·8	22·7	—
Edfû...	—	—	—	—	—	24·16
Damietta	—	—	—	—	—	14·3
Rôd el Farag	—	—	—	—	—	16·86
No. 2 Stationary :—						
Barrage	5·8	—	—	—	—	—
Giza	—	10·5	12·6	11·1	8·4	14·73
Rosetta	—	—	15·7	—	—	—
Fuwa	—	—	12·6	—	—	—
Embaba	—	—	—	—	—	—
No. 3 Travelling :—						
Barrage	—	—	—	15·6	16·5	15·25
Port Said...	—	—	—	—	—	11·12
Naga Hamâdi	—	—	—	—	—	9·42
Asyût Travelling :—						
Manfalût	6·7	—	8·9	14·7	—	—
Dairût	—	—	6·4	12·3	—	14·22
Mallâwi	—	6·1	8·2	—	—	20·0
Abnûb	—	4·1	—	—	—	15·27
Abu Tig	—	—	9·6	—	17·9	—
Badâri	—	—	—	—	10·5	—
Daqahliya Travelling :—						
Mit Ghamr	4·7	7·9	—	8·2	15·3	18·50
Matariya	—	—	—	—	15·2	—
Dikirnis	—	—	10·6	—	—	—
Fâriskûr	—	7·1	—	7·2	13·9	—
Aga	—	—	22·3	14·2	—	16·56
Simbillâwein	—	—	10·7	—	—	15·58

* Increased owing to E.L.C. patients.

TABLE XVIII.—BLINDNESS IN EGYPT ACCORDING TO CENSUS 1907 AND 1917.

	Total Number of Population.	Blind.			Average per 100,000.			Percentage.		
		One Eye.	Both Eyes.	Total.	One Eye.	Both Eyes.	Total.	One Eye.	Both Eyes.	Total.
1907	11,189,978	363,702	148,280	511,982	3,250	1,325	4,575	3,250	1,325	4,575
1917	12,718,255	398,757	155,511	554,268	3,135	1,223	4,358	3,135	1,223	4,358

TABLE XIX.—INCIDENCE OF BLINDNESS AMONG OUT-PATIENTS ACCORDING TO THE AGE OF EACH PATIENT SEEKING TREAMENT.

Hospital.	Under 1 year.	From 1–5.	From 6–10.	From 11–15.	From 16–20.	From 21–40.	Over 40 Years.	Total.
No. 1 Travelling	8	39	101	117	152	382	679	1,478
No. 2 Stationary	5	42	38	56	53	377	484	1,055
No. 3 Travelling	29	31	55	94	53	284	450	996
Tanta	26	48	52	39	45	189	254	653
Asyût	21	41	32	45	52	716	541	1,448
Mansûra	17	59	77	79	64	367	264	927
Beni Suef	19	39	14	56	43	314	397	882
Zagazig	20	23	32	69	42	248	320	754
Damanhûr	1	26	22	31	28	154	130	392
Shibîn el Kôm	10	20	15	24	24	165	99	357
Sohâg	12	40	23	37	35	295	404	846
Minya	45	73	21	91	67	413	437	1,147
Faiyûm	24	35	20	26	33	260	343	741
Benha	7	21	19	11	17	102	187	364
Alexandria	9	33	26	21	43	133	91	356
Mahalla el Kubra	6	16	17	25	11	140	150	365
Kafr el Zaiyât	3	16	29	30	17	170	83	348
Santa	3	25	20	31	15	161	206	461
Asyût Travelling	7	29	40	44	37	258	399	814
Daqahliya Travelling ...	10	30	57	41	42	189	234	603
TOTAL	282	686	710	967	873	5,317	6,152	14,987

TABLE XX.—PERCENTAGE OF BLINDNESS IN ONE OR BOTH EYES PER AGE AT WHICH PATIENT SOUGHT TREATMENT.

	Per Cent of Total examined.	Per Cent of Total Blind.	Per Cent of Patients of this Age.
Under one year	0·26	7·87	6·47
From 1 to 5 years	0·63	4·57	6·08
„ 6 „ 10 „	0·66	4·73	6·73
„ 11 „ 15 „	0·89	6·45	9·55
„ 16 „ 20 „	0·81	5·87	12·30
„ 21 „ 40 „	4·92	35·45	17·30
Over 40 years	5·69	41·05	32·65

TABLE XXI (*a*).—CAUSES OF BLINDNESS.

Congenital	16
Acquired :—	
Conjunctivitis resulting in :—	
(*a*) Total corneal opacity	5,222
(*b*) Shrunken globe	4,115
(*c*) Secondary glaucoma	2,771
(*d*) Other conditions	1,059
Fundus :—	
Optic atrophy :—	
(1) PRIMARY :—	
(*a*) *Spinal diseases* :—	
Tabes	4
Disseminated sclerosis	1
(*b*) *Arterio-Sclerosis*	7
(2) RETRO-BULBAR NEURITIS :—	
(*a*) Local : Spread of inflammation from neighbouring sinuses	1
Hæmorrage into nerve sheath	1
General : Infectious diseases	28
(*b*) Chronic : In these cases there are no signs of neuritis preceding the atrophy, which is similar in appearance, to primary atrophy	2
(3) POST-NEURITIC.—Degeneration after various forms of optic neuritis	107
(4) RETINITIS.—After disease of retina and choroid (including quinine poisoning)	18
(5) COMPRESSION OR INJURY OF NERVE	1
(6) EMBOLISM OF CENTRAL ARTERY	3
(7) UNKNOWN	32
Retinitis pigmentosa	21
Detachment of retina	43
Various	238
Glaucoma Primary :—	
Absolute Monocular (unable to count fingers at 1 metre	744
Absolute Binocular	821
Cataract	1,381
Injury	137
Operation	42
Infectious disease	23
Iritis endogenous	309
Various	234
TOTAL	17,381

Table XXI (*b*).—Causes of Blindness

	1915	1916	1917	1918	1919	1920	Total.	Per Cent.
Congenital	7	3	4	8	18	16	56	0·06
Acquired :—								
Conjunctivitis resulting in :—								
(*a*) Total corneal opacity	2,759	2,861	3,665	3,569	4,647	5,222	22,723	26·33
(*b*) Shrunken globe	2,317	3,109	3,923	3,713	3,994	4,115	21,171	24·53
(*c*) Secondary glaucoma	1,815	2,032	2,498	2,480	2,351	2,771	13,947	16·16
(*d*) Other conditions	745	859	1,577	1,483	1,021	1,059	6,744	7·81
Fundus :—								
Optic atrophy	90	145	178	195	136	205	949	1·10
Retinitis pigmentosa	12	23	22	24	28	21	130	0·15
Detachment of retina	—	—	—	—	—	43	43	0·04
Various	182	152	254	194	189	238	1,209	1·40
Glaucoma Primary :—								
Absolute monocular	657	696	893	751	541	744	4,282	4·96
,, binocular	650	673	903	720	459	821	4,226	4·89
Cataract	797	1,053	1,201	1,287	1,211	1,381	6,930	8·03
Injury	70	56	148	92	108	137	611	0·71
Operation	17	32	52	34	26	42	203	0·24
Infectious diseases	19	2	32	11	28	23	115	0·13
Iritis endogenous	94	160	277	209	194	309	1,243	1·44
Various	230	241	422	331	247	234	1,705	1·98
Total	10,461	12,097	16,049	15,101	15,198	17,381	86,287	99·96

Table XXII.—Pathological Report.

(1) Tissues hardened, Sections cut and examined microscopically at the Ophthalmic Laboratory.	
Lids :—	
Inflammation	1
Tumours :—	
Benign, including cysts	11
Malignant	5
Conjunctiva :—	
Inflammation	10
Degeneration	5
Tumours :—	
Benign, including cysts	26
Malignant	4
Limbus :—	
Tumours :—	
Benign, including cysts	1
Malignant	9
Cornea :—	
Wounds	6
Inflammation, including ulceration	1
Tumours :—	
Benign	5
Sclerotic :—	
Wounds	1
Iris and Ciliary Body :—	
Inflammation	14
Choroid :—	
Inflammation	1
Tumours :—	
Malignant	2
Retina :—	
Tumours :—	
Malignant	2
Orbit :—	
Tumours :—	
Inflammation	1
Malignant	4
Lacrimal Gland :—	
Tumours :—	
Inflammation	2
Glaucoma :—	
Primary	8
Secondary :—	
Anterior synechia or adherent leucoma	157
Luxation of lens	1
Intra-ocular hæmorrhage	2
Intra-ocular tumour (*see* Retina and Choroid)	1
Inflammation (irido cyclitis, etc.)	7
Symphathetic Ophthalmia	2
Phthisis Bulbi :—	
Inflammation	51
Fly Blown Orbit	4
Undetermined	5
Examination of Cells :—	
Eosinophilia :—	
Positive	15
Negative	28
Undetermined	5
Grand Total	397

Table XXIII.—Wassermann Tests.

Positive	40
Doubtful	8
Negative	28
Unfit	6
Total	82

TABLE XXIV.—WORK DONE AT ALL OPHTHALMIC HOSPITALS DURING 1920.

I.—IN-PATIENTS :—			
Total number			4,232
Number of available beds			300
Number of diets issued			78,782
II.—OPERATIONS :—			
(1) Major :—			
(*a*) Senile cataract	384		
(*b*) Soft cataract	147		
(*c*) Trichiasis or entropion	27,081		
(*d*) Other operations	5,997		
TOTAL		33,609	
(2) Minor		22,894	
GRAND TOTAL			56,503
III.—OUT-PATIENTS :—			
(1) Incurable *			3,884
(2) Postponed			9,308
(3) Tickets issued, *i.e.* new cases			94,921
(4) Old cases			956,396
(5) Visits made by patients to hospital for treatment (equal 1+2+3+4)			1,064,509
(6) Average number of visits made to hospital by each patient under regular treatment (old cases + tickets issued) ÷ tickets issued. The factor of incurable cases is neglected			11·07
(7) Discharges :—			
(*a*) Cured			9,301
(*b*) Relieved			2,726
(*c*) Incurable †			2,516
(*d*) Spontaneously ceased to attend after having attended only once			17,551
(*e*) Spontaneously ceased to attend after having attended more than once			51,536
(8) Trichiasis cases seen among new patients :—			
(*a*) No previous operation having been performed			17,496
(*b*) Previous operation performed :—			
(i) Successfully			3,211
(ii) Unsuccessfully (not at an ophthalmic hospital, but probably by some charlatan)			2,447
(9) Spectacles ordered			437
(10) General anæsthetics			3,977
(11) Constant wash cases (number of days treatment)			146,674
(12) Ages of patients examined :—	Per Cent		
(*a*) Under 1 year	6·64		6,306
(*b*) From 1 to 5 years	11·88		11,277
(*c*) „ 6 „ 10 „	11·10		10,544
(*d*) „ 11 „ 15 „	10·66		10,126
(*e*) „ 16 „ 20 „	7·47		7,096
(*f*) „ 21 „ 40 „	32·37		30,732
(*g*) Over 40 years	19·84		18,840
(13) Origin of patients :—			
Patients from			
(*a*) Town in which hospital is situated			37,830
(*b*) Markaz in which hospital is situated			34,511
(*c*) Other Markazes			22,580

* Incurable cases do not receive tickets, but are recognized as soon as seen by the surgeon as both incurable and devoid of surgical interest.

† Incurable cases include those who are recognized as soon as seen by the surgeon as incurable but are given tickets for statistical or other purposes.

TABLE XXV.—LIST OF DISEASES.

AMETROPIA :—	
Hypermetropia	527
Myopia	618
Astigmatism	410
Presbyopia	70
CONJUNCTIVA :—	
Conjunctivitis, gonococcal	7,077
„ Morax-Axenfeld	1,569
„ Koch-Weeks	3,300
„ pneumococcal	316
Other organisms or negative	2,833
Trachoma I	4,318
„ II (*a*)	8,128
„ II (*b'*)	1,395
„ II (*b''*)	93
„ II (*c*)	259
„ III, including post-trachomatous degeneration	60,510
„ IV	4,372
Phlyctenule	3,439
Pterygium	1,659
Pinguecula	170
Xerosis	229
Symblepharon	97
Dermoid	9
Other conditions :—	
Argyrosis	74
Colloid degeneration	11
Hypertrophied caruncle	65
Injuries (foreign bodies, burn, etc.)	52
Cyst	11
EYELIDS :—	
Pediculus ciliaris	245
Trichiasis and entropion	22,980
Distichiasis	83
Ectropion	305
Lagophthalmos	1,062
Blepharitis	10,177
Hordeolum	503
Wart	126
Chalazion	490
Eczema	204
Rodent ulcer	18
Dermoid	17
Ptosis	134
Erysipelas	6
Herpes	3
Chancre	1
Epithelioma	4
Other tumours	30
Leucoderma	1
LACRIMAL APPARATUS :—	
Lacrimal fistula	66
Stenosis of the duct	84
Dacryocystitis, acute	45
„ chronic	630

TABLE XXV.—LIST OF DISEASES (*continued*).

CORNEA :—	
Ulceration, simple	5,344
„ hyopyon	396
„ perforation	1,480
„ special forms	96
Pannus	13,864
Keratitis, interstitial	23
„ trachomatous	176
Nebula or leucoma	36,989
Adherent leucoma	6,236
Totally opaque cornea	5,222
Staphyloma	1,777
Xerosis of cornea	347
Abscess of cornea	9
Conical cornea	349
Injuries (burn, foreign bodies, etc.)	268
LIMBUS :—	
Tumours	9
IRIS :—	
Anterior synechia	627
Posterior „	527
Inflammation	366
Iris bombé	18
Irido-dialysis	39
Congenital coloboma	15
Aniridia	5
Persistent pupillary membrane	7
Iridodonisis	93
Various	13
SCLEROTIC :—	
Ciliary staphyloma	364
Episcleritis	2
Injuries	25
CHOROID :—	
Coloboma	5
Rupture	2
Disseminated choroiditis	14
Choroido-retinitis	29
Atrophy of choroid	62
Tumours	3
Albinismus	4
RETINA :—	
Retinitis, albuminuric and diabetic	6
„ syphilitic	7
„ pigmentosa	37
Detachment of retina	48
Embolism and thrombosis of retinal vessels	3
Glioma	3
Other conditions	5
Night blindness (in which retina pigmentosa is absent)	38
OPTIC NERVE :—	
Neuritis	37
Atrophy	225
Opaque nerve fibres	8
Other conditions	2

TABLE XXV.—LIST OF DISEASES (*continued*).

LENS :—	
Cataract, senile	1,709
„ soft	174
„ traumatic	58
„ lamellar	7
„ anterior polar	545
„ posterior „	18
„ dislocated, traumatic	70
„ „ operative	19
„ „ congenital	34
Aphakia	245
Secondary cataract	247
Exctopia lentis	1
VITREOUS :—	
Opacities	111
Foreign bodies	5
MUSCLES :—	
Strabismus, alternating	206
„ convergent	1,777
„ divergent	1,871
Heterophoria	39
Nystagmus	484
Paralysis	17
GLAUCOMA :—	
Primary, acute	328
„ sub-acute	158
„ chronic	1,739
(Including absolute glaucoma caused by acute, sub-acute, or chronic glaucome.)	
Secondary	3,019
GLOBE :—	
Shrunken globe	4,115
Buphthalmos	23
Exophthalmic goitre	6
Panophthalmitis	183
Microphthalmos	10
Anophthalmos	13
Injury	24
ORBIT :—	
Tumours	22
Cellulitis	6
Tenonitis	—
Periostitis	3
Injuries	4
Cyst, frontal	1
„ ethmoidal	—
Contracted socket	38
Fly blown	12
BLIND :—	
In one eye	9,833
In both eyes *	5,154

* Patients are accounted blind who cannot count fingers at one metre.

Table XXVI.—List of Operations.

Eyelids :—	
For Trichiasis and Entropion :—	
Snellen's	20,867
Anagnostakis	44
Snellen-Anagnostakis	735
Canthoplasty	387
Grafting mucous membrane	4,831
Electrolysis	941
Excision of lash	259
Other operations	217
For Ectropion :—	
Plastic	21
MacCallan's	35
Kenneth Scott's	—
Kuhnt's	1
Other operations	5
Hess operation for ptosis	2
For Symblepharon	39
For Hordeolum and Chalazion	744
Cyst removed	82
Wart excised	89
Restitching wounds	27
Opening abcesses	443
Conjunctiva :—	
For Trachoma :—	
Expression	6,498
Scraping	2,454
Combined excision of Heisrath	518
Post-trachomatous degeneration	11,248
Other operations	79
Pterygium	742
Cornea :—	
Foreign body removed	218
Saemisch's section	69
Cautery	106
Iris :—	
Iridectomy for adherent leucoma	1,930
„ visual	258
„ for glaucoma	310
„ preliminary for cataract	17
Cystoid cicatrix	7
Division of anterior synechia	28
Various	1
Lacrimal Sac :—	
Excision	124
Various	173
Lens :—	
For Senile Cataract :—	
Extraction with iridectomy	369
„ after previous iridectomy	15
For membrane after extraction : Discission	280
For Soft Cataract :—	
Extraction	5
Discission	37
Curette evacuation	142
Paracentesis	23
For membrane after evacuation :—	
Discission	49
Capsulotomy	—
Globe :—	
Trephining of cornea-sclera with iridectomy	425
Trephining	21
Excision	338
Evisceration	157
Paracentesis	6
Orbit :—	
Exenteration	5
For Tumour	4
„ Dermoid	4
„ Cellulitis	5
„ Cyst, frontal	—
„ „ ethmoidal	—
Tenotomy and advancement	1
Other major operations	63
Trial with magnet (positive)	2
„ „ „ (negative)	3
Total	56,503

Table XXVII.—Actual Expenditure, Central Administration, 1919–1920.

Chapter.	Grant.	Expenditure.
	L.E.	L.E.
Pensionable staff	5,286	3,280 *
Hors cadre staff	290	262
Allowances :—		
Ophthalmic allowance	216	9 †
Compensation allowance	144	48 †
Transport, transfer, and travelling allowances :—		
Inspection allowance	384	192 ‡
Consolidated allowance	58	29
Transfer allowance	40	1
Travelling allowance	200	105
Transport	600	255
Books and periodicals	30	30
Telephone	7	7
Telegrams	30	11
Petty	15	—
Total	7,300	4,229 §

* L.E. 660, salary of an inspector, is excluded though it was debited against our budget as he did not perform ophthalmic work.
L.E. 14 salary of clerks for period of their strike is excluded.

† L.E. 96 compensation allowance of an inspector is excluded though it was debited against our budget as he did not perform ophthalmic work.

‡ L.E. 48 inspection allowance of an inspector until June 1919 is excluded though it was debited against our budget as he did not perform ophthalmic work.

§ This figure is very low this year owing to shortage of inspectors.

Table XXVIII.—Actual Expenditure, Government Ophthalmic Hospitals, 1919–1920.

Chapter.	Grant.	Expenditure.
	L.E.	L.E.
Pensionable staff	6,396	5,830 *
Hors cadre staff	4,856	5,068
Ophthalmic allowance	1,440	1,054 *
Transport and travelling allowances	1,378	1,191
Food	4,943	5,587
Forage	47	26
Water	170	155
Light	150	111
Sewage	150	101
Heating	—	940
Rent	150	100
Telegrams and telephones	95	83
Petty	620	298
General Furniture :—		
Equipment		2,792
Surgical equipment		120
Instrument	6,250 †	274
Drugs		1,280
Dressings		317
Books and periodicals	12	12
Total	26,657	25,339 ‡

* Excluding L.E. 240, being amount inserted for salary and ophthalmic allowance of medical officer for Daqahliya Provincial Council Travelling Ophthalmic Hospital.

† According to Central Stores letter dated August 6, 1918, No. 1276/29/20/5/12, maintenance of each permanent ophthalmic hospital is L.E. 450 per annum and L.E. 400 for each travelling ophthalmic hospital.

‡ Excluding repairs being omitted as the credit is at the disposal of the Public Works Ministry and no return is made.

Table XXIX.—Actual Expenditure, Government Ophthalmic Hospitals (per Unit), 1919–1920.

Chapter.	No. 1, T.O.H.	No. 2, S.O.H.	No. 3, T.O.H.	Tanta.	Asyût.	Mansûra.	Beni Suef.	Zagazig.	Damanhûr.	Shibîn el Kôm.	Sohâg.	Minya.	Faiyûm.	Benha.	Tanta School	Total.
	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.
Pensionable staff*	346	375	369	619	455	484	475	431	453	414	386	504	459	—	60	5,830
Hors cadre staff*	316	501	340	424	438	384	391	364	401	387	363	364	390	5	—	5,068
Ophthalmic allowance ...	134	125	112	102	87	77	60	51	33	70	53	48	78	—	24	1,054
Transport and travelling allowance	206	45	139	113	132	64	95	39	77	50	75	43	78	5	30	1,191
Food	363	450	331	494	587	599	454	407	365	389	352	440	356	—	—	5,587
Forage	—	18	—	—	8	—	—	—	—	—	—	—	—	—	—	26
Water	2	2	—	50	34	7	20	14	28	—	—	—	—	—	—	155
Light	3	—	—	13	30	33	32	—	—	—	—	—	—	—	—	111
Sewage	18	50	—	10	—	2	—	2	—	—	—	—	19	—	—	101
Heating	21	—	17	176	67	71	82	82	67	15	87	125	130	—	—	940
Rent	—	100	—	—	—	—	—	—	—	—	—	—	—	—	—	100
Telegrams and telephones ...	1	2	1	8	10	9	10	8	6	11	3	7	7	—	—	83
General Furniture:—																
Equipment	251	315	220	225	174	215	139	158	254	225	168	218	230	—	—	2,792
Surgical equipment ...	—	23	5	22	—	—	—	10	10	—	—	19	31	—	—	120
Instruments	7	18	80	12	21	10	34	7	19	32	19	10	5	—	—	274
Drugs	65	112	133	163	91	60	60	94	43	96	154	101	108	—	—	1,280
Dressings	19	7	48	48	31	22	12	17	17	2	12	48	34	—	—	317
Books and periodicals ...	1	1	1	1	1	1	1	1	1	1	1	1	—	—	—	12
Petty	49	26	13	18	34	28	24	22	17	11	15	22	19	—	—	298
Total	1,802	2,170	1,809	2,498	2,200	2,066	1,889	1,707	1,789	1,703	1,688	1,950	1,944	10	114	†25,339

* Including 20 per cent permanent increase ; but excluding war bonuses which were charged against a special credit of M. of Finance.

† Excluding upkeep of buildings, of which no account is kept by P.H.D. but by P.W.M.

Table XXX.—Actual Expenditure, Provincial Council Orhthalmic Hospitals, 1919–1920.

Chapter.	Gharbîya.					Asyût.		Daqahlîya.	
	Grant.	Expenditure.	Expenditure Per Unit.			Grant.	Expenditure.	Grant.	Expenditure.
			Mahalla el Kûbra.	Kafr el Zaîyât.	Santa.				
	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.
Employees	756	681	234	240	207		166	300	320
Servants	546	494	131	139	224		52	240	221
Transport and travelling allowance :—									
Travelling allowance	—	—	—	—	—		3	—	—
Railways	18	18	4	7	7		7	56	56
Sundry	—	11	2	5	4		22	—	29
Food	130	121	—	—	121		—	130	116
Water	—	—	—	—	—		4	—	—
Light and Heating	40	24	6	9	9		5	10	17
Rent	—	—	—	—	—		—	15	—
General furniture :—									
Equipment	300	306	96	94	116		133	130	384
Instruments		61	18	21	22		19		35
Drugs	210	262	90	92	80		38	90	105
Dressings		54	21	8	25		—		8
Stationery and Periodicals	—	—	—	—	—		—	8	—
Post and Telegrams	9	2	2	—	—		1	6	1
Petty expenses	45	35	6	12	17		12	15	16
Total	2,054	2,069	610	627	832	500	460	1,000	1,308

L.E. 500 have been granted. No details.

TABLE XXXI.—COMPARISON OF THE COST OF MAINTENANCE OF A PERMANENT OPHTHALMIC HOSPITAL IN 1914 AND 1921.

	Number.	1914.	TOTAL.	Number	1921.	TOTAL.
		L.E.	L.E.		L.E.	L.E.
ART. 1.—*Salaries, Wages, and Allowances* :—						
A.—Pensionable Staff :—						
Medical Officers, 4th class	2	336		2	336	
Employee 4th class	1	60		1	72	
			396			408
C.—Hors Cadre Staff :—						
Moawin	1	48		1	48	
Chief attendant	1	36		2	72	
Attendants (male)	2	42		5	105	
Attendants (female)	2	36		2	36	
Murasla	1	18		1	21	
Cook	1	24		1	36	
Boab	1	18		—	—	
Sundry subordinate staff	3	54		—	—	
Gardener	—	—		1	21	
			276			339
	12			13		
20 per cent rise of pay to personnel		—	—		—	150
60 per cent war gratuity		—	—		—	538
E.—Allowances		—	72		—	72
ART. 2.—*Transport, Transfer, and Travelling Allowances* :—						
Transport					5	
Transfer		50	50		50	
Travelling allowance					50	
						105
ART. 3.—*Food*		—	139		—	450
ART. 4.—*Forage*		—	—		—	—
ART. 5.—*Rent, Water, Lighting, etc.*:—						
Rent		—			—	
Water		30			40	
Lighting		40			50	
Heating		20			30	
Sewage		12			—	
			102			120
ART. 6.—*Books and Periodicals*		—	1		—	1
ART. 7.—*Telegrams and Telephones* :—						
Telegrams		9	9		2	
Telephones					10	
						12
ART. 8.—*Petty Expenses*		—	12		—	30
Equipment		—	300		—	450
TOTAL			1,357			2,675

TABLE XXXII.—COST OF UNIFORM DIETS FOR ALL IN-PATIENTS AT OPHTHALMIC HOSPITALS DURING 1920, EXCLUDING COST OF RATIONS OF EMPLOYEES.

HOSPITALS.	Number of Diets issued.	Total Cost. *	Cost per Day per Head.
		L.E.	Mills.
No. 1 Camp, Idfu, Damietta, and Rôd el Farag	3,122	229	73·5
Mansûra	6,720	451	67·1
Minya	4,729	297	62·8
Damanhûr	3,964	246	62·1
Faiyûm	3,587	221	61·5
No. 3 Camp, Barrage, Port Said, and Nag' Hamâdi	3,665	224	60·3
Daqahlîya Travelling, Mît Ghamr and Simbellawein † ...	2,003	116	57·9
Zagazig	5,118	290	56·6
Tanta	6,517	366	56·1
Asyût	7,871	440	55·9
Sohâg	4,280	238	55·6
Beni Suef	6,057	336	55·5
Shibîn el Kôm	4,903	266	54·2
No. 2 Camp, Gîza †	5,630	283	50·2
Santa Gharbîya P.C. †	2,634	121	45·9
TOTAL...	70,800	4,124	58·2

* Fuel excluded.
† Rations of these hospitals are not supplied by contractors but bought locally.
Santa :—Not regulation Diet.

Scale of Full Diet as given to all In-patients at all Ophthalmic Hospitals except Santa.

	Grammes.
Bread	600
Beef	150
Vegetables	150
Lentils...	75
Rice	75
Milk	200
Artificial butter	25
Sugar	30
Salt	15

TABLE XXXIII.—NUMBER OF BEDS AT THE OPHTHALMIC HOSPITALS.

	1st.	3rd.
No. 1 Travelling	—	10
No. 2 Stationary	—	20
No. 3 Travelling	—	10
Tanta	—	20
Asyût	1	27
Mansûra	—	20
Beni Suef	—	16
Zagazig	—	16
Damanhûr	—	16
Shebîn el Kôm	—	16
Sohâg	—	16
Minya	—	16
Faiyûm	—	12
Benha	—	16
Alexandria	—	20
Daqahlîya	—	8
Santa	—	10

VIII.—STATISTICS OF OPHTHALMIC TREATMENT IN SCHOOLS.

Ophthalmic treatment at the Government Primary Schools of Tanta, Asyût, Mansûra, Beni Suef, Zagazig, Damanhûr, Shibîn el Kôm, Sohâg, Minya, Faiyûm, Gîza, Benha, and Alexandria, during 1920–1921.

TABLE I.—PUPILS INSPECTED.

SCHOOL.	BEGINNING OF THE YEAR.			END OF THE YEAR.		
	Pupils inspected.	Pupils with Trachoma.	Per Cent.	Pupils inspected.	Pupils with Trachoma.	Per Cent.
Tanta	543	492	90·6	554	505	91·1
Asyût	386	356	92·2	384	351	91·4
Mansûra	504	454	90·0	461	417	90·4
Beni Suef	341	328	96·2	321	310	96·5
Zagazig...	403	347	86·1	383	333	86·9
Damanhûr	212	201	94·8	202	184	91·1
Shibîn el Kôm	166	150	90·3	140	131	93·6
Sohâg	226	217	96·0	217	209	96·3
Minya	299	282	94·3	285	270	94·7
Faiyûm...	217	203	93·5	233	221	94·8
Gîza	209	193	92·3	186	176	94·6
Benha	362	343	94·7	352	335	95·2
Alexandria	356	224	62·9	347	201	57·9
TOTAL... ...	4,224	3,790	89·7	4,065	3,643	89·6

Table II (*a*).—Condition of Conjunctivitis.

Schools.	Beginning of the Year.							End of the Year.						
	Healthy.	Conjunctivitis.	Trachoma.				Total.	Healthy.	Conjunctivitis.	Trachoma.				Total.
			I.	II.	III.	IV.				I.	II.	III.	IV.	
Tanta	51	—	30	18	271	173	543	49	—	14	10	303	178	554
Per cent	9·4	—	5·5	3·3	49·9	31·8		8·8	—	2·5	1·8	54·7	32·1	
Asyût	29	1	67	55	111	123	386	33	—	59	3	132	157	384
Per cent	7·5	0·3	17·3	14·2	28·7	31·9		8·6	—	15·3	0·8	34·4	40·9	
Mansûra	50	—	54	18	140	242	504	44	—	29	4	98	286	461
Per cent	9·9	—	10·7	3·5	27·8	48·0		9·5	—	6·2	0·9	21·3	62·0	
Beni Suef	13	—	36	44	119	129	341	11	—	10	12	145	143	321
Per cent	3·8	—	10·5	12·9	34·9	37·8		3·4	—	3·1	3·7	45·2	44·5	
Zagazig	56	—	37	17	150	143	403	50	—	7	7	126	193	383
Per cent	13·9	—	9·1	4·2	37·2	35·5		13·1	—	1·8	1·8	32·9	50·4	
Damanhûr	11	—	48	17	87	49	212	18	—	21	10	77	76	202
Per cent	5·2	—	22·6	8·0	41·0	23·1		8·9	—	10·4	5·0	38·1	37·6	
Shibîn el Kôm	2	14	4	17	80	49	166	1	8	1	—	50	80	140
Per cent	1·2	8·4	2·4	10·2	48·2	29·5		0·7	5·7	0·7	—	35·7	57·1	
Sohâg	9	—	23	29	136	29	226	8	—	20	12	128	49	217
Per cent	4·0	—	10·1	12·8	60·2	12·6		3·7	—	9·2	5·5	59·0	22·6	
Minya	15	2	25	13	158	86	299	13	2	23	13	129	105	285
Per cent	5·0	0·7	8·3	4·3	52·9	28·7		4·6	0·7	8·1	4·5	45·2	36·8	
Giza	16	—	11	3	103	76	209	10	—	6	—	85	85	186
Per cent	7·6	—	5·3	1·4	49·2	36·4		5·4	—	3·2	—	45·7	45·7	
Benha	19	—	50	27	227	39	362	17	—	23	6	243	63	352
Per cent	5·2	—	13·8	7·4	62·7	10·8		4·8	—	6·5	1·7	69·0	17·9	
Total	271	17	385	258	1,582	1,138	3,651	254	10	213	77	1,516	1,415	3,485
Per cent	7·4	0·5	10·5	7·1	43·3	31·2		7·3	0·3	6·1	2·2	43·5	40·6	

TABLE II (*b*).—EFFECT OF TREATMENT ON SERIOUS STAGES OF TRACHOMA.

YEAR.	Beginning of the Year.			End of the Year.	
	Pupils with any Stage of Trachoma.	Pupils with Serious Stage of Trachoma I and II.		Pupils with Serious Stage of Trachoma I and II.	
	Number.	Number.	Per Cent.	Number.	Per Cent.
1907-1908	464	289	62·3	—	—
1914-1915	1,553	342	22·0	61	4·0
1916-1917	1,528	327	21·4	48	3·0
1917-1918	1,699	282	16·6	71	4·2
1919-1920	2,454	410	16·7	201	8·2
1920-1921	3,363	643	19·1	290	8.6

TABLE II (*c*).—STAGES OF TRACHOMA AT BEGINNING AND END OF SCHOOL YEAR.

STAGES OF TRACHOMA.	Beginning of the Year.		End of the Year.	
	Number.	Per Cent.	Number.	Per Cent.
Trachoma I ...	385	11·4	213	6·6
„ II ...	258	7·7	77	2·4
„ III ...	1,582	47·0	1,516	47·0
„ IV ...	1,138	33·8	1,415	43·9

TABLE III (*a*).—TRACHOMA AND ITS RELATION TO SCHOOL YEARS (BEGINNING OF THE YEAR).

SCHOOLS.	FIRST YEAR.						SECOND YEAR.						THIRD YEAR.						FOURTH YEAR.					
	Healthy.	Conjunctivitis.	Trachoma.				Healthy.	Conjunctivitis.	Trachoma.				Healthy.	Conjunctivitis.	Trachoma.				Healthy.	Conjunctivitis.	Trachoma.			
			I.	II.	III.	IV.			I.	II.	III.	IV.			I.	II.	III.	IV.			I.	II.	III.	IV.
Tanta	9	—	8	7	107	35	14	—	9	4	89	42	14	—	9	2	48	46	14	—	4	5	27	50
Asyût	5	1	37	24	33	28	8	—	14	15	47	35	10	—	13	9	17	33	6	—	3	7	14	27
Mansûra	14	—	36	11	47	32	15	—	14	5	41	75	8	—	2	1	35	72	13	—	2	1	17	63
Beni Suef	4	—	20	26	33	24	4	—	8	13	49	37	3	—	6	4	21	35	2	—	2	1	16	33
Zagazig	20	—	23	11	57	17	11	—	8	1	32	41	12	—	4	2	29	52	13	—	2	3	32	33
Damanhûr	2	—	35	8	33	12	3	—	6	5	23	16	5	—	4	3	19	14	1	—	3	1	12	7
Shibîn el Kôm	1	8	3	12	33	12	—	2	—	4	22	12	1	3	1	1	12	11	—	1	—	—	13	14
Sohâg	3	—	14	14	37	1	3	—	6	8	41	9	1	—	1	4	30	5	2	—	2	3	28	14
Minya	3	1	9	10	50	32	5	—	8	1	54	19	5	1	7	1	33	19	2	—	1	1	21	16
Giza	6	—	6	2	37	21	6	—	4	1	30	23	3	—	1	—	23	18	1	—	—	—	13	14
Benha	1	—	38	12	40	11	8	—	12	6	68	6	4	—	—	4	59	9	6	—	—	5	60	13
Total	68	10	229	137	507	225	77	2	89	63	496	315	66	4	48	31	326	314	60	1	19	27	253	284

TABLE III (*b*).—COMPARISON OF SERIOUS STAGES OF TRACHOMA (Beginning of the Year).

CLASS.	Total Cases of Trachoma.		Serious Stages of Trachoma I and II.		Per Cent.	
	1919–1920.	1920–1921.	1919–1920.	1920–1921.	1919–1920.	1920–1921.
First Year...	710	1,098	222	366	31·2	33·3
Second „	688	963	102	152	14·8	15·7
Third „	560	719	48	79	8·5	10·9
Fourth „	496	583	38	46	7·6	7·8

TABLE IV.—VISION OF ALL PUPILS WITHOUT SPECTACLES.

	Tanta.	Asyût.	Mansûra.	Beni Suef.	Zagazig.	Damanhûr.	Shibîn el Kôm.	Sohâg.	Minya.	Faiyûm.	Giza.	Benha.	Alexandria.	Total.	Grand Total.	Per Cent.
1. Good Vision :—																
(*a*) Normal vision in each eye 6/6 and 6/6 ...	56	48	46	20	63	47	14	25	54	8	9	47	70	507	—	—
(*b*) Vision 6/6 and 6/9, or 6/9 and 6/9	103	98	101	53	82	34	31	38	43	29	55	61	111	839	1,346	31·8
2. Fair Vision :—																
(*a*) Vision 6/6 and 6/12, or 6/9 and 6/12, or 6/12 and 6/12	184	76	74	54	77	39	30	58	77	32	37	83	57	818	—	—
(*b*) Vision 6/6 and 6/18...	36	56	69	57	57	23	21	28	37	27	22	52	42	527	1,345	31·8
3. Bad Vision :—																
Fails to attain any of the above standards ...	224	108	214	157	124	69	70	77	88	121	86	119	76	1,533	1,533	36·3
TOTAL	543	386	504	341	403	212	166	226	299	217	209	362	356	4,224	4,224	—

TABLE V.—SPECTACLES ORDERED.

	Tanta.	Asyût.	Mansûra.	Beni Suef.	Zagazig.	Damanhûr.	Shibin el Kôm	Sohâg.	Minya.	Faiyûm.	Giza.	Benha.	Alexandria	Total.
Number of pupils now attending obtained spectacles in previous years	14	10	31	11	17	8	5	14	13	10	8	4	1	146
Number of pupils now attending obtained spectacles in this year ...	9	5	14	9	—	—	3	9	2	—	5	—	—	56
Total... ...	23	15	45	20	17	8	8	23	15	10	13	4	1	202
Spectacles on order or under repair...	10	—	18	9	8	6	12	9	2	9	—	14	17	114
Number of pupils wearing spectacles on date of general inspection... ...	11	10	18	10	12	7	8	11	13	9	10	4	1	124
Net number not wearing spectacles ...	2	5	9	1	5	1	—	3	—	—	3	—	—	29

Table VI.—Vision of Pupils Ordered Spectacles.

	Total.	Grand Total.	Per Cent.
(*a*) Before Ordering.			
Good Vision :—			
(*a*) Normal vision in each eye 6/6 and 6/6...	1		
(*b*) Vision 6/6 and 6/9, or 6/9 and 6/9...	2		
		3	1·1
Fair Vision :—			
(*a*) Vision 6/6 and 6/12, or 6/9 and 6/12, or 6/12 and 6/12	7		
(*b*) Vision 6/6 and 6/18...	4		
		11	4·1
Bad Vision :—			
Fails to attain any of the above standards...	253		94·7
		253	
Total... ...	267	267	
(*b*) After Ordering.			
Good Vision :—			
(*a*) Attains 6/6 and 6/6 with aid of spectacles not greater in strength than + or — 6 D.	12		
(*b*) Attains 6/6 and 6/9 or 6/9 and 6/9 with aid of spectacles not greater in strength than + or — 6 D.	39		
		51	19·1
Fair Vision :—			
(*a*) Attains 6/6 and 6/12 or 6/9 and 6/12 or 6/12 and 6/12 with aid of spectacles not greater in strength than + or — 6 D.	46		
(*b*) Attains 6/6 and 6/18 with aid of spectacles not greater in strength than + or — 6 D.	15		
		61	22·8
Bad Vision : —			
(*a*) Fails to attain any of the above standards with aid of spectacles not greater in strength than + or — 6 D.	129		
(*b*) Attains any of the above standards with aid of spectacles greater in strength than + or — 6 D.	26		
(*c*) Fails to attain any of the above standards with more than + or — 6 D.	—		
		155	58·0
Total...	267	267	

Table VII.—Condition of Cornea before Treatment.

SCHOOLS.	Both Corneæ Clear.	One Cornea Clear the other showing Opacity.	Opacity of both Corneæ.
Tanta	475	57	11
Asyût	362	17	7
Mansûra	434	38	42
Beni Suef	303	26	12
Zagazig	359	35	9
Damanhûr	181	23	8
Shibîn el Kôm	137	29	—
Sohâg	191	28	7
Minya	262	26	11
Faiyûm	175	19	23
Gîza	169	25	15
Benha	309	27	26
Alexandria...	348	7	1
Total...	3,695	357	172
Per cent... ...	87·5	8·4	4

IX.—FAIYUM AND ALEXANDRIA
TREATMENT BY ANTISEPTIC DROPS ONLY.

TABLE I (*a*).—CONDITION OF CONJUNCTIVITIS.

SCHOOLS.	BEGINNING OF THE YEAR.							END OF THE YEAR.						
	Healthy.	Conjunctivitis.	Trachoma.				TOTAL.	Healthy.	Conjunctivitis.	Trachoma.				TOTAL.
			I.	II.	III.	IV.				I.	II.	III.	IV.	
Faiyûm	14	—	11	24	142	26	217	12	—	12	12	164	33	233
Per cent	6·4	—	5·1	11·0	65·4	12·0		5·1	—	5·1	5·1	70·4	14·2	
Alexandria	128	4	35	15	75	99	356	146	—	50	12	70	69	347
Per cent	35·9	1·1	9·8	4·2	21·0	27·9		42·1	—	14·4	3·4	20·1	19·9	
Total	142	4	46	39	217	125	573	158	—	62	24	234	102	580
Per cent ...	24·7	0·7	8·0	6·8	37·9	21·8		27·3	—	10·7	4·1	40·3	17·6	

TABLE I (*b*).—EFFECT OF TREATMENT ON SERIOUS STAGES OF TRACHOMA.

SCHOOLS	Pupils with any Stage of Trachoma.	STAGES OF TRACHOMA I AND II.			
		Beginning of the Year.		End of the Year.	
		Number.	Per Cent.	Number.	Per Cent.
Faiyûm	203	35	17·2	24	11·8
Alexandria	224	50	22·3	62	27·6
Total	427	85	19·9	88	20·4

TABLE II (*a*).—TRACHOMA AND ITS RELATION TO SCHOOL YEARS (Beginning of the Year).

SCHOOL YEARS.	FAIYÛM.						ALEXANDRIA					
	Healthy.	Conjunctivitis.	Trachoma.				Healthy.	Conjunctivitis.	Trachoma.			
			I.	II.	III.	IV.			I.	II.	III.	IV.
First year ...	6	—	6	17	48	4	43	3	16	7	28	18
Second year...	4	—	2	6	31	7	32	—	12	4	14	32
Third year ...	2	—	2	1	30	4	29	—	4	1	20	26
Fourth year...	2	—	1	—	33	11	24	1	3	3	13	23
Total... ...	14	—	11	24	142	26	128	4	35	15	75	99

TABLE II (*b*).—COMPARISON OF SERIOUS STAGES OF TRACHOMA (Beginning of the Year).

SCHOOL YEARS.	FAIYÛM.			ALEXANDRIA.		
	Total Cases of Trachoma.	Stages I and II.	Per Cent.	Total Cases of Trachoma.	Stages I and II.	Per Cent.
First year	75	23	30·6	69	23	43·3
Second year ...	46	8	17·4	62	16	25·8
Third year... ...	37	3	8·1	51	5	9·8
Fourth year ...	45	1	2·1	42	6	14·3
Total... ...	203	35	17·2	224	50	22·3

X.—PUBLICATIONS.

(A) Annual.

(1) Annual Report on Ophthalmic Hospitals: 1912,* 1913,* 1914,* 1915 with 1916, 1917, 1918, 1919,* 1920.

(2) Bulletin of the Ophthalmological Society of Egypt: 1904* with 1905, 1906* with 1907, 1908* with 1909,* 1910,* 1911,* 1912, 1913,* 1914, 1915, 1917,* 1918,* 1919,* and 1920.*

(B) Occasional.

(1) "Four Years' Work with the Ophthalmic Hospitals of Egypt." Annual Meeting, British Medical Association, 1907.

(2) "The Relief of Eye Diseases in Egypt with some Consideration of the Incidence of Blindness and Trachoma." Sixteenth International Medical Congress, Budapest, 1909.

(3) "The Egyptian Ophthalmic Hospitals." Annual Meeting, British Medical Association, 1910.

*(4) "Ophthalmic Hospitals in Egypt." "Ophthalmic Record." U.S.A., 1910.

(5) Communication read at the Fourth International Blind Congress in Cairo, February 1911. Published in "Ophthalmoscope," 1911.*

(6) "What are the best means to adopt to avoid the spread of the forms of Ophthalmia which may lead to blindness."

(7) "Egyptian Ophthalmic Hospitals and the War."

*(8) "Les Divisions du Trachome, le Traitement de cette Affection et de ses Complications." By the Director, *Archives d'Ophthalmologie*, September 1911.

(9) "Trachoma and its Complications in Egypt." By the Director, Ophthalmic Hospitals in Egypt, Cambridge University Press, London, 1913.

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* These volumes are now exhausted.

The available copies of the Bulletin of the Ophthalmological Society of Egypt may be obtained from the Honorary Secretary c/o Department of Public Health, Cairo. Price P.T. 20 or 4*s.* 6*d.* post free.

Govt. Press 5257-1921-350 ex.

تقرير قسم الرمد عن سنة ١٩٢٠

المقـــدمة

فى سنة ١٩٢٠ بوشرت الأعمـال الكلينيكية فى عشرين مستشفى وعيادة بالقطر المصرى وقد زاد عدد المرضى الذين عولجوا عن مثله فى السـنة السابقة حتى بلغ عدد المستجدين منهم ٩٤,٩٢١ وعدد العمليات ٥٦,٥٠٣ وعدد زيارات المرضى للعيـادات الخارجية ١,٠٦٤,٥٠٩ .

وباتمـام مستشفى الرمد الجارى بناؤه الآن ببندر قنـا (الذى تفضل صاحب العظمة مولانا السـلطان بوضع الحجر الأول فى أساسه فى يناير سنة ١٩٢١) يكون قد تمّ المشروع المراد به إيجاد مستشفى بكل مديرية على غاية ما يرام غير أن مديرية أسوان لعجزها التام عن بناء مستشفى فقد قضت الضرورة بأن يخصص لها أحد المستشفيين المتنقلين الكبيرين المتبرع بهما جناب المرحوم السر ارنست كاسل . وسيباشر هذا المستشفى عمله بمدينة أسوان فى فصل الشتاء وينقل فى الربيع إلى كوم أمبو أو الى إدفو وربما نقل الى أبعد من ذلك شمالا ، أى الى إسنا أو الأقصر اللتين وإن كانتا غير تابعتين لمديرية أسوان إلا أنهما واقعتان على مسافة بعيدة جدّا من أقرب مستشفى رمدى ثابت بمدينة قنا .

وقد أدرج بهذا التقرير صور فوتوغرافية للعشرين مستشفى وعيادة المتقدّم ذكرها . والمستشفيات المتنقلة عددها خمسة ، منها اثنان كبيران مستكملا الأدوات والمعدّات وهما اللذان تحوّلا فى مدّة الحرب الكبرى الى مستشفيين عموميين . أما المستشفى الثالث الكبير المماثل لهذين فموجود بصفة دائمة بالجيزة . ومما يدعو لتمام السرور أن صاحب العظمة مولانا السلطان قد أبدى ميلا نحو إيجـاد مستشفى من البناء بمدينـة الجيزة بدلا من مستشفى الخيام الحـالى . وكل عمليـة جراحية تعمل فى مستشفى من البناء يمكن اجراؤها فى مستشفى خيام كامل المعـدّات ولكن العمليات الجراحية التى تعمل فى مثل هذا المستشفى تكون على نوع ما معرّضة لمـا يهب عليها من الأتربة ولذلك يجب بذل أقصى عناية بكل ما يتعلق بادارة المستشفى لضمان النظـافة التامة .

والمستشفيان اللذان أنشأهما مجلسا مديريتى الدقهلية وأسيوط ويقومان بالانفاق عليهما صـغيران وقليلا النفقة ولكنهما مع ذلك يؤدّيان عملا جليل النفع والفـائدة إذ أن كل منهما قد باشر معالجة ٣٠٠٠ مريض جديد وأجرى ٢٠٠٠ عملية جراحية فى مدّة السنة بالرغم من وجود طبيب واحد وأقل عدد ممكن من العمال فى كل منهما .

وقد بلغت جملة نفقات إنشاء وتأثيث العشرين مستشفى مائة ألف جنيه مصرى تقريبا ونفقات ادارتها السنوية بما فى ذلك نفقة العيادات الرمدية بالمدارس الابتدائيـة الأميرية ثلاث وثلاثون ألف جنيه مصرى . وقد ألحقت بهذا التقرير كشوفات تفصيلية ببيـان هذه المصروفات التى تدل على توخى الاقتصاد فى إدارة هذه المستشفيات .

وزارة الداخليـــة

مصـــلحة الصـــحة العموميـــة

التقرير السنوى الثامن لقسم الرمد

عن ســـنة ١٩٢٠

بقـــلم جناب مـــدير مستشفيات الرمـــد

طبع بالمطبعة الأمـــيرية بالقـــاهرة
ويطلب (إما مباشرة أو بواسطة أحد باعة الكتب) من قلم نشر مطبوعات الحكومة بوزارة المـالية (بوستة الدواوين) بالقـاهرة

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الثمن ٢٠٠ مليما