

Annual report on the ophthalmic section.

Contributors

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INTRODUCTION

1871

The first part of the book is devoted to a general survey of the history of the subject. It begins with a brief account of the early attempts to explain the origin of life, and then proceeds to a more detailed consideration of the various theories which have been advanced. The second part of the book is devoted to a consideration of the evidence in support of the various theories. It begins with a brief account of the evidence in support of the theory of spontaneous generation, and then proceeds to a more detailed consideration of the evidence in support of the theory of evolution.

The third part of the book is devoted to a consideration of the evidence in support of the theory of evolution. It begins with a brief account of the evidence in support of the theory of evolution, and then proceeds to a more detailed consideration of the evidence in support of the theory of evolution. The fourth part of the book is devoted to a consideration of the evidence in support of the theory of evolution. It begins with a brief account of the evidence in support of the theory of evolution, and then proceeds to a more detailed consideration of the evidence in support of the theory of evolution. The fifth part of the book is devoted to a consideration of the evidence in support of the theory of evolution. It begins with a brief account of the evidence in support of the theory of evolution, and then proceeds to a more detailed consideration of the evidence in support of the theory of evolution.

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FOREWORD.

During 1927 two Government Travelling Ophthalmic Hospitals Nos. 6 and 7, a Travelling Ophthalmic Hospital attached to Gharbiya Provincial Council, a permanent Ophthalmic Hospital at Maghâgha, and an Ophthalmic branch at El Amir Farûq Government Hospital, Mit Ghamr, were opened.

Early in the beginning of 1928, three Government Travelling Ophthalmic Hospitals Nos. 8,9 and 10 were opened.

The number of Ophthalmic units in the country till the end of 1927 was 36, of which 26 were permanent and 10 travelling. This number shows an increase of 5 ophthalmic units over that of 1926; but in April 1928, (the time at which this report was prepared), the number of Ophthalmic Hospitals and branches reached 39, of which 26 are permanent and 13 are travelling.

Continuous efforts are still being made to generalize ophthalmic treatment by increasing the ophthalmic units. At present there are Ophthalmic units in the course of building, *viz* :

A large permanent Ophthalmic Hospital at Rôd El Farag, Cairo; Ophthalmic branches in General Hospitals at Suez, Aswân, Isna which are expected to be completed and opened during this year for treatment.

In addition to these, there are ophthalmic projects for which credits for building were granted, *viz* :—

An Ophthalmic Hospital at Port Said; Ophthalmic branches in the General Hospitals at Luxor Rosetta, Badâri, and Zawiet el Naoura, Shebin el Kôm District. The State Building Department is undertaking the usual preparatory proceedings concerning these units.

PATIENTS.

The following figures show the clinical work done in 1927 compared with that of 1926 :—

	1926	1927	Increase in 1927.
			%
New patients	272,777	347,742	27
In-patients	8,745	10,810	23
Operations	140,788	158,989	13
Out-patients attendances	2,628,463	3,239,159	23

During 1927, 35,280 cases or 9.8 per cent of all patients examined were found to be blind in one or both eyes. This percentage, although still high is less than that of last year which was 10.1 per cent. It is worthy of mention that this percentage is gradually falling since the year 1919. The definition of blindness adopted here is that proposed by Trousseau, *i.e.*, inability to count fingers at a distance of 1 meter.

The pathological causes of blindness are detailed in Table XII from which it results that acute ophthalmias form about 76.5 per cent of all causes. The attack of acute ophthalmias is characterized by being very rapid and destructive, whenever its signs appear, treatment should be sought for at once. Treatment of acute ophthalmias is by painting with silver nitrate solution 2 per cent and constant washing of the eye with eusol solution and the washing of the conjunctival sac for some time with same solution. Constant washes (number of days' treatment) for such cases were 539,617.

Microscopical examination showed that gonococcus still causes the largest proportion of infection with acute ophthalmias as was the case in the past.

ACCOMMODATION.

100 beds for inpatients were increased to the number in 1926 of which 68 in the new units and 32 in the existing hospitals.

Arrangements are being made to increase extra beds in the inpatients sections of the existing hospitals as far as accommodation allows.

OPHTHALMIC CLINICS AT GOVERNMENT PRIMARY SCHOOLS.

The Ophthalmic Section carries out the examination, inspection and treatment of all pupils of the Primary Government Schools in the capital towns in the provinces in which there are Ophthalmic Hospitals, as well as : Mohammed Ali, Abbâsiya, Munira, Mohammadia Gamalia, Abbass, Bab el Sha'riya, Shûbra, 'Abdin, Qerabia, Nasria and Nahhasin in Cairo ; Moharram Bey and Ras el Tin at Alexandria ; Port Said, Suez and Damietta.

Amongst the above-mentioned schools, the following are those in which ophthalmic clinics were created in 1927 : Port Said, Suez, Damietta, and Bab el Sha'riya, Shûbra, 'Abdin, Qerabia, Nassria and Nahhasin in Cairo, *i.e.*, 9 more school ophthalmic clinics were added to those of 1926.

The number of these schools is now 30. The number of pupils examined is 13,143. More than 91 per cent of all pupils were found to be infected with various stages of trachoma. More than 21 per cent were suffering from that disease in its serious stages (Trachoma I and II). The latter percentage fell as a result of ophthalmic treatment to about 6 per cent.

TREATMENT OF PUPILS OF OTHER PRIMARY SCHOOLS.

The Medical Officers of the Travelling and Permanent Ophthalmic Hospitals in Markazes have examined the eyes of pupils of all Primary Schools in towns where such hospitals exist. Pupils who were in need of treatment for trachoma or in need of operations for other complications in their eyes or requiring examination for spectacles, were sent to the Ophthalmic Hospital for daily treatment at fixed times. The number of these schools whose pupils were treated in this way in 1927 was 19.

COST OF PROVISION AND MAINTENANCE OF OPHTHALMIC HOSPITALS.

The capital expenditure involved in the provision and equipment of ophthalmic hospitals (excluding ophthalmic branches attached to general hospitals and the Memorial Ophthalmic Laboratory) is L.E. 134,020. Of this sum the amount contributed by the Government was not more than L.E. 30,800. The remainder was paid by the Provincial Councils or Municipalities or collected through public subscription or donations.

The annual cost of maintenance in 1926-1927 including the cost of administration and the expenses of the ophthalmic clinics in schools was L.E. 64,711 as shown in the detailed lists appended to this report which are significant of proper economical management as the expenses per day for the out-patient were only 15.9 milliemes while the in-patient costs 38.4 milliemes more, being the price of his ration per day.

THE OPHTHALMOLOGICAL SOCIETY OF EGYPT.

The annual meeting of the Ophthalmological Society of Egypt was held on Friday, March 30, 1928, at the Memorial Ophthalmic Laboratory, Giza. Most of the Medical Officers of the Ophthalmic Section attended as usual.

The following subjects were delivered at the meeting by the members :—

A visit to Vienna : some clinical points on :

Trachoma, divisions and treatment.

Fields in diagnosis ; the nonself registering perimeter, the magnetic perimeter ; indications of perimeter and of screen.

Post staphyloma, in myopia — diagnosis.

The Luetin test for lues (syphilis).

Malaria treatment in specific optic atrophy — technique.

Tuberculin treatment in tubercular affections and for photophobia — technique.

Radium for tuberculous cases.

Milk injections for gonococcal conjunctivitis and injuries.

Disinfection of field of operation.

Anaesthesia for cataract extraction — percentage.

Cautery of ulcers.

Trephining for cornea rodent ulcer.

Trephine for corneal fistula.

Alcohol injections for blind painful eyes.

Tattooing of cornea.

Operations for glaucoma.

Stationary and mobile astigmatism in skiascopy.

Velonoskiaskopy.

The relief of cicatricial entropion of the lower lid with special reference to Webster's (Maher's) operation.

Some practical points about the medicinal treatment of styes and chalazia, reference to application of mercury chloride and resorcin ointments.

Description of a case of congenital ankyloblepharon.

Treatment of trachoma with chaulmoogra oil.

Treatment of fleshy trachomatous pannus with subconjunctival injection of gold solution.

Preliminary note on bacteriological research into the aetiology of trachoma.

A case of epithelioma at limbus removed with the preservation of eye. Description, of case, operation, pathological report, last notes.

A case of melanotic tumour of the conjunctiva near the limbus :—

The histological features seen in section of this tumour suggested at first sight a melanotic sarcoma of the spindle cell variety. Closer study of the sections however made it clear that the cells were epithelial in character and that the spindle shape of the cells was an instance of metaplasia. These cells apparently had their origin from the deeper layer of cells of the stratified epithelium of the conjunctiva.

Osmosis in relation to the aetiology and treatment of glaucoma.

Two cases of pseudo, glaucomatous cups.

Description of a case of reattachment of retina in a high myopic patient after a trauma.

Three cases of extraction of intraocular foreign bodies by magnet.

Some modern ophthalmic instruments.

Some post-operative attacks of diseases :—

(a) Three cases of acute glaucoma starting after cocain instillations.

(b) Two cases of ulcers with hypopyon after Snellen's operation.

(c) A case of pulmonary tuberculosis probably stimulated to activity through chloroform anaesthesia.

A case of idiosyncrasy to adrenalin solution instillation in conjunctival sac.

Ophthalmic progress in Egypt during the last year.

The following cases and sections were also exhibited at the meeting :

Cases :—

(a) Boy of palpebro conjunctival bilharziosis.

(b) Case of pseudo glaucoma cup.

(c) Case of severe form of trachoma cured by chaulmoogra painting after many recurrences of trachomatous keratitis.

(d) Two cases of phacoerisis.

Sections :—

(a) Bilharzia of conjunctiva.

(b) Bilharzia of spinal cord borrowed from late Prof. Dr. Ferguson.

DIPLOMA IN OPHTHALMOLOGY.

For the very great importance of eye diseases in Egypt and still for the sake of raising the standard of ophthalmic study in the country, the Egyptian University is in the way of creating a diploma in ophthalmology which will be granted to graduates in medicine who have undergone a special course in ophthalmology. The regulations for the diploma and the subjects of the course are being elaborated at present and it is hoped that they will soon be put in force. Medical Officers joining the Ophthalmic Hospitals are expected to be in possession of this diploma on recently joining this section. However, this will only be feasible after a long number of years. From the beginning it is, therefore, expected that the Ophthalmic Hospitals will be recognised amongst the centres for giving the course and qualifying for the diploma.

PROPAGANDA.

Although the travelling Ophthalmic Hospitals (now 13 in number) by their continual visits to the various localities in the country are considered as an important factor of propaganda, yet a note in Arabic common language is read and distributed daily to patients at hospitals containing advices as how to take care of their eyes and the eyes of their babies explaining the importance of treatment and warning them of the serious results of eye diseases.

Another new phase of ophthalmic propaganda is being elaborated at present by the Department of Public Health. This will be in the form of cinema which will illustrate eye diseases, methods of infection, protection from and treatment of same. This will be shown at various parts of the country and it is hoped will add to the means of combat against these affections.

POST GRADUATE COURSE OF OPHTHALMOLOGY.

As all the medical Officers who join the service of the Ophthalmic Hospitals have not previously specialised in ophthalmology, it has been the tradition of the Department, since a long time, to give such men a course of teaching on eye diseases. It takes the form of a post graduate course for the efficient training of Medical Officers newly appointed. This course used to be given at different Hospitals in capitals of the Provinces but at last and since a number of years Giza Ophthalmic Hospitals and the Ophthalmic Laboratory adjacent to it were considered as the most suitable place for this purpose.

The course includes :—

(1) Theoretical and practical lectures and demonstrations in ophthalmology during two complete months annually (April and October) by the Laboratory officials, the Director of the Ophthalmic Hospitals, and the Ophthalmic Inspectors. The following are the clinical subjects :—

IN APRIL :—

(a) *From 8.30 a.m. to 9.30 a.m.*—Practical course, general therapeutics, lens, glaucoma, choroid, retina, optic nerve, embryology, colour vision, refraction and its anomalies, the use of the ophthalmoscope, diseases of motility, operations.

(b) *From 9.45 a.m. to 11.45 a.m.*—Practical instructions on daily routine in Ophthalmic Hospitals especially slit lamp demonstrations, ophthalmoscope and refraction, instruments and appliances, clinical and operative demonstrations bearing on lectures.

(c) *From 12 noon to 1 p.m.*—Histology of the normal eye, bacteriological demonstration, histology of the angle of the anterior chamber, optic nerve, and pathological demonstrations bearing on lectures.

IN OCTOBER :—

(a) *From 8.30 a.m. till 9.30 a.m.*—Cornea, iris, ciliary body, sclerotic, and injuries of globe, refraction, orbit, conjunctiva, practical course, general physiology, eyelids, lachrymal organs, embryology.

(b) *From 9.45 a.m. to 11.45 a.m.*—Practical instructions on daily routine in Ophthalmic Hospitals especially in connection with ophthalmoscopy, refraction pertaining to school work, clinical and operative demonstrations, general hints on slit lamp work.

(c) *From 12 noon to 1 p.m.*—Histology of the normal eye, general pathology, bacteriology, histology of the angle of anterior chamber, and limbus, optic nerve, demonstrations on microscopical sections bearing on lectures.

(2) Each Medical Officer should after six months from date of entry in the service, undergo a preliminary examination in the preliminary technical and administrative knowledge he had attained as well as a final examination in theoretical and practical knowledge, at the end of the first year, to decide whether or not he is fit to be an ophthalmic surgeon. These examinations are made by a committee composed of those who give the above teaching and take place always at the end of April and October of each year.

(3) No Medical Officer is allowed private practice unless he passes the above-mentioned examinations successfully. In case of failure, the Medical Officer repeats the course and if he fails for the second time he is considered as unfit to continue as an ophthalmic surgeon.

In the interval between the two months of post graduate course mentioned above for the first year and for a few years later these junior Medical Officers are being trained and supervised by their seniors and Inspectors when possible in the different Ophthalmic Hospitals in Cairo or in the provinces, thus increasing their capability and fitness until a time comes when each, by turn of seniority, is given the charge of an ophthalmic unit.

INTERESTING CASES IN 1927.

A monthly list of interesting cases seen at the various units of the Ophthalmic Section is drawn up and circulated to the various Ophthalmic Hospitals. About 730 cases were recorded as interesting during 1927. The following list shows such cases that are not frequently seen in every day's work in Egypt :—

Bilateral neuro-retinitis with R. total ophthalmoplegia and facial paralysis ;
Coloboma of iris, choroid and retina, congenital,
Post neuritic optic atrophy due to hydrocephalus,
R. anophthalmos, L. microphthalmos, coloboma of iris, congenital,
Couching operation by a quack with successful result,
Detachment of retina—successful operative result,
Essential gangrene of lids,
Orbital cellulitis secondary to acute dacryocystitis,
Post neuritic optic atrophy after dysentery,
Absolute glaucoma in a girl of 20 years,
Microphthalmia in three brothers,
Spring catarrh of bulbar conjunctiva.
Bilharziosis of R. conjunctiva,
Paralytic lagophthalmos with crossed haemoplegia,
Optic atrophy after uterine haemorrhage through abortion,
Pseudo-glioma after fever,
Quinine and salicyl. poisoning with amaurosis and deafness,
R. Total ophthalmoplegia, paresis of 5th. with neuro-paralytic ulcer, facial paresis—
L. Cured haemoplegia,
Trichophthal blepharitis,
Benign epithelial cyst of limbus,
Streptothrix infection of conjunctiva,
Carcinoma of the meibomian gland,
Congenital cataracta punctata,
Tay's choroiditis,
Partial paresis of the R. 3rd. nerve (syphilitic) with Argyll Robertson pupil,
Chronic iritis associated with rheumatoid arthritis,
Chronic glaucoma, in high myopia,
Adenoma of lacrimal sac,
Pneumococcal abscess of limbus,
Embolism of central artery of retina,
Dislocation of lens passing freely from anterior chamber into vitreous and back,
Tuberculosis of conjunctiva (rare in Egypt),
Congenital coloboma of upper lid.
Retinitis pigmentosa with consecutive optic atrophy in 3 brothers with consanguinity
of parents,
Subconjunctival dislocation of lens, traumatic,
Anophthalmos in a new born child,
A typical lamellar cataract with ectopia lentis (Striae of suspensory ligament demonstrable).
Neuro-retinitis (toxic) from degeneration of a uterine tumour,
Late infection after trephining,
L. Anophthalmos R. Microphthalmos and congenital coloboma of iris and juvenile
cataract,
Capillary angioma of caruncle,
Bilateral symmetrical angio-fibroma of lower palpebral conjunctiva,
Hole at macula, traumatic (in a school boy),
Connective tissue on disc (congenital).

INFORMATION AS REGARDS TRACHOMA IN EGYPT, ASKED FOR BY THE HEALTH SECTION OF THE LEAGUE OF NATIONS.

The Health Section of the League of Nations has enquired from this Department as to the following points of trachoma in Egypt :—

- Prevalence ;
- Geographical distribution ;
- Chronological course of the disease ;
- Information as to whether the cases are serious or mild ;
- Epidemiology ;
- Laws and Regulations issued and enforced by the sanitary authorities, concerning the prophylaxis of the disease ;
- Is the notification of trachoma compulsory ?
- Services of visiting nurses ;
- Regular medical inspection of school children with regard to trachoma ; results of these examinations ;
- Dispensaries or trachoma centres, established separately or attached to hospitals or clinics ;
- Special hospitals and clinics for persons suffering from trachoma ;
- Propaganda in the matter of personal hygiene with a special view to the prevention of trachoma ;
- Conditions of housing and living, in so far as they might favour the spreading of trachoma ;
- Special training of physicians in the diagnosis and treatment of trachoma ;
- Studies and researches made, or now undertaken, with regard to elucidation of the causation, prevention and control of trachoma ;

The following detailed report has been prepared and sent by the Department to the League of Nations (Health Section) in June 1927 :—

The following information is a result of work and statistics at the various Ophthalmic Hospitals and of the inspection of school pupils in the towns in which the hospitals are situated. This comprises the cultivated districts of the Nile-Valley and excludes any information about trachoma among the Beduin inhabitants of the deserts and the Sinai Peninsula, with one exception, *viz.*, Beduin working men and women at Amria, West of Alexandria.

Prevalence.—The disease is prevalent all over the country. However, as a result of inspection of school boys, the percentage of pupils infected with trachoma has decreased especially at Alexandria where it is the least as compared with Tanta and Asyût schools and elsewhere. Please see the following table :—

School.	Percentage of Pupils infected with Trachoma in the School-year 1926-27.
Moharram Bey, Alexandria ...	78·07
Ras el Tin, Alexandria	82·75
Tanta	96·37
Asyût	94·94

It may be noted that the pupils of Moharram Bey School are of a better social standing than the rest, a point in favour of the influence of personal cleanliness and home conditions on the prevalence of the disease.

Enclosed is a graph showing the humidity and temperature during 1926 at Alexandria, Qorashiya (near Tanta) which is almost in the centre of the Delta of the Nile, and Assiût in Upper Egypt.

Whereas the humidity is higher at Alexandria and Tanta (though these are not marshy districts), than at Asyût, the percentage of trachomatous cases is lower at Alexandria than in the two other towns though there is little difference in humidity between Alexandria and Tanta, at the same time Asyût is more dry, a fact which excludes the question of humidity on the prevalence and incidence of the disease.

It may be here noted that the agricultural soil of the Nile Valley is of a clay nature whereas the soil of Alexandria is of a sandy nature ; the former dust might be more effective as a conjunctival irritant, thus preparing the *Terrain predisposé* as expressed by some writers, where the trachoma virus more readily thrives.

Whereas the seasonal variations of temperature has got a certain relation to the incidence of purulent ophthalmia in Egypt as shown by MacCallan (reported in Bulletin of the Ophthalmological Society of Egypt for 1915 and 1919, and Transactions of the Ophthalmological Society of the United Kingdom, Session 1917-1918), it has got no apparent bearing on the prevalence of trachoma as far as clinical observation goes.

It may be remarked that whereas the difference in temperature and humidity between Qorashiya (i.e. Tanta) and Alexandria is trifling, the difference in percentage of trachoma between Tanta and Alexandria is more evident, a fact which excludes both these elements of temperature and humidity regarding the prevalence of the disease.

Geographical Distribution.—The disease is present all over the inhabited cultivated-part of the Nile Valley.

No definite information is yet obtained as to its nature and prevalence in the oases, the deserts, or the Sinai Peninsula.

However, during the War, a carpet factory was at work at Amria, some miles west of Alexandria, whose working men and women were pure Bedouins. As a result of the examination of these in 1918, the percentage of trachoma among them was 99.15 per cent ; and that is the only information available outside the Nile Valley. •

Chronological Course of the Disease.—The disease is present in Egypt since the times of the Ancient Egyptians as recorded by historians. The course of the disease in individual patients varies. Whereas some cases of light infections who had had no treatment however pass over uneventfully to the cicatricial stage, other cases are seen where the disease takes on a protracted and chronic or even obstinate course with irritative symptoms, in spite of skilled treatment, particularly if the cornea or tarsus are implicated.

Information as to the Seriousness or Mildness of the Cases.—This can be had from the table which shows the number and percentage of all school boys examined at the beginning of the school year that were found infected with the more serious stages 1 and 2 of the disease.

Epidemiology.—The disease is endemic in Egypt. It has no seasonal or other climatic variations in its incidence.

Laws and Regulations issued and enforced by the Sanitary.

Authorities concerning the Prophylaxis of the Disease.—None.

In the Notification of Trachoma compulsory?—It is not a notifiable disease.

Services of visiting Nurses.—In the principal town or towns of each province there is a school of midwives in charge of a trained nurse, among her duties is :—

To train young mothers how to take care of their children after birth including general prophylactic measures for avoiding eye disease as well as to advise the mother to have her eyes treated before delivery to avoid infecting her future baby.

Cases of eye disease adopted by the visiting nurse are sent straight out to the nearest ophthalmic hospital.

Besides the schools for midwives, children's dispensaries are present in some provincial towns with the object of teaching petty ailments of children including minor eye troubles, and to train the mothers how to take care of their babies. Cases of serious eye diseases seen by the nurse are sent to the nearest ophthalmic hospital.

In Cairo, at present, there are three child welfare centres with two visiting nurses attached to each ; nine other centres will shortly be opened, and the future policy of the Department of Public Health aims at generalising these centres in time all over the country. The duty of the visiting nurses is to supervise the health and nursing of new born babies in their houses for the first year of their lives, giving general precepts to the mother including the care of the eyes as well.

Regular Medical Inspection of School Children with regard to Trachoma.—This is carried out by the ophthalmic surgeons at the beginning of each school year, and the treatment of trachoma cases is performed during a period of three months in accordance with the following routine :—

(1) At the beginning of each school year a " preliminary inspection " of all school boys is carried out and statistical results are drawn up therefrom. The cases are grouped to sit in the classes accordingly in the following manner :—

- (a) These free from trachoma.
- (b) These with cicatrised trachoma (stages III and IV).
- (c) These heavily infected with trachoma (stages I and II.)

(2) Cases with follicular trachoma have the operation of expression performed before starting medical treatment.

(3) Cases with active trachoma but showing no follicles capable of squeezing are put on medicinal treatment alone.

(4) Cases with cicatrized trachoma are left without treatment.

(5) At the end of the three months' treatment a " final inspection " of all school boys is again carried out and statistical results drawn up accordingly.

Statistical results of both preliminary and final inspections for the school year 1926-1927 are shown in concerned tables, report for 1926.

Dispensaries or Trachoma Centres established separately or attached to Hospitals or Clinics and Special Hospitals and Clinics for Persons suffering from Trachoma.—There are no special centres for treatment of trachoma in Egypt. Trachoma cases receive treatment at the ophthalmic hospitals and ophthalmic sections of general hospitals among other ophthalmic cases.

The Ophthalmic Hospitals in Existence :—These can be found in this Report.

Propaganda in the matter of personal hygiene with a special view to the prevention of trachoma.

The propaganda carried out takes different forms :—

(1) In the Ophthalmic Hospitals, the head attendant gives daily advice to the crowd of patients in the form of a speech in common language.

(2) General precepts for the hygiene of the eye and the prevention of contagion are published in the daily papers at intervals of some days.

(3) The curriculum of general hygiene for elementary schools deals as well with the eye.

(4) The way the treatment is carried out in the ophthalmic hospitals in the form of constant wash of the diseased eyes and general cleanliness and the way the patients themselves or the members of the diseased children are taught to do it, is a practical form of propaganda.

(5) Nurses in charge of children's dispensaries teach the mothers how to take care of their children in general including their eye condition.

Conditions of housing and living in so far as they might favour spreading of trachoma.

Public supply of filtered water is now available in several towns of Egypt, and the drainage system is now adopted in Cairo, Alexandria, Port Said, Ismailia, Suez, Mansûra, and Tanta.

However, the houses of the working classes both in towns and in the villages are generally in a condition far from being hygienic.

Steps are being taken by the Department of Public Health to draw up a scheme for a future policy to improve the general hygienic conditions of the country on a large scale.

The towns, excepting the quarters of the poorer classes, are in a fairly hygienic condition.

Special Training of Physicians in the diagnosis and treatment of trachoma.

Students at the Faculty of Medicine, Cairo, pass the usual course of ophthalmic training by attending the ophthalmic branch of Qasr el Ainy Hospital. The Diplôme examination includes a separate paper for ophthalmology.

Medical Officer joining the Government Ophthalmic Hospitals attend a post graduate course on ophthalmology for at least two months.

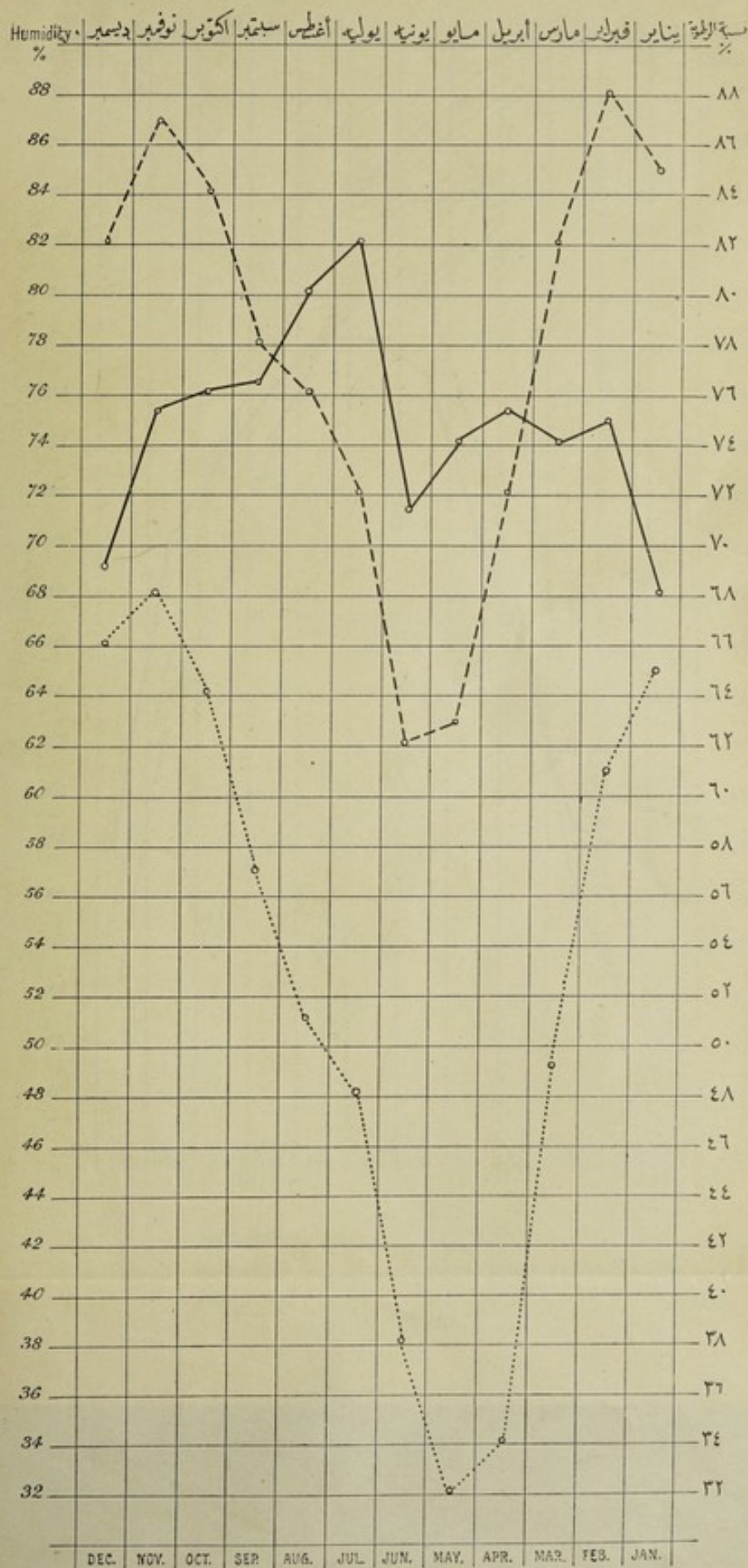
Steps are being taken to increase that period from two to three months and awarding a Diplôme of ophthalmology after the examination.

Studies and researches made or now undertaken, with regard to elucidation of the causation, prevention and control of trachoma.

Clinical studies of the various points dealing with trachoma and its complications are reported by ophthalmic surgeons working in Egypt whether Europeans or Egyptians in the Annual Bulletin of the Ophthalmological Society of Egypt founded in 1902 as well as in MacCallan's "Trachoma and its Complications in Egypt."

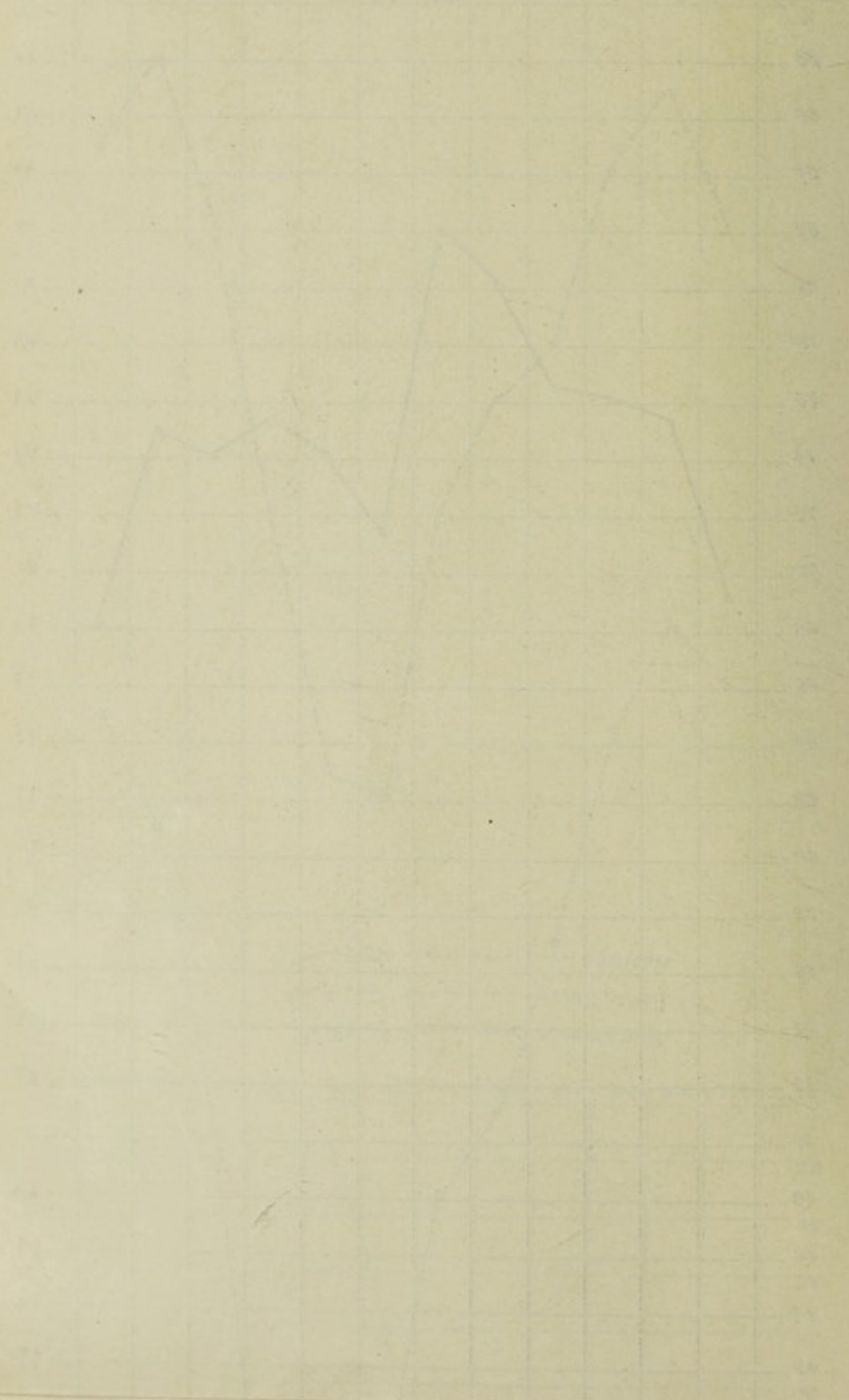
A Memorial Ophthalmic Laboratory has been erected lately by the side of Giza Ophthalmic Hospital. It deals with pathological and bacteriological specimens sent from the various ophthalmic units of the Department of Public Health as well as from private ophthalmic surgeons and sends back the results of the examinations. At the same time, it carries out research work in general and with a special view on trachoma in particular. Owing to the short period that it had actually started work, no result of research work has yet been published.

MONTHLY MEAN OF HUMIDITY DURING 1926

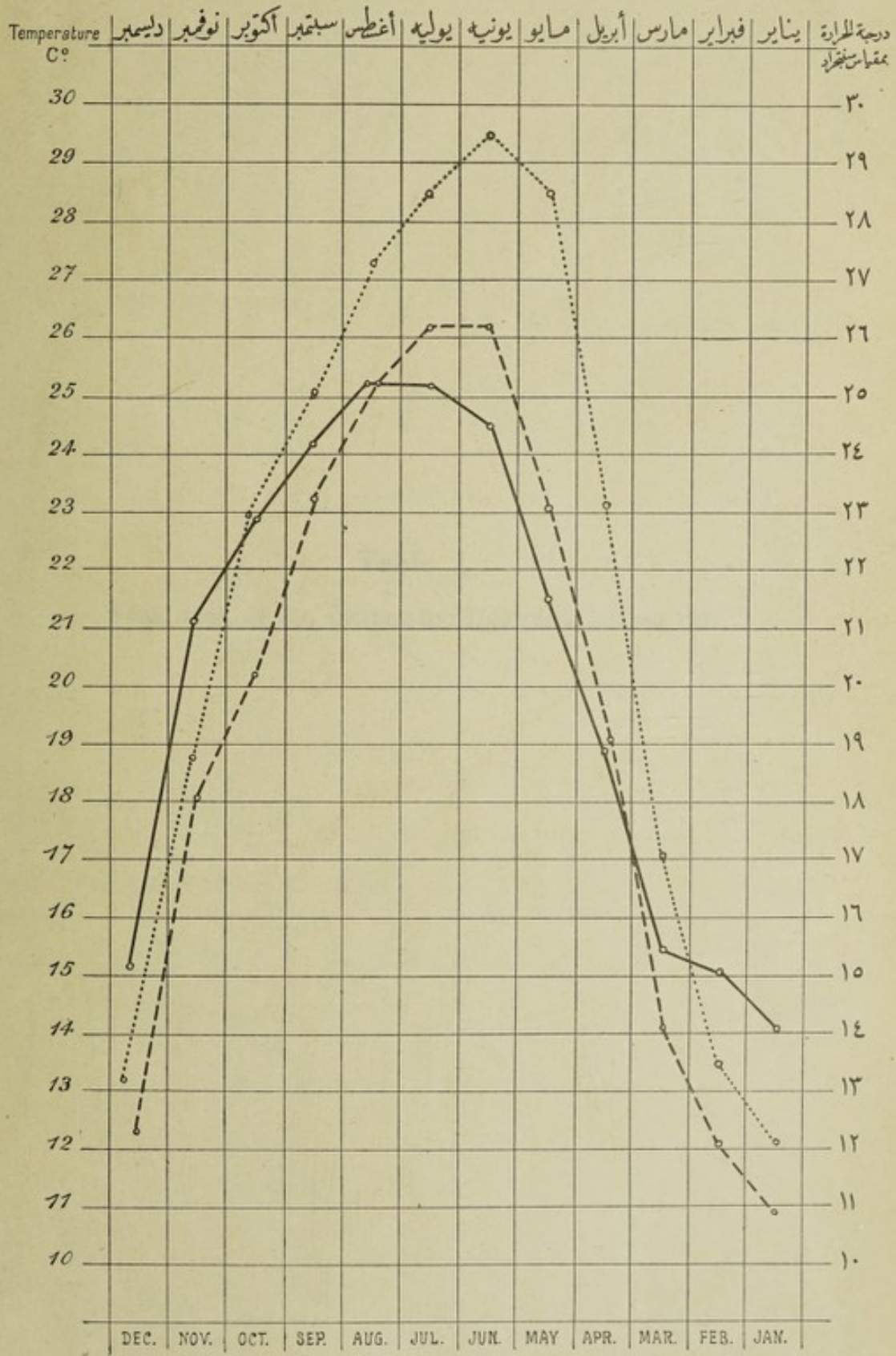


Alexandria.. ————— الاسكندرية
 Qorashia..... - - - - - القرشية
 Assiut..... أسسوط

1891-1892



MONTHLY MEAN OF TEMPERATURE DURING 1926



Alexandria. ————— الاسكندرية
 Qorashia..... - - - - - القرشية
 Assiut..... أسسوط

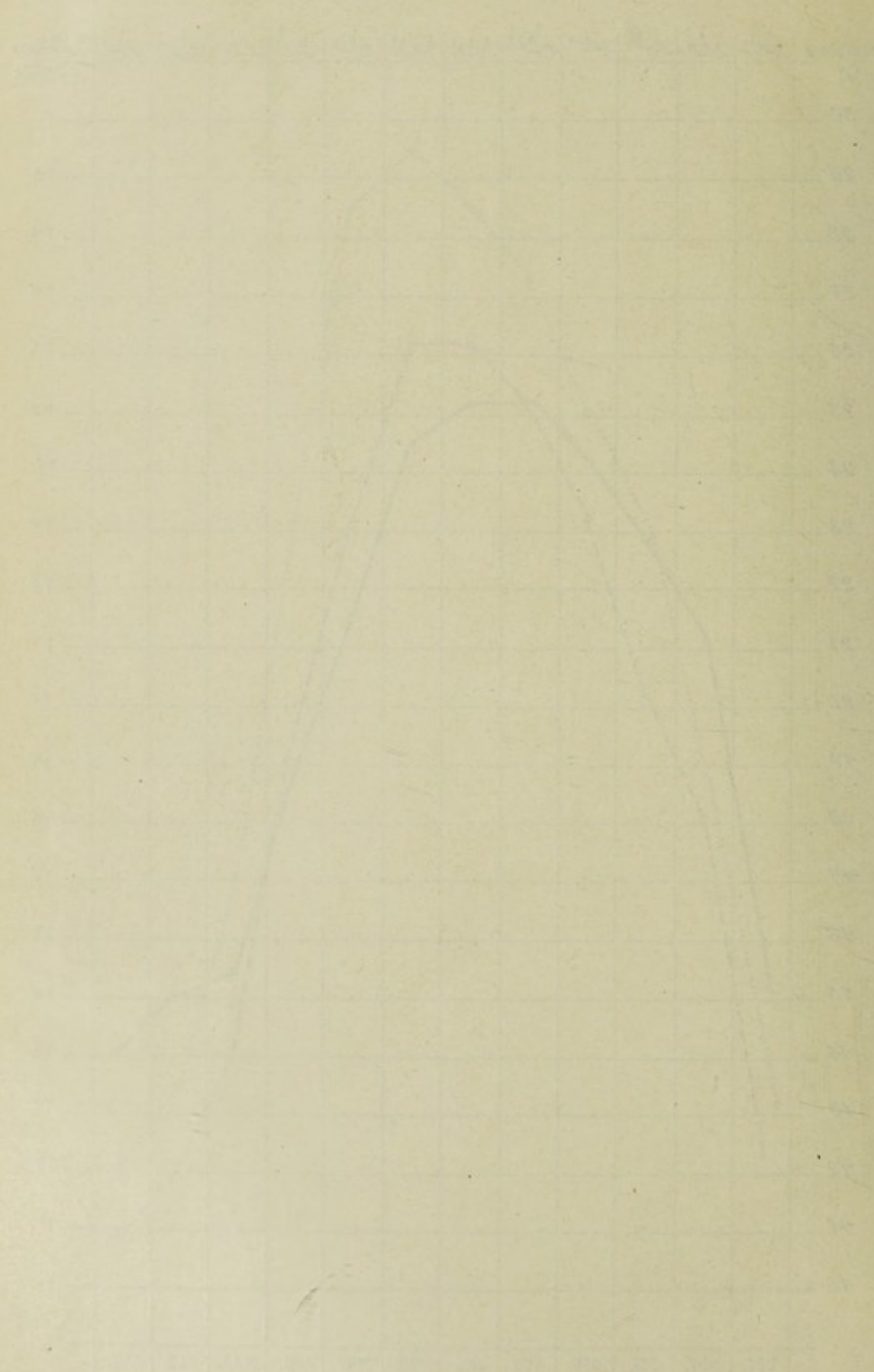


Table I.

WORK DONE AT ALL OPHTHALMIC HOSPITALS DURING 1927.

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TABLE 1.—WORK DONE AT ALL OPHTHALMIC HOSPITALS DURING 1927.

1. IN-PATIENTS : TOTAL NUMBER	10,810
(Number of available beds 610).	
Number of diets issued	186,723
2. OPERATIONS :—	
I. Major :—	
(a) Senile cataract	1,630
(b) Soft cataract	346
(c) Trichiasis or entropion	60,878
(d) Other operations	14,483
TOTAL	77,337
II. Minor (including mechanical treatment of trachoma)	81,652
GRAND TOTAL, major and minor operations	158,989
3. OUT-PATIENTS :—	
I.—Incurable	4,447
II.—Postponed	9,388
III.—Tickets issued, i.e. new cases	347,742
IV.—Old cases	2,877,582
V.—Visits made by patients to hospital for treatment (equal I+II+III+IV)	3,239,159
VI.—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	9.3
VII.—Discharges :—	
(a) Cured	89,036
(b) Relieved	21,017
(c) Incurable	1,668
(d) Spontaneously ceased to attend after having attended only once	46,506
(e) " " " " more than once	80,142
VIII.—Trichiasis cases seen among new out-patients :—	
(a) No previous operation having been performed	49,327
(b) Previous operation performed unsuccessfully (not at an Ophthalmic Hospital but probably by some charlatan)	4,467
IX.—Spectacles ordered	938
X.—Constant wash cases (number of days' treatment)	539,617
XI.—Ages of patients examined :—	Per Cent
Under one year	6.57
From 1 to 5 years	13.41
" 6 10 " 	10.61
" 11 15 " 	9.12
" 16 20 " 	7.57
" 21 25 " 	7.07
" 26 30 " 	8.21
" 31 35 " 	8.17
" 36 40 " 	6.67
" 41 45 " 	6.09
" 46 50 " 	5.11
" 51 55 " 	3.52
" 56 60 " 	2.99
" 61 65 " 	2.17
" 66 70 " 	1.66
Over 70 years	1.07
TOTAL (equal tickets issued)	347,742

N.B.—3. 1. Incurable cases do not receive tickets, but are recognized as soon as seen by the surgeon as both incurable and devoid of surgical interest.
VII.(c) Incurable cases include those which are recognized as soon as seen by the surgeon as incurable but are given tickets for statistical or other purposes.

TABLE I.—WORK DONE AT ALL OPHTHALMIC HOSPITALS DURING 1927 (*continued*).

XII.—Origin of patients :—			
Patients from :—			
(a) Town in which hospital is situated	35.53	123,558	
(b) Markaz in which hospital is situated	39.07	135,860	
(c) Other Markazes of same Mudiriya	15.75	54,769	
(d) Other Mudiriyas or Governorates	9.65	33,555	
TOTAL (equal tickets issued)			347,742

TABLE II.—LIST OF DISEASES.

AMETROPIA :—			
Hypermetropia			769
Myopia			1,156
Astigmatism			726
Presbyopia			152
CONJUNCTIVA :—			
Conjunctivitis, gonococcal			17,015
" Morax-Axenfeld... ..			2,256
" Koch-Weeks			9,740
" pneumococcal			1,287
" Diphtheritic			6
Other organisms or negative and unclassified			12,268
Trachoma I			28,347
" IIa			52,312
" IIb ,			4,128
" IIb "			125
" IIc			1,127
" III including post-trachomatous degeneration			215,884
" IV			15,572
Phlyctenule			9,475
Pterygium			4,113
Pinguecula			550
Xerosis			797
Symblepharon			220
Dermoid			47
Other conditions :—			
Argyrosis			362
Colloid and hyaline degeneration			51
Hypertrophied caruncle			143
Injuries (foreign bodies, burn, etc.)			211
Cyst			46
Fibroma			1
EYELIDS :—			
Pediculus ciliaris			867
Trichiasis and entropion			55,787
Distichiasis			147
Ectropion			726
Lagophthalmos			923
Blepharitis			25,578
Congenital Coloboma			1
Hordeolum			1,322
Wart			270
Chalazion			1,520
Eczema			305
Rodent ulcer			27
Dermoid			64
Ptosis			320
Erysipelas			4
Herpes			39

LIST OF DISEASES (*continued*).

EYELIDS (*continued*) :—

Chancre	1
Epithelioma	15
Other tumours	66
Leucoderma	14
Injuries	67

LACRIMAL APPARATUS :—

Lacrimal fistula	212
Stenosis of the duct	182
Dacryocystitis, acute	89
" chronic	3,441

CORNEA :—

Ulceration, simple	16,528
" hypopyon	1,019
" perforation	4,227
" special forms	228
Pannus	45,690
Keratitis, interstitial	13
" trachomatous	1,403
Nebula or leucoma	111,782
Adherent leucoma	17,686
Totally opaque cornea	11,285
Staphyloma	3,710
Xerosis of cornea	615
Abscess of cornea... ..	40
Conical cornea	1,186
Injuries (burn, foreign bodies, etc.)	994

LIMBUS :—

Tumours	33
----------------	----

IRIS :—

Anterior synechia	2,296
Posterior "	1,325
Inflammation... ..	405
Iris bombé	31
Irido-dialysis	114
Congenital coloboma	37
Aniridia	13
Persistent pupillary membrane	15
Iridodonesis	327
Various	87
Heterochromia	7

SCLEROTIC :—

Ciliary staphyloma	1,194
Episcleritis	18
Injuries	67

CHOROID :—

Coloboma	8
Rupture	5
Disseminated choroiditis	15
Choroido-retinitis	28
Atrophy of choroid	192
Tumours	—
Albinismus	2
Tay's Choroiditis	1

RETINA :—

Retinitis, albuminuric and diabetic... ..	82
" syphilitic	11
" pigmentosa	79
Detachment of retina	116
Embolism and thrombosis of retinal vessels	3
Glioma	10

LIST OF DISEASES (*continued*).

RETINA (*continued*) :—

Other conditions	4
Night blindness (in which retinitis pigmentosa is absent)	53
Idiopathic	11

OPTIC NERVE :—

Neuritis	22
Atrophy (See table of causes of Optic Atrophy, Table III)	223
Opaque nerve fibres	14
Other conditions	2

LENS :—

Cataract, senile	4,767
" soft	354
" traumatic	115
" lamellar	23
" anterior polar	1,443
" posterior "	88
" dislocated, traumatic	180
" " operative	19
" " congenital	11
Aphakia	1,041
Secondary cataract	307
Ectopia lentis	20

VITREOUS :—

Opacities... ..	147
Foreign bodies	14

MUSCLES :—

Strabismus, alternating	787
" convergent	6,425
" divergent	6,887
Heterophoria	121
Nystagmus	1,230
Paralysis	32

GLAUCOMA :—

Primary, acute	56
" sub-acute	168
" chronic	3,916
Secondary	6,837

GLOBE :—

Shrunken globe	10,667
Buphthalmos	40
Exophthalmic goitre	12
Panophthalmitis	301
Microphthalmos	35
Anophthalmos	6
Injury	106

ORBIT :—

Tumours	30
Cellulitis	19
Tenonitis	—
Periostitis	8
Injuries	15
Cyst, frontal	2
" ethmoidal	4
Contracted socket... ..	53
Fly-blown	9

BLIND :—

In one eye	26,591
In both eyes (1)	8,689

(1) Patients are accounted blind who cannot count fingers at one metre.

TABLE III.—CAUSES OF OPTIC ATROPHY.

OPTIC ATROPHY :—	
A. (1) Primary :—	
The spinal diseases causing the condition are :—	
G.P.I.	2
Tabes	8
Disseminated sclerosis	—
Lateral sclerosis	—
Spastic paraplegia	—
Lebers hereditary optic atrophy	—
Congenital optic atrophy	—
Unknown	9
It may also be caused by :—	
Arterio-sclerosis	7
(2) Compression of the optic chiasma or of the optic nerve by a tumour or injury by a projectile or bony fracture may produce optic atrophy of a primary type	4
(3) Retro-bulbar neuritis :—	
The acute form causes atrophy of the optic nerve, primary in type not infrequently.	
The chronic form more rarely.	
Acute retro-bulbar neuritis. The causes are :—	
(a) Sepsis (dental, periostitis, middle ear, accessory sinuses)	1
(b) Acute fevers (including syphilis and rheumatism)... ..	33
(c) Intoxications (alcohol, lead)	1
(d) Nervous diseases (disseminated sclerosis, acute myelitis)	—
Chronic retro-bulbar neuritis may be caused by tobacco, alcohol, diabetes, iodoform, opium, etc.	
B. Post-neuritic :—	
The causes of optic neuritis, all of which may be followed by post — neuritic atrophy, are as follows :—	
(a) Sepsis (dental, periostitis, middle ear, accessory sinuses)	4
(b) Acute fevers (including syphilis and rheumatism)... ..	124
(c) Intoxications (kidney disease and diabetes, alcohol, felixmas)	16
(d) Nervous diseases : Diss. sclerosis, G.P.I., epilepsy	2
(e) Anæmia	8
(f) Intracranial tumour	1
(g) Hydrocephalus	1
(h) Unknown	2
TOTAL=(Optic Atrophy Table II)	223

TABLE IV.—LIST OF OPERATIONS.

EYELIDS :—	
For trichiasis and entropion :—	
Snellen's	52,101
Anagnostakis	26
Snellen-Anagnostakis	156
Canthoplasty	1,545
Grafting mucous membrane	6,659
Electrolysis (minor)	3,722
Excision of lash (minor)	529
Other operations	391
For Ectropion :—	
Plastic	42
MacCallan's	—
Kenneth Scott's	—
Kuhnt's	12
Other operations	37
For ptosis	39
For symblepharon	89
For hordeolum and chalazion (minor)	2,166
Cyst removed	136
Wart excised (minor)	176
Restitching wounds (minor)	36
Opening abscesses (minor)	660
TOTAL (Carried forward)	68,522

TABLE IV.—LIST OF OPERATIONS (*continued*).

		TOTAL (<i>brought forward</i>)	68,522
CONJUNCTIVA :—			
For trachoma :—			
Expression or Mechanical Treatment (minor)	... ..		44,538
Combined excision of Heisrath	... ..		511
Post-trachomatous degeneration (minor)	... ..		27,272
Other operations	(minor)		203
	(major)		166
Pterygium	... ..		1,912
CORNEA :—			
Foreign body removed (minor)	... ..		644
Sæmisch's section	... ..		97
Cautery	... ..		103
Others	... ..		7
IRIS :—			
Iridectomy for adherent leucoma	... ..		5,057
" visual	... ..		602
" for glaucoma	... ..		588
" preliminary for cataract	... ..		134
Cystoid cicatrix	... ..		6
Division of anterior synechia	... ..		18
Various	... ..		138
LACRIMAL SAC :—			
Excision	... ..		1,590
Various (minor)	... ..		1,706
LENS :—			
FOR SENILE CATARACT :—			
Extraction with iridectomy	... ..		1,495
" after previous iridectomy	... ..		135
For membrane after extraction	Discission :—		894
For soft cataract :—			
Extraction	... ..		7
Discission	... ..		81
Curette evacuation	... ..		250
Paracentesis	... ..		8
For membrane after evacuation :—			
Discission	... ..		70
Capsulotomy	... ..		3
GLOBE :—			
Trephining of cornea-sclera with iridectomy	... ..		954
Trephining	... ..		33
Excision	... ..		523
Evisceration	... ..		314
Paracentesis	... ..		60
Various	... ..		1
ORBIT :—			
Exenteration	... ..		10
For tumour	... ..		27
For dermoid	... ..		24
For cellulitis	... ..		6
For cyst, frontal	... ..		2
" ethmoidal	... ..		1
Tenotomy and advancement	... ..		100
Other major operations	... ..		168
Trial with magnet :—			
Positive	... ..		3
Negative	... ..		6
		TOTAL	158,989

TABLE V.—NUMBER OF NEW PATIENTS TREATED AND OPERATIONS PERFORMED AT
ALL OPHTHALMIC HOSPITALS DURING 1927.

Hospitals.	No. of Patients.	Hospitals.	No. of Operations.
No. 1, T.O.H.	33,701	No. 1, T.O.H.	11,891
Giza	29,854	Giza	9,023
Alexandria	15,882	Tanta	7,535
Tanta	14,329	No. 5, T.O.H.	7,505
No. 5, T.O.H.	13,485	Sohâg	6,400
Beni Suef	13,183	Asyût	5,911
Asyût	12,898	Faiyûm	5,862
Port Said	12,876	No. 6, T.O.H.	5,832
Faiyûm	12,290	No. 3, T.O.H.	5,516
Sohâg	11,830	Benha	4,876
No. 6, T.O.H.	10,400	Shibîn el Kôm	4,502
Shibîn el Kôm	9,533	No. 4, T.O.H.	4,487
Minya	9,223	Beni Suef	4,471
Benha	8,876	Qena	4,420
Mansûra	8,612	No. 7, T.O.H.	4,263
Zagazig	8,509	Minya	4,167
Mallawi	8,509	Alexandria	4,138
No. 4, T.O.H.	7,888	Mellawi	4,015
Asyût, P.C. T.O.H.	7,303	Asyût, P.C. T.O.H.	3,788
No. 3, T.O.H.	7,265	Mansûra	3,663
Mahalla el Kubra... ..	7,255	No. 2, T.O.H.	3,613
Mit Ghamr	7,158	Mehalla el Kubra	3,605
Daqahliya, P.C., T.O.H.	7,023	Ashmûn	3,597
Damietta	6,747	Damanhûr	3,310
Qena	6,722	Damietta	3,270
Damanhûr	6,526	Menûf	3,125
Suez... ..	6,444	Kafr el Zaiyât... ..	3,050
Ashmûn	6,099	Perreim	2,996
Santa	5,582	Zagazig	2,934
No. 7, T.O.H.	5,514	Mit Ghamr	2,894
Menûf	5,183	Daqahliya, P.C.T.O.H.	2,883
Kafr el Zaiyât	5,093	Port Said	2,718
No. 2, T.O.H.	5,056	Santa... ..	2,643
Berreim	4,536	Maghagha	2,215
Maghagha	3,807	Suez	2,202
Gharbia, P.C. T.O.H.	2,551	Gharbia, P.C. T.O.H.	1,665

Number of working months:—

	Months.	Days.
Maghagha (opened on August 20th, 1927)	4	12
Gharbia, P.C., T.O.H. (opened on July, 25th, 1927)	5	4
Mit Ghamr (opened on April 20th, 1927)... ..	8	11
No. 7, T.O.H. (opened on February 19th, 1927)	9	25
No. 2, T.O.H.	10	25
No. 6, T.O.H. (opened on January 22nd, 1927)	10	26
Daqahliya, P.C. T.O.H.	11	1
No. 3, T.O.H.	11	2
Asyût, P.C. T.O.H.	11	3
No. 4, T.O.H.	11	6
No. 5, T.O.H.	11	11
No. 1, T.O.H.	11	23
Other ophthalmic hospitals	12	—

TABLE VI.—AVERAGE NUMBER OF OPERATIONS PER MONTH AT ALL OPHTHALMIC HOSPITALS DURING 1927.

Hospitals.	Number of Major operations.	Hospitals.	Number of Minor operations.
No. 1, T.O.H.	533	No. 1, T.O.H.	478
Giza	379	Giza	373
No. 5, T.O.H.	355	Tanta	338
Sohâg	320	No. 5, T.O.H.	305
Tanta	290	No. 6, T.O.H.	298
Asyût	286	No. 4, T.O.H.	279
No. 3, T.O.H.	272	Faiyûm	273
Maghagha	242	Maghagha... ..	262
No. 8, T.O.H.	238	No. 7, T.O.H.... ..	260
Asyût, P.C. T.O.H.	227	No. 3, T.O.H.... ..	226
Benha	217	Sohâg	213
Faiyûm	215	Asyût	207
Béni Suef	207	Shibîn el Kôm... ..	190
Qena	199	Benha	189
Shibîn el Kôm	185	Mit Ghamr	186
Mellawi	185	Ashmûn	183
Mansûra	176	Alexandria	182
Minya	174	Damietta	181
No. 7, T.O.H.	173	Mehalla el Kubra	180
Alexandria	163	No. 2, T.O.H.... ..	179
Mit Ghamr	159	Daqahliya, P.C. T.O.H.	177
No. 2, T.O.H.	155	Minya	173
Gharbia P.C.T.O.H.	153	Gharbia, P.C.T.O.H.	172
Menûf	133	Qena	170
Zagazig	128	Beni Suef	165
Berreim	125	Port Said	161
No. 4, T.O.H.	121	Damanhûr	156
Damanhûr	120	Mellawi	149
Mahalla el Kubra... ..	120	Kafr el Zaiyât... ..	134
Kafr el Zaiyât	120	Mansûra	129
Ashmûn	116	Suez	128
Santa	100	Menûf	128
Damietta	92	Berreim	125
Daqahliya, P.C. T.O.H.	85	Santa... ..	120
Port Said	65	Zagazig	116
Suez... ..	56	Asyût, P.C. T.O.H.	114

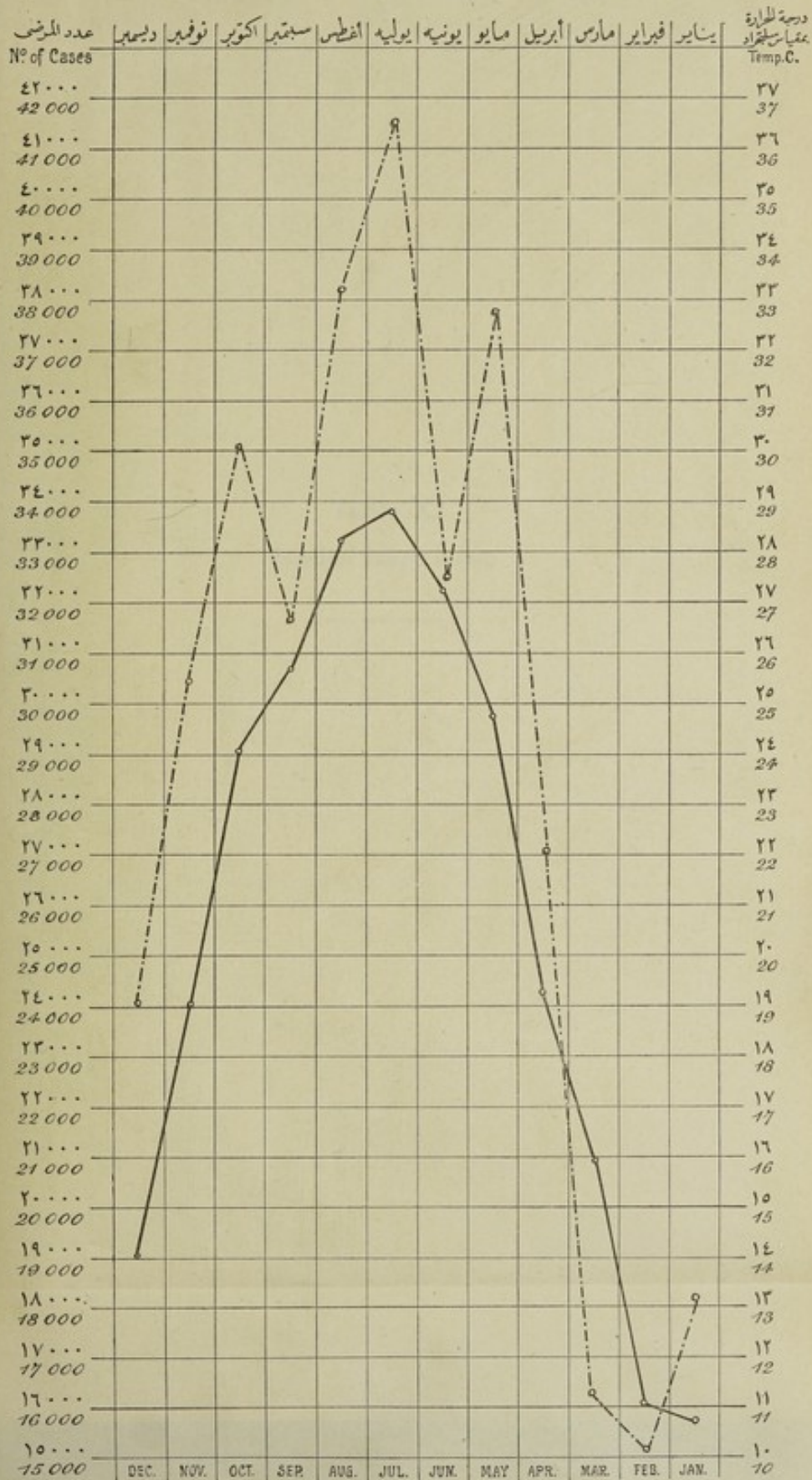
TABLE VII.—NEW PATIENTS TREATED ACCORDING TO THE AGE AT WHICH THEY SOUGHT TREATMENT.

AGE.	No. of Patients.
Under one year	22,858
From 1 to 5 years	46,614
" 6 " 10 " 	36,887
" 11 " 15 " 	31,708
" 16 " 20 " 	36,328
" 21 " 25 " 	24,582
" 26 " 30 " 	28,554
" 31 " 35 " 	28,404
" 36 " 40 " 	23,191
" 41 " 45 " 	21,209
" 46 " 50 " 	17,737
" 51 " 55 " 	12,233
" 56 " 60 " 	10,391
" 61 " 65 " 	7,558
" 66 " 70 " 	5,756
Over 70 years	3,732
TOTAL	347,742

TABLE VIII.—NEW PATIENTS TREATED PER MONTH.

[illegible]

TABLE IX.— TEMPERATURE AND NUMBER OF NEW PATIENTS TREATED.



مقدار درجة الحرارة بمقياس سنجراد

a (1) Average temperature in degrees centigrade.

المرضى المسجلون الذين عولجوا شهرياً

b. (ب) New patients treated per month.

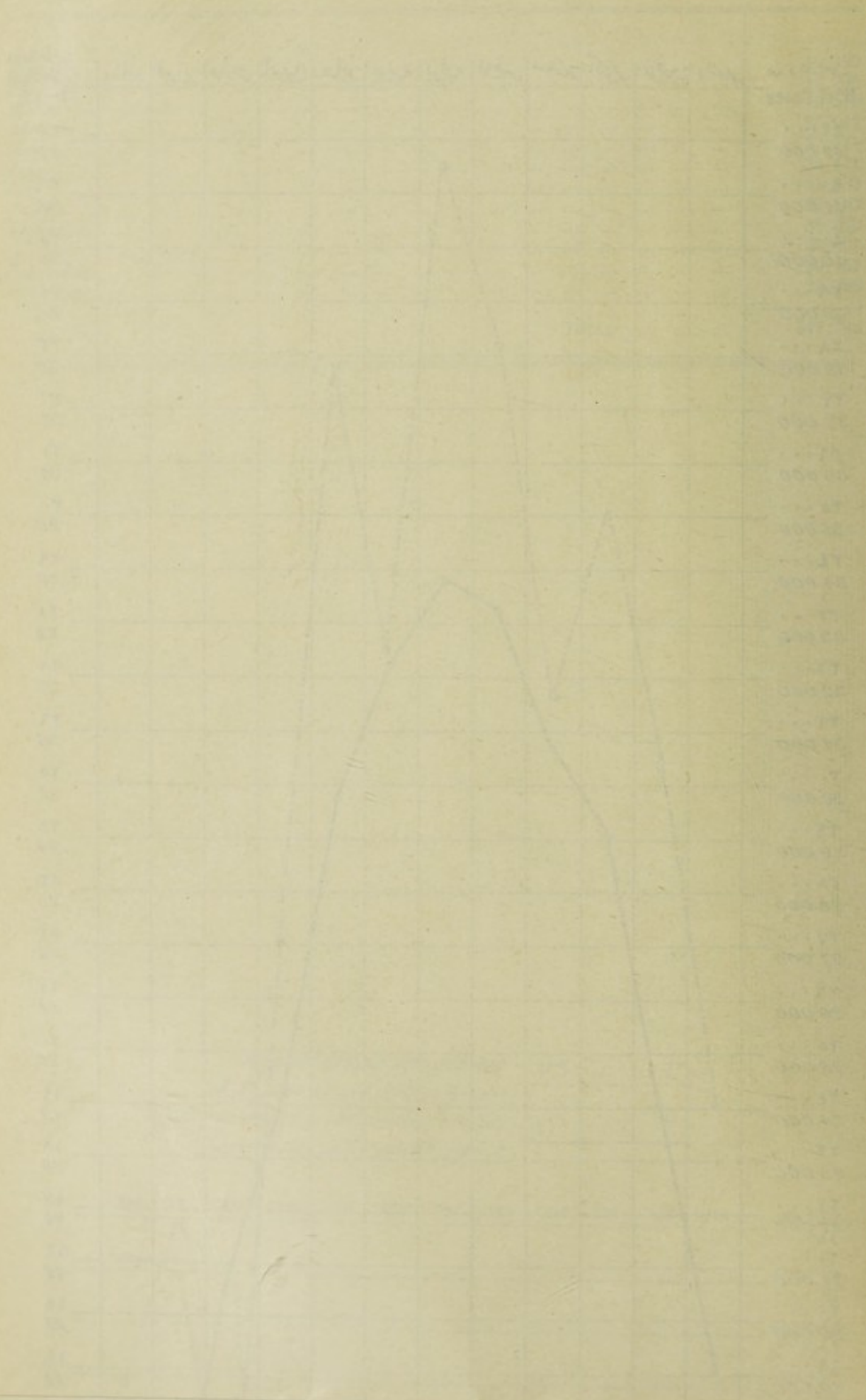


Table X.

AVERAGE TEMPERATURE.

—————

TABLE X.—AVERAGE TEMPERATURE.

The average temperature was arrived at by taking one place in Lower Egypt (Qurashiya), one place in Cairo (Giza), 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 the appended table, the reading being in degrees centigrade.

Month.	Qurashiya.	Giza.	Asyût.	Average.
January	10.4	10.4	11.2	10.7
February	10.2	11.0	11.8	11.0
March	14.6	15.5	17.6	15.9
April	17.8	18.6	21.4	19.3
May	23.1	24.0	27.2	24.8
June	26.5	26.5	29.0	27.3
July	28.1	28.1	30.2	28.8
August	27.3	27.5	29.7	28.2
September	25.1	24.9	27.1	25.7
October	23.0	23.4	25.7	24.0
November	18.8	18.7	19.7	19.1
December	13.9	13.5	14.7	14.0

TABLE XI.—SYNOPSIS OF WORK OF OPHTHALMIC HOSPITALS SINCE THE YEAR 1924.

	1924	1925	1926	1927
Hospitals in existence :—				
Travelling	5	8	8	10
Permanent	20	21	23	26
New patients treated	192,555	236,903	272,777	347,742
Total attendances of out-patients	1,885,429	2,276,735	2,628,463	3,239,159
Operations performed	103,582	126,254	140,788	158,989
In-patients	5,916	7,925	8,745	10,810
Details :—				
Patients examined	206,342	246,771	283,602	361,577
Patients regularly treated	192,555	236,903	272,777	347,742
Incurable cases	6,858	6,445	5,243	6,115
Blind in one eye	16,535	19,422	21,979	26,591
Blind in both eyes	5,716	6,137	6,702	8,689
Trichiasis cases examined	37,433	41,716	50,572	53,794
„ eyes operated on and cured	42,279	47,988	53,044	60,878

TABLE XII.—CAUSES OF BLINDNESS.

A.—Congenital	20
B.—Acquired :—	
I.—Conjunctivitis resulting in :—	
(a) Total corneal opacity	11,285
(b) Shrunken globe	10,667
(c) Secondary glaucoma	6,161
(d) Other conditions	1,038
<i>Carried forward</i>	29,171

TABLE XII.—CAUSES OF BLINDNESS (*continued*).

<i>Brought forward</i>										29,171
2.—Fundus :—										
(a) Optic atrophy...	...	...	...	...	...	...	...	...	...	207
(b) Optic neuritis	...	...	...	...	...	...	...	...	...	2
(c) Retinitis pigmentosa	...	...	...	...	...	...	...	...	...	52
(d) Detachment of retina	...	...	...	...	...	...	...	...	...	92
(e) Other diseases of fundus	...	...	...	...	...	...	...	...	...	233
3.—Glaucoma, Primary :—										
Monocular (including absolute	No. 1404)	...	...	...	...	...	...	...	...	1,898
Binocular (	" " " 1068)	...	...	...	...	...	...	...	...	1,472
4.—Cataract										3,315
5.—Injury										252
6.—Operation										65
7.—Infectious disease										31
8.—Iritis endogenous										585
9.—Various										723
TOTAL										38,098

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

	1924	1925	1926	1927
	Per Cent.	Per Cent.	Per Cent.	Per Cent.
<i>Permanent Hospitals :—</i>				
Tanta	7.98	8.22	6.33	6.32
Asyût	11.58	7.87	8.82	8.92
Mansûra	17.10	16.07	15.42	15.35
Beni Suef	15.91	15.16	13.28	11.58
Zagazig	11.26	13.16	5.39	6.51
Damanhûr	9.14	8.55	7.74	8.53
Shibîn el Kôm	9.63	8.59	7.76	8.67
Sohâg	18.39	22.20	19.60	18.72
Minya	11.01	13.14	10.75	14.67
Faiyûm	10.23	10.33	11.40	11.35
Benha	11.52	9.06	8.04	7.24
Alexandria	7.41	6.99	5.99	5.67
Port Said	6.12	4.64	3.43	2.52
Qena	18.99	14.70	17.92	15.55
Damietta	7.55	5.67	7.07	4.00
Giza	8.88	8.16	8.11	8.21
Suez	15.21	8.33	7.55	4.10
Berreim	—	—	19.01	7.12
Mellawi	—	—	14.17	7.67
Mit Ghamr	—	—	—	10.27
Maghagha	—	—	—	17.38
Mehalla el Kubra	8.42	7.91	9.73	8.74
Kafr el Zaiyât	7.43	7.17	7.64	6.99
Santa	8.92	7.32	9.06	8.28
Menûf	—	5.98	8.08	6.88
Ashmoun	—	14.70	9.85	8.55
<i>Travelling Hospitals :—</i>				
No. 1. Travelling:—				
Rôd el Farag	11.88	11.42	11.11	11.12
Abbassia	—	—	—	11.02

TABLE XIII.—TOTAL PERCENTAGE OF BLINDNESS IN ONE OR BOTH EYES (*continued*).

	1924	1925	1926	1927
	Per Cent.	Per Cent.	Per Cent.	Per Cent.
No. 2. Travelling :—				
Giza	15.53	—	—	—
Fakûs	16.12	21.27	—	—
Disûk	—	10.48	—	—
Dilingat	—	—	20.07	—
Shubrakhiet	—	—	21.44	16.76
Rasheed	—	—	—	6.45
Rahmania	—	—	—	2.61
No. 3. Travelling :—				
Aswân	13.12	12.73	11.14	10.71
Isna	—	21.28	—	—
Edfû	16.69	—	15.84	—
Kom-Ombo	—	—	—	10.02
No. 4. Travelling :—				
El Saff	—	16.00	13.79	—
Bilbeis... ..	—	—	14.64	—
Ismailia	—	—	—	8.70
Kafr Sakr	—	—	—	8.32
No. 5. Travelling :—				
Beni Mazar	—	11.16	12.04	—
Girga	—	—	14.31	15.20
Tahta	—	—	—	13.47
No. 6. Travelling :—				
Shirbein	—	—	—	14.70
Quesna	—	—	—	14.94
No. 7. Travelling :—				
Itsa (Faiyûm)	—	—	—	14.51
Biba	—	—	—	7.97
Asyût Travelling :—				
Manfalût	—	6.41	—	11.20
Deirût	—	10.44	—	9.60
Mellawi	11.27	16.00	10.19	—
Abnûb	6.05	—	10.29	—
Abu Tig	9.33	9.61	11.10	11.72
Badari	7.63	—	10.67	—
Daqahliya, Travelling :—				
Mit-Ghamr	3.43	—	7.46	—
Matarîya	—	—	—	9.06
Dikrînis	8.94	10.97	11.28	14.35
Fariskûr	7.86	—	—	11.51
Aga	—	9.09	15.98	5.19
Simbillawein	5.36	10.72	7.91	—
Manzala	—	9.73	—	—
Gharbîya, Travelling :—				
Kafr el Sheikh... ..	—	—	—	10.84

TABLE XIV.—BLINDNESS AMONG OUT-PATIENTS SINCE 1909.

Year.	Total Number of Patients Examined.	One eye.		Both eyes.		One Eye and Both Eyes.	
		Number	Per Cent.	Number.	Per Cent.	Number.	Per Cent.
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	9.9	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
1921	127,223	10,566	8.3	5,053	3.9	15,619	12.2
1922	147,492	12,524	8.5	4,850	3.3	17,374	11.8
1923	174,004	14,394	8.3	5,146	2.9	19,540	11.2
1924	206,342	16,535	8.0	5,716	2.8	22,251	10.8
1925	246,771	19,422	7.9	6,137	2.5	25,559	10.4
1926	283,602	21,979	7.7	6,702	2.6	28,681	10.1
1927	361,377	26,591	7.4	8,689	2.4	35,280	9.8
TOTAL	2,356,608	195,064	8.3	83,592	3.5	278,656	11.8

TABLE XV.—YEARLY PERCENTAGE OF BLINDNESS AMONG OPHTHALMIC HOSPITALS PATIENTS SINCE THE YEAR 1909.

Year.	Per Cent of Blindness in one or both Eyes.
1909	15.6
1910	17.4
1911	19.2
1912	15.8
1913	14.8
1914	13.2
1915	12.0
1916	11.2
1917	13.9
1918	14.6
1919	15.3
1920	13.8
1921	12.2
1922	11.8
1923	11.2
1924	10.8
1925	10.4
1926	10.1
1927	9.8

A.B.—The definition of blindness adopted here is that proposed by Troussau, that is to say, inability to count fingers held up at a distance of one metre.

TABLE XVI.—PRIMARY GLAUCOMA.

Acute	56
Subacute... ..	168*
Chronic	3,916
TOTAL	4,140
Total number of patients examined	361,577
Per cent of glaucoma cases	1.14
Per cent of absolute glaucoma cases	0.68
Operations :—	
Iridectomy	588
Trephine with iridectomy	954

* Including 2,472 absolute monocular and binocular.

TABLE XVII.—PATHOLOGICAL REPORT.

TISSUES HARDENED, SECTIONS CUT AND EXAMINED MICROSCOPICALLY AT THE
MEMORIAL OPHTHALMIC LABORATORY GIZA, DURING 1927.

(Kindly supplied by the Director of the Laboratory.)

	Number.
LIDS :—	
Inflammation	3
Tumours :—	
Benign including cysts	18
Malignant	35
CONJUNCTIVA :—	
Inflammation... ..	62
Degeneration	10
Tumours :—	
Benign including cysts	24
Malignant	1
LIMBUS :—	
Tumours :—	
Benign including cysts	10
Malignant	14
CORNEA :—	
Inflammation Including ucleration	3
Tumours :—	
Benign	4
SCLEROTIC :—	
Wounds	7
Carried forward	191

PATHOLOGICAL REPORT (continued).

		Brought forward	191
IRIS AND CILIARY BODY :—			
Inflammation			26
Tumours :—			
Malignant			1
RETINA :—			
Injury			1
Tumours :—			
Malignant			10
ORBIT :—			
Tumours :—			
Inflammation... ..			7
Benign including cysts			10
Malignant			7
LACRIMAL GLANDS :—			
Tumours :—			
Inflammation... ..			3
Benign including cysts			3
LACRIMAL SAC :—			
Inflammation... ..			56
GLAUCOMA :—			
Primary			2
Secondary :—			
Anterior synechia or adherent leucoma			132
Inflammation (irido-cyclitis, etc.)			2
PANOPHTHALMITIS :—			
Enogenous			1
SYMPATHETIC OPHTHALMIA			3
PHTHISIS BULBI :—			
Inflammation... ..			25
FLY BLOWN ORBIT			2
UNCLASSIFIED			8
UNDETERMINED			9
EXAMINATION OF CELLS :—			
Eosinophilia :—			
Positive			40
Negative			42
GRAND TOTAL			581

TABLE XXI.—COST OF UNIFORM DIETS FOR THE IN-PATIENTS OF THE OPHTHALMIC HOSPITALS DURING 1927 EXCLUDING COST OF RATIONS OF EMPLOYEES.

Hospitals.	Number of Diets issued.	Total cost (*).	Cost per Head per Day.
		L. E.	MILLS.
Giza	11,568	336	29·01
Qena	8,128	254	31·20
Asyût	16,876	556	32·96
No. 1 Camp, Rôd el Farag and Abbassia	10,207	341	33·40
No. 3 Camp, Kom-Ombo and Asswan	3,815	135	35·46
Tanta	9,850	350	35·56
Zagazig	8,652	308	35·65
Beni Suef	7,447	270	36·28
Faiyûm	4,061	151	37·29
Mansûra	11,346	426	37·53
Benha	7,011	273	39·00
Damanhûr	8,743	372	42·54
No. 5 Camp, Girga and Tahta... ..	5,530	243	43·94
Santa	3,240	143	44·15
Damietta	6,828	303	44·40
Minya	7,721	344	44·50
Sohâg	7,448	347	46·59
Shibîn el Kôm	6,428	315	49·04
No. 4 Camp, Ismailia and Kafr Sakr	3,717	191	51·49
No. 2 Camp, Shubrakhiet, Rasheed and Rahmanîa†... ..	5,185	300	57·86
Daqahliya Travelling, Mataria, Dikirnis, Fariskour and Aga	2,427	143	58·92
TOTAL	156,228	6,101	38·43

(*) Fuel excluded.

† Some bought locally and some supplied by contractors.

Scale of full Diet as given to all In-patients at all Ophthalmic Hospitals.

	Grammes.
Bread	600
Beef	150
Vegetables	150
Lentils... ..	75
Rice	75
Milk	200
Native butter (Samna Baladi)	15
Sugar	30
Salt	20

TABLE XXII.—SOURCES OF PROVISION OF OPHTHALMIC HOSPITALS.

Hospitals.	Date at which opened.	Government Grant.	Public Subscriptions or Private benediction.	Provincial Councils or Municipalities.
		L. E.	L. E.	L. E.
No. 1 Travelling (retained at Cairo for provision of clinical facilities for teaching) ...	1904	—	1,000	—
No. 2 Travelling	1905	—	1,000	—
Tanta	1908	8,463	—	—
Asyût	1911	8,817 and site	5,004	—
Mansûra	1912	—	5,000	—
Beni Suef	1912	—	4,000	—
Asyût Travelling	1912	—	—	720
Zagazig	1913	—	—	4,286
Mehalla el Kubra	1913	—	—	2,400
Kafr el Zaiyât	1913	—	—	2,200
Daqahliya 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	Site.	—	4,000
No. 3 Travelling (for South Egypt, Esna to Aswân, until Aswân Permanent Hospital is built)	1918	—	—	1,500
Benha	1920	—	14,000	—
Alexandria : Ophthalmic Branch	1920	Annexed to General Hospital.		
Port Said	1921	1,000	—	1,000
Qena	1923	—	12,400	2,800
Damietta : Ophthalmic Branch	1923	1,000	240	—
		Annexed to General Hospital		
Fouad I Ophthalmic Hospital, Giza	1924	3,000 and site	8,668	600
Suez : Ophthalmic Branch under canvas annexed to General Hospital	1924	1,000	—	—
No. 4 Travelling	1925	2,000	—	—
No. 5 Travelling	1925	2,000	—	—
Menûf	1925	—	—	950
Ashmûn	1925	—	—	950
Memorial Ophthalmic Laboratory, Giza ...	1925	2,000	6,600	—
Berrein	1926	Annexed to General Hospital,		
Mellawi	1926	Annexed to General Hospital.		
No. 6 Travelling	1927	2,280	—	—
No. 7 Travelling	1927	2,280	—	—
Mit Ghamr (Ophthalmic Branch)	1927	Annexed to General Hospital.		
Gharbia Travelling	1927	—	—	1,500
Maghagha	1927	—	1,000	5,000
TOTAL		34,800	68,334	41,726

TABLE XXIII.—ACTUAL EXPENDITURE 1926-1927.—(A) CENTRAL ADMINISTRATION.

Chapter.	(†) Grant.	(†) Expenditure.
	L.E.	L.E.
Pensionable Staff	5,904	5,384(†)
Hors Cadre Staff	332	332
Transport, Transfer and Travelling Allowance	1,200	310
Telephones	23	(*)
Telegrams	10	
TOTAL	7,469	6,026

* Included in the general expenditure of the various units of the whole Department.

† Grant and expenditure are calculated for 13 months owing to change of the beginning of the financial year.

TABLE XXIV.—ACTUAL EXPENDITURE 1926-1927.—(B) GOVERNMENT OPHTHALMIC HOSPITALS.

Chapter.	Grant. ‡	Total Actual Expenditure.†
		L.E.
Pensionable Staff	20,708	16,545
Hors Cadre Staff	13,375	11,014
Ophthalmic Allowance	—	108
Transport, Transfer and Travelling Allowance	3,300	1,169
Food	9,610	8,586
Forage	—	63
Water	729	452
Light	301	325
Disposal of Sewage	112	79
Heating	—	433
Rent	121	21
Telegrams and Telephones	228	156
Stores :—		
General Equipment	(*)	7,400
Surgical Equipment		1,053
Instruments		1,946
Drugs		3,258
Dressings		648
Transport of Stores	1,625	279
Petty Expenses	571	330
TOTAL		53,865(†)

* No special grant for the Ophthalmic Hospitals. The grant is for the various units of the whole Department.

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

‡ Grant and expenditure are calculated for 13 months owing to change of the beginning of the financial year.

TABLE XXV.—ACTUAL EXPENDITURE 1926-1927 B. GOVERNMENT OPHTHALMIC HOSPITALS (per unit).

Chapter	No. 1 Camp.	No. 2 Camp.	No. 3 Camp.	No. 4 Camp.	No. 5 Camp.	No. 6 Camp.	No. 7 Camp.	Tanta.	Assiut.	Mansura.	Bent Suet.	Zagazig.	Damanhour.	Shebin el Koin	Sohag.	Minia.	Fayoum.	Benha.	Alexandria Schools.	Port Said.	Qena.	Damietta.	Giza.	Suez.	Berrein.	Mellawi.	Mit Chamr.	Maghazha.	Cairo Schools.	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.	L.E.	L.E.	L.E.	G.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.
Pensionable Staff ...	635	582	562	651	480	116	91	1108	1078	930	714	833	804	816	713	793	767	734	624	514	628	398	814	255	105	207	20	105	468	16545
Hors Cadre Staff ...	590	447	507	430	481	106	66	534	573	572	409	482	478	482	582	445	488	487	250	273	537	184	731	188	76	275	9	—	312	11014
Ophthalmic Allowance ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30	78	—	—	—	108
Transport, Transfer and Travelling Allowance...	80	147	73	126	9	91	25	52	65	30	25	48	38	65	42	21	28	59	—	—	17	—	13	28	43	36	8	—	—	1169
Food ...	565	417	216	309	396	51	(2)35	440	641	521	447	406	454	445	487	436	281	406	—	46	384	350	808	42	—	—	—	—	—	8586
Forage ...	39	1	13	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	63
Water ...	10	—	10	—	—	—	—	76	46	10	52	69	35	60	—	7	—	39	—	—	36	2	—	—	—	—	—	—	—	452
Light ...	16	—	—	—	—	—	—	15	45	26	45	21	25	20	—	—	—	18	—	—	—	29	65	—	—	—	—	—	—	325
Disposal of Sewage ...	—	—	—	—	—	—	—	9	—	—	2	20	5	5	6	11	26	—	—	—	—	—	—	—	—	—	—	—	—	79
Heating ...	25	20	7	—	17	1	—	33	31	27	32	35	22	8	41	11	—	26	—	8	40	11	35	—	1	2	—	—	—	433
Rent ...	—	—	9	—	3	9	—	—	—	12	—	—	10	10	—	9	9	12	—	—	—	9	2	15	—	—	—	—	—	21
Telegrams and Telephones	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	156
Stores :—																														
General Equipment ...	530	394	88	330	168	1375	1209	255	365	135	157	174	174	213	184	144	147	287	—	122	188	143	273	37	152	159	—	—	—	7400
Surgical Equipment ...	115	17	89	—	36	274	67	77	31	—	37	17	14	8	49	11	53	—	—	17	30	—	2	5	107	—	—	—	—	1053
Surgical Instruments ...	106	61	10	37	39	114	797	31	15	44	24	25	56	30	51	29	10	15	—	19	11	21	121	4	457	319	—	—	—	1946
Drugs ...	148	148	22	102	82	81	61	209	241	136	166	156	103	117	129	135	160	82	—	90	123	82	402	54	75	154	—	—	—	3258
Dressings ...	12	23	27	17	52	23	33	49	23	—	31	30	27	34	10	39	48	22	—	22	19	9	59	24	—	15	—	—	—	648
Transport of Stores ...	32	43	42	62	77	—	20	—	—	—	—	—	—	—	—	—	16	22	—	—	—	—	—	—	—	3	—	—	—	279
Petty Expenses ...	9	11	16	7	13	20	2	14	16	23	11	26	17	17	11	26	16	22	—	—	17	3	29	4	—	—	—	—	—	330
TOTAL ...	2930	2,311	1691	2081	1853	2261	1926	2911	3179	2465	2161	2352	2257	2330	2314	2118	2033	2209	874	1111	2039	1234	3367	641	939	1355	37	105	780	53865

(1) Some is bought locally and some is supplied by contractors.

(2) Food is bought locally.

(3) Including cost of butter supplied by Central Stores.

(4) Its Medical Officer only was appointed, but it was not opened this year.

TABLE XXVI—ACTUAL EXPENDITURE 1926-1927.—(C) PROVINCIAL COUNCIL OPHTHALMIC HOSPITALS.

CHAPTER.	GHARBIYA.				ASYUT.		DAQAHLIYA.		MENOUFIA.		
	Grant.	Expenditure.	Expenditure per Unit.			Grant.	Expenditure.	Grant.	Expenditure.	Expenditure per Unit.	
			Meballa el Kubra.	Kafr el Zayat.	Santa.					Menouf.	Ashmoun.
	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.
Employees	1,284	1,127	464	383	280	305	285	383	360	546	281
Servants	692	639	192	188	259	121	122	262	265	279	143
Transport and travelling allowance	—	14	2	4	8	—	51	108	65	39	5
Food	220	165	—	—	165	L.E. 238 for expenses divers (no details).					
Light and heating	28	19	9	4	6						
Stores :—											
Equipment	455	221	39	47	135	68	68	216	175	433	313
Instruments											
Drugs and dressings											
Post and telegrams	7	10	3	1	6	L.E. 238 for expenses divers (no details).	5	1	6	4	—
Petty expenses	49	8	1	1	6		3	16	27	32	4
TOTAL	2,999	2,445	806	696	943	664	632	1,343	1,195	1,355	548
											—

N.B. Grant and expenditure are calculated for 13 months owing to change of the beginning of the financial year.

Its expenditures registration is carried out by the Provincial Council and no return is made.

TABLE XXVII.—COMPARISON OF THE COST OF MAINTENANCE OF A PERMANENT
OPHTHALMIC HOSPITAL IN 1914 AND 1927.

	No.	1914.	TOTAL.	No.	1927.	TOTAL.
		L.E.	L.E.		L.E.	L.E.
ART. 1.— <i>Salaries, Wages, and Allowances</i> :—						
A.—Pensionable Staff :—						
Medical Officer	2	336		2	420	
Clerk	1	60		1	90	
Moawin	—	—	396	1	90	600
	3			4		
B.—Hors Cadre Staff :—						
Moawin	1	48		—	—	
Chief attendant	1	36		2	84	
Attendants (male)	2	42		5	150	
Attendants (female)	2	36		2	42	
Cook	1	24		1	42	
Sai	1	18		1	30	
Gardener	—	—		1	30	
Boab	1	18		—	—	
Sundry subordinate staff	3	54	276	—	—	378
	12			12		
E.—Allowances		72	72		—	—
ART. 2.— <i>Transport, Transfer, and Travelling Allowances</i> :—						
Transport	{	50	50	{	10	80
Transfer					20	
Travelling allowance					50	
ART. 3.— <i>Food</i>			139			371
ART. 5.— <i>Rent, Water, Lighting, etc.</i> :—						
Water		30			60	
Lighting		40			40	
Heating		20			30	
Sewage		12	102		—	130
ART. 6.— <i>Books and Periodicals</i>			1			—
ART. 7.— <i>Telegrams and Telephones</i> :—						
Telegrams	{	9	9	{	2	12
Telephones					10	
ART. 8.— <i>Petty Expenses</i>			12			20
ART. 11.— <i>Stores</i>			300			500
TOTAL... ..			1,357			2,091

Statistics of Ophthalmic Treatment in Schools, 1927-1928.

Ophthalmic treatment has been carried out at the Primary Government Schools of:— Tanta, Asyût, Mansûra, Beni Suef, Zagazig, Damanhûr, Shibîn el Kôm, Sohâg, Minya, Faiyûm, Giza, Benha, Moharram Bey and Ras el Tin at Alexandria, Abbâsiya, Mohammed Ali, Munira, Mohammadia, Gamalia, Abbass, Bab el Shaâria, Shoubra, Abdîn, Kerabia, Nasria and Nahhasin at Cairo, Qena, Port Said, Damietta and Suez.

TABLE I.—CONDITION OF CONJUNCTIVA.—(a) BEGINNING OF THE YEAR.

SCHOOLS.	No Trachoma.	Non-trachomatous conjunctivitis.	TRACHOMA.				TOTAL.
			I.	II.	III.	IV.	
Tanta	34	—	75	65	338	166	678
Per cent	5.02	—	11.06	9.59	49.85	24.48	
Asyût	30	—	92	61	272	128	583
Per cent	5.14	—	15.79	10.46	46.65	21.96	
Mansûra	34	—	174	35	86	345	674
Per cent	5.04	—	25.82	5.19	12.76	51.19	
Beni Suef	33	—	57	59	228	159	336
Per cent	6.16	—	10.63	11.01	42.54	29.66	
Zagazig	43	—	11	57	298	209	618
Per cent	6.96	—	1.78	9.22	48.22	33.82	
Damanhûr	18	—	43	45	173	87	366
Per cent	4.92	—	11.75	12.29	47.27	23.77	
Shibîn el Kôm	9	—	7	20	74	75	185
Per cent	4.86	—	3.79	10.81	40.00	14.54	
Sohâg	6	—	11	47	140	116	320
Per cent	1.78	—	3.44	14.69	43.75	36.25	
Minya	22	—	7	10	121	108	268
Per cent	8.21	—	2.61	3.73	45.15	40.29	
Faiyûm	8	—	12	80	167	106	373
Per cent	2.14	—	3.22	21.45	44.77	28.42	
Giza	31	—	13	51	178	86	359
Per cent	8.64	—	3.62	14.21	49.58	23.95	
Benha	18	—	39	72	263	95	487
Per cent	3.69	—	8.01	14.79	54.00	19.51	
Moharram Bey	83	—	15	21	15	196	330
Per cent	25.15	—	4.55	6.36	4.55	59.39	
Abbâsiya	65	—	73	31	177	296	642
Per cent	10.12	—	11.37	4.83	27.57	46.11	
Mohammed Aly	45	—	66	31	194	333	669
Per cent	6.73	—	9.87	4.63	28.99	49.78	
Ras el Tin	111	—	17	43	121	428	720
Per cent	15.42	—	2.36	5.97	16.81	59.44	
Qena	3	—	52	58	82	21	216
Per cent	1.39	—	24.07	26.85	37.96	9.72	
Minya	54	—	31	48	77	283	491
Per cent	10.99	—	6.31	9.37	15.68	57.64	
Mohammadia	26	—	52	71	154	202	505
Per cent	5.15	—	10.29	14.06	30.49	40.00	
Gamalia	20	—	25	23	116	61	245
Per cent	8.16	—	10.20	9.39	47.35	24.89	
Abbass	63	—	70	43	124	197	497
Per cent	12.67	—	14.09	8.65	24.95	39.64	
Bab el Shaâria	42	—	54	36	45	105	282
Per cent	14.89	—	19.15	12.77	15.96	37.23	
Shoubra	88	—	150	77	121	225	661
Per cent	13.31	—	32.69	11.65	18.31	34.04	
Abdin	59	—	23	36	70	204	392
Per cent	15.05	—	5.87	9.18	17.86	52.04	
Qerabia	6	—	61	92	177	242	578
Per cent	1.04	—	10.55	15.92	30.62	41.87	
Nasria	59	—	16	50	27	132	284
Per cent	20.77	—	5.63	17.61	9.51	46.48	
Nahhasin	14	—	23	76	89	71	273
Per cent	5.13	—	8.42	27.84	32.60	26.01	
Port Said	41	—	8	38	84	157	328
Per cent	12.50	—	2.44	11.59	25.61	47.86	
Damietta	17	—	8	69	83	143	320
Per cent	5.31	—	2.50	21.56	25.94	44.69	
Suez	4	—	21	70	98	70	263
Per cent	1.52	—	7.98	26.62	37.26	26.62	
TOTAL	1,086	—	1,306	1,513	4,192	5,046	13,143
Per cent	8.26	—	9.94	11.51	31.89	38.39	

TABLE I.—CONDITION OF CONJUNCTIVA.—(b) END OF THE YEAR.

SCHOOL.	No Trachoma.	Non-trachomatous conjunctivitis.	TRACHOMA.				TOTAL.
			I.	II.	III.	IV.	
Tanta	35	—	59	1	261	297	653
Per cent	5.36	—	9.04	0.15	39.97	45.48	
Asyût	42	—	107	25	273	126	579
Per cent	7.25	—	18.48	4.32	48.19	21.76	
Mansûra	32	—	164	—	103	364	663
Per cent	4.81	—	24.74	—	15.54	54.90	
Beni Suef	34	—	43	12	274	154	517
Per cent	6.58	—	8.32	2.32	52.99	29.70	
Zagazig	22	—	—	—	123	453	598
Per cent	3.68	—	—	—	20.57	75.75	
Damanhûr	16	—	13	—	201	100	330
Per cent	4.85	—	3.94	—	60.91	30.30	
Shibîn el Kôm	9	—	4	1	76	83	173
Per cent	5.20	—	2.31	0.58	43.93	47.98	
Sohâg	9	—	2	7	139	156	313
Per cent	2.87	—	0.64	2.24	44.41	49.84	
Minya	28	—	—	5	154	131	318
Per cent	8.81	—	—	1.57	48.42	41.20	
Faiyûm	8	—	1	1	222	120	352
Per cent	2.27	—	0.28	0.28	63.07	34.08	
Giza	31	—	—	—	225	90	346
Per cent	8.96	—	—	—	65.03	26.01	
Benha	17	—	51	17	266	96	447
Per cent	3.80	—	11.41	3.80	59.51	21.48	
Moharram Bey	81	—	—	—	27	188	296
Per cent	27.36	—	—	—	9.12	63.52	
Abbâsiya	67	—	39	5	213	318	642
Per cent	10.44	—	6.08	0.77	33.18	49.53	
Mohammed Aly	45	—	21	2	248	325	641
Per cent	7.02	—	3.28	0.31	38.69	50.70	
Ras el Tin	104	—	—	—	153	391	648
Per cent	16.05	—	—	—	23.61	60.34	
Qena	3	—	32	—	93	83	211
Per cent	1.42	—	15.17	—	44.08	39.32	
Munira	65	—	31	6	140	248	490
Per cent	13.27	—	6.33	1.22	28.57	50.61	
Mohammadia	22	—	—	—	250	232	504
Per cent	4.36	—	—	—	49.60	46.03	
Gamalia	23	—	14	5	118	60	220
Per cent	10.45	—	6.36	2.27	53.64	27.27	
Abbass	69	—	36	2	189	210	506
Per cent	13.64	—	7.12	0.39	37.35	41.50	
Bab el Shaaria	41	—	25	—	101	123	290
Per cent	14.14	—	8.62	—	34.83	45.68	
Shubra	96	—	51	—	221	327	695
Per cent	13.82	—	7.34	—	31.79	47.05	
Abdin	58	—	13	—	120	204	395
Per cent	14.69	—	3.29	—	30.36	51.66	
Qerabia	6	—	—	1	318	248	573
Per cent	1.05	—	—	0.17	55.49	43.28	
Nasria	57	—	—	—	76	127	260
Per cent	21.92	—	—	—	29.23	48.85	
Nahhasin	10	—	—	—	171	63	244
Per cent	4.10	—	—	—	70.08	25.82	
Port Said	41	—	23	3	114	143	324
Per cent	12.65	—	7.10	0.93	35.18	44.14	
Damietta	17	—	—	6	91	196	310
Per cent	5.48	—	—	1.94	29.36	63.23	
Suez	4	—	—	2	180	85	271
Per cent	1.48	—	—	0.74	66.43	31.36	
TOTAL	1092	—	729	101	5146	5741	12809
Per cent	8.53	—	5.69	0.79	40.17	44.82	

TABLE IIa.—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 stages of Trachoma I and II.		Pupils with serious stages of Trachoma I and II.	
	No.	No.	Per Cent.	No.	Per Cent.
1907-1908	464	289	62.3	—	—
1914-1915	1,553	342	23.0	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
1921-1922	5,036	1,369	27.2	580	11.5
1922-1923	6,140	1,982	32.3	892	14.5
1923-1924	6,820	2,115	31.0	835	12.2
1924-1925	7,107	2,442	34.4	722	10.2
1925-1926	7,337	1,865	25.4	374	5.1
1926-1927	9,053	2,160	23.9	582	6.4
1927-1928	12,057	2,819	23.4	830	6.9

TABLE IIb.—STAGES OF TRACHOMA AT BEGINNING AND END OF SCHOOL YEAR.

STAGES OF TRACHOMA.						BEGINNING OF THE YEAR.		END OF THE YEAR.	
						No.	Per Cent.	No.	Per Cent.
Trachoma	I	...	...	...	...	1,306	10.8	729	6.2
"	II	...	...	...	...	1,513	12.5	101	0.9
"	III	...	...	...	...	4,192	34.8	5,146	43.9
"	IV	...	...	...	...	5,046	41.9	5,741	49.0

TABLE IIIa.—TRACHOMA AND ITS RELATION TO SCHOOL YEARS (Beginning of the year).

SCHOOLS.	FIRST YEAR.				SECOND YEAR.				THIRD YEAR.				FOURTH YEAR.			
	Non-trachoma.		TRACHOMA.		Non-trachoma.		TRACHOMA.		Non-trachoma.		TRACHOMA.		Non-trachoma.		TRACHOMA.	
	I.	II.	III.	IV.	I.	II.	III.	IV.	I.	II.	III.	IV.	I.	II.	III.	IV.
Tanta	20	35	31	40	3	18	11	75	6	15	13	111	6	7	10	70
Asyût	3	36	23	31	7	31	18	72	8	13	7	77	11	12	13	51
Mansûra	13	59	14	11	53	49	13	34	6	37	5	25	7	29	3	113
Beni Suef	12	34	25	11	11	10	15	62	5	9	9	76	8	4	8	61
Zagazig	12	7	45	45	20	—	6	83	12	2	2	96	7	2	4	57
Damanhûr	10	24	23	10	6	8	12	46	3	5	6	51	1	6	4	35
Shebîn el Kôm	3	3	7	11	7	1	7	20	1	3	3	28	2	—	3	31
Sohâg	2	7	13	36	9	2	16	35	1	2	12	38	2	—	6	40
Minya	5	2	4	19	26	3	4	31	6	2	2	43	2	—	1	26
Fayûm	2	5	15	28	13	2	16	38	1	2	28	44	9	3	21	45
Giza	8	10	21	25	12	2	12	21	7	1	11	61	2	3	7	29
Penha	9	17	16	29	6	12	17	55	4	9	27	95	3	1	12	33
Moharram Bey	23	5	4	1	10	4	6	3	30	5	6	8	11	1	5	74
Abbâsiya	14	34	15	21	26	16	3	43	24	14	7	76	8	9	6	108
Mohammed Aly	15	31	12	19	17	22	8	53	13	8	6	55	5	5	5	133
Ras el Tn	18	5	9	2	42	6	13	21	46	4	11	49	30	2	10	125
Qena	—	14	19	4	1	15	19	13	2	19	11	27	—	4	9	13
Munira	16	12	16	14	48	9	9	21	13	7	8	23	8	3	13	68
Mohammadia	10	21	22	13	25	18	21	34	4	8	18	33	2	5	10	57
Gamalia	6	9	9	14	5	9	7	31	6	6	3	38	3	1	4	20
Abbass	5	27	9	18	27	13	7	23	32	20	19	42	16	10	8	70
Bab el Shaaria	11	20	9	8	22	15	10	13	11	11	9	12	11	8	8	25
Shubra	14	51	18	7	36	36	26	18	25	40	14	41	35	23	19	73
Abdin	16	4	14	12	36	6	2	21	22	5	11	20	11	8	9	48
Qerabia	1	17	16	17	29	24	21	49	1	11	20	61	—	9	35	73
Nasria	10	7	5	4	26	6	11	6	19	1	15	3	14	2	19	37
Nahhasin	—	6	19	14	12	7	18	18	3	4	27	21	6	6	12	17
Port Said	4	1	6	15	38	4	14	14	11	2	9	32	19	1	9	35
Damietta	3	3	23	8	23	5	16	26	1	—	17	25	6	—	13	54
Suez	1	10	16	11	6	5	13	23	1	5	30	33	—	1	11	17
TOTAL...	266	516	478	498	602	358	371	1042	324	270	367	1364	252	162	297	1638

TABLE IIIb.—COMPARISON OF SERIOUS STAGES OF TRACHOMA I AND II (BEGINNING OF THE YEAR).

CLASS.	Total number of pupils.	Total number of serious stages of Trachoma I and II.	Per Cent.
First Year	2,360	994	42·11
Second "	3,170	729	22·99
Third "	3,976	637	16·02
Fourth "	3,637	459	12·62

TABLE IV.—VISION OF ALL PUPILS WITHOUT SPECTACLES.

	TOTAL.	GRAND TOTAL.	Per Cent.
Good Vision:—			
(a) Normal vision in each eye 6/6 and 6/6	2,747	5,863	44·61
(b) Vision 6/6 and 6/9, or 6/9 and 6/9	3,116		
Fair Vision:—			
(a) Vision 6/6 and 6/12, 6/9 and 6/12, or 6/12 and 6/12	3,813	3,143	23·92
(b) Vision 6/6 and 6/18	330		
Bad Vision:—			
Fails to attain any of the above standards	4,137	4,137	31·48
TOTAL	13,143	13,143	

TABLE V.—SPECTACLES ORDERED.

Schools.	Number of pupils now attending obtained spectacles in previous years.	Number of pupils now attending obtained spectacles in this year.	Number of pupils now attending ordered spectacles but not yet obtained.	Total	Spectacles on order or under repair.	Number of pupils wearing spectacles on date of general inspection.	Net number not wearing spectacles which were previously ordered.
Tanta	27	24	—	51	—	44	7
Asyût	20	9	—	29	3	16	10
Mansûra	21	5	3	29	3	25	1
Beni Suef	24	10	6	40	6	20	14
Zagazig	33	14	—	47	—	41	6
Damanhûr	18	5	—	23	—	23	—
Shibîn el Kôm	7	1	1	9	2	7	—
Sohâg	30	9	—	39	13	16	10
Minia	12	4	—	16	—	16	—
Fayoûm	32	7	—	39	—	36	3
Giza	18	2	—	20	—	16	4
Benha	39	4	—	43	—	41	2
Moharram Bey	8	7	1	16	2	14	—
Abbasiya	17	6	—	23	—	19	4
Mohamed Ali... ..	21	7	—	28	—	28	—
Ras el Tin	45	12	—	57	6	41	10
Qena	15	4	—	19	1	18	—
Munira	11	6	—	17	1	16	—
Mohammadia	9	5	2	16	2	13	1
Gamalia	3	5	1	9	1	8	—
Abbass	15	8	2	25	6	19	—
Bab el Shariya	2	13	—	15	—	15	—
Shûbra	26	16	1	43	3	29	11
‘Abdîn	3	5	—	8	—	6	2
Qerabia	10	31	—	41	—	41	—
Nasria	9	3	—	12	—	9	3
Nahhasin	3	4	8	15	8	7	—
Port Said	8	9	2	19	3	12	4
Damietta	13	6	—	19	—	16	3
Suez... ..	3	7	—	10	—	10	—
Total	502	248	27	777	60	622	95

TABLE VI.—NUMBER OF PUPILS ORDERED SPECTACLES WHO BY USE OF SPECTACLES NOT GREATER IN STRENGTH THAN ± 6 D. CAN GET GOOD OR FAIR VISION.

	TOTAL.	GRAND TOTAL.	Per Cent*
Good vision :—			
(a) Normal vision in each eye 6/6 and 6/6... ..	37	187	24.1
(b) Vision 6/6 and 6/9 or 6/9 and 6/9	150		
Fair Vision :—			
(a) Vision 6/6 and 6/12 or 6/9 and 6/12 or 6/12 and 6/12 ...	199	237	30.5
(b) Vision 6/6 and 6/18... ..	38		

* The percentage is taken in relation to the number of all pupils ordered spectacles (*i.e.* 777). See Table V.

TABLE VII.—CONDITION OF CORNEA BEFORE TREATMENT.

SCHOOLS.	Both Corneae clear.	One cornea clear the other showing opacity.	Opacity of both corneae.
Tanta	602	58	18
Asyût	554	18	11
Mansûra... ..	590	50	34
Beni Suef	487	33	16
Zagazig	576	33	9
Damanhûr	335	28	3
Shibin el Kôm	153	22	10
Sohâg	273	23	24
Minya	245	19	4
Faiyûm	326	29	18
Giza	342	16	11
Benha	423	43	21
Moharram Bey	323	5	2
Abbâsiya	614	22	6
Muhammed Aly	643	16	10
Ras el Tin	706	12	2
Qena	190	19	7
Munira	463	17	11
Mohammadia... ..	477	23	5
Gamalia	228	11	6
Abbass	481	12	4
Bab-el-Shâria	272	10	—
Shubra	649	11	1
Abdin	371	13	8
Kerabia	545	24	9
Nasria	265	15	4
Nahhasin	252	14	7
Port-Said	320	5	3
Damietta	305	13	2
Suez... ..	234	21	8
TOTAL	12,234	635	274
Per cent	93.09	4.83	2.08

TABLE VIII.—COMPARISON OF CORNEAL OPACITY AMONG PUPILS OF TANTA PRIMARY SCHOOL IN THE YEAR 1914-15 AND 1927-28.

YEAR.	Both corneae clear.	One cornea clear, the other showing opacity.	Opacity of both corneae.
1914-15	173	54	33
1927-28	602	58	18



