

Souvenir

PROJECT EYESIGHT

Organisers — Sponsors

ROTARY CLUB OF LUCKNOW KHAAS, DISTT. 312, INDIA

ROTARY CLUB OF BURNABY HASTINGS, DISTT. 504, CANADA

Issued on the completion of
PROJECT EYESIGHT

(A project involving restoration of normal eyesight to the rural populace of Lucknow through 1000 eye operations in 8 Eye Relief Camps in rural Lucknow)

Eye Relief Camps :

30th January 1989 to 17th March 1989

Organisers & Sponsors :

Rotary Club of Lucknow Khaas R.I. Distt. 312, India.

Project idea & aid :

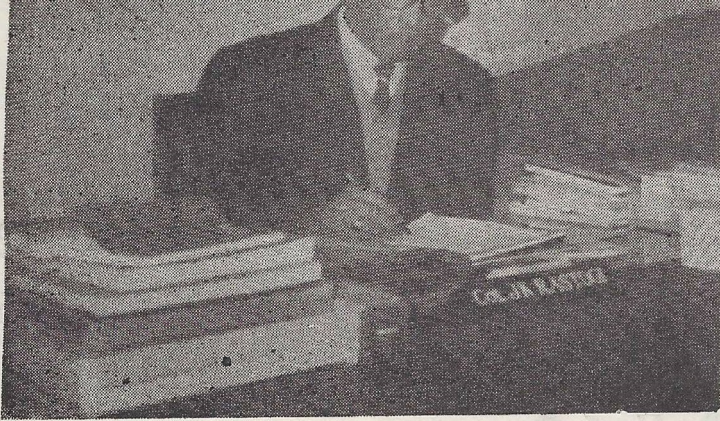
Rotary Club of Burnaby Hastings R.I. Distt. 504, Canada

Souvenir Presentation



*P. P. Jagdish Hansraj, R. P. Singh (Kranti) &
Col, Dr. J. K. Rastogi.*

Chairman, Souvenir Committee : Rtn. D. K. Agarwal, Member, Services Tribunal



Chairman's Message

It gives me immense pleasure to state that our Club Rotary Club of Lucknow Khaas in collaboration with Rotary Club of Burnaby Hastings, Canada undertook the gigantic project of holding free Eye Relief Camps around the historic city of Lucknow and successfully completed it.

Our target of a thousand eye operations during the months of February and March 1989 has been achieved. Approximately five thousand patients were also examined and provided free medicines as out-patient cases. Patients admitted for surgery were accommodated in pucca buildings and were examined and operated by competent surgeons from King George's Medical College, Lucknow. Besides, the indoor patients were provided free beds, blankets, nourishing diets and round the clock medicare. After two weeks of follow up operated cases were given free spectacles.

Less than one percent post operative complications among our patients speaks volumes of the surgical skill employed in the camps.

Our grateful thanks are due to all members of Rotary Club of Burnaby Hastings, Canada, specially Rtn. Anup Singh Jubba I who initiated the idea and helped in raising finances.

That some Rotarians from Canada visited our camps and were all praises for the conduct of the project, naturally makes us happy and once again we thank them for their generosity.

Our sincere thanks are also due to Dr. K. C. Garg, Professor and Head of Department of Ophthalmology, K. G. M. C. Lucknow and his team of young devoted and efficient surgeons who smilingly completed an arduous task.

Accomplishment of a project of this magnitude would have been unimaginable without the spontaneous and active co-operation of all our fellow Rotarians, I was greatly encouraged to observe the feelings of service and devotion among our Club members.

They can legitimately be proud of achieving the objects commendably. I wish them happiness and glory which any job well-done entails.

Col. Dr. J. K. Rastogi
Chairman, Organising Committee

PROJECT EYESIGHT '89'

OUTLINE :-

PROJECT EYESIGHT '89' was the name given to the eye relief programme launched by the Rotary Club of Lucknow Khaas in the rural areas of Lucknow District.

The programme envisaged the setting up of eight Eye Relief Camps at different places and doing ONE THOUSAND eye operations among the poor rural folk.

The entire diagnostic and surgical services and also the other essentials such as housing, beds and linen, food, medicines and spectacles etc. were all provided to the patients free of cost.

Technical expertise for the project came from teams of highly qualified, well trained and deeply dedicated doctors & para medical staff.

PROJECT EYESIGHT was inspired by an exchange of ideas between Mr. Anup Singh Jubbal of the Rotary Club of Burnaby Hastings, Canada and Col. Dr. J. K. Rastogi of the Rotary Club of Lucknow Khaas, India.

The project was substantially funded by the Rotary Club of Burnaby Hastings, Canada.

It is intended that the project be made an ongoing and continuing annual programme.



Anup Singh Jubbal, along with other Rotarians and Rotarionnes from Burnaby Hastings

The Pioneer: Lucknow, Wednesday, February 22, 1989

by Lucknow Mail in the morning.

Rotarians of
ROTARY CLUB OF LUCKNOW KHAAS

WARMLY WELCOME

VISITING ROTARIANS

from

**ROTARY CLUB OF BURNABY
HASTINGS, CANADA**

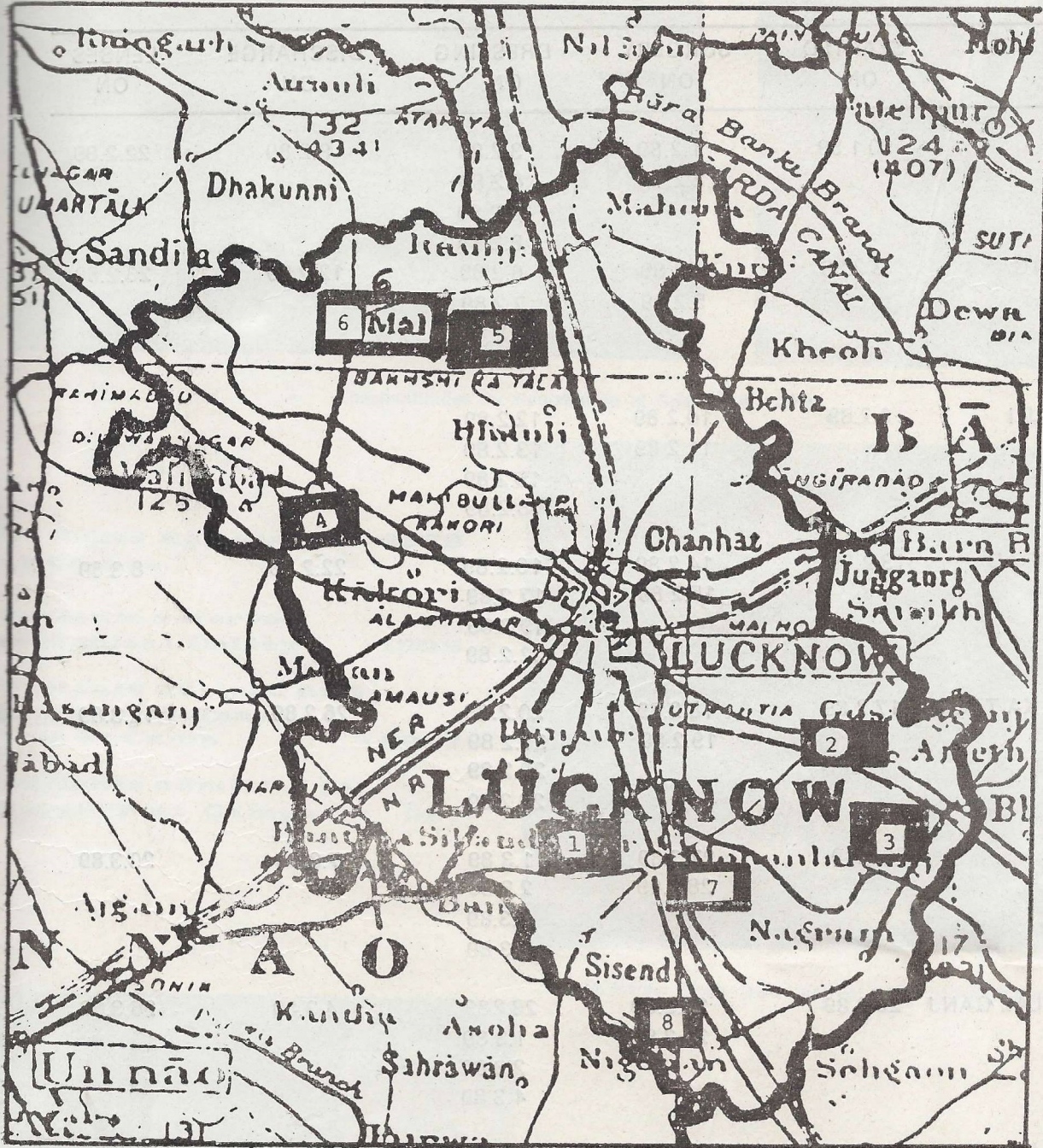
AND HAIL

**INDO-CANADIAN ROTARY
COOPERATION FOR
EYE-RELIEF**



MAP OF LUCKNOW DISTRICT

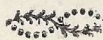
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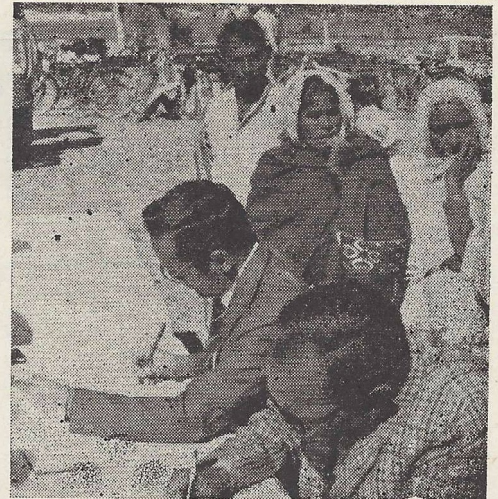
INDEX OF CAMP SITES

Camp No.	PLACE	Camp No.	PLACE
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CAMP	STARTED ON	SURGERY ON	DRESSING ON	DISCHARGE ON	LENSES ON
MATI	30.1.89	1.2.89 2.2.89	3.2.89 4.2.89 6.2.89 8.2.89	8.2.89	22.2.89
GOSAINGANJ	3.2.89	4.2.89 5.2.89	6.2.89 7.2.89 9.2.89 12.2.89	12.2.89	26.2.89
BAHRAULI	9.2.89	10.2.89 11.2.89	12.2.89 13.2.89 15.2.89 18.2.89		
MALIHABAD	13.2.89	14.2.89 15.2.89	16.2.89 17.2.89 19.2.89 22.2.89	22.2.89	8.3.89
BAKSHI KA TALAB	17.2.89	18.2.89 19.2.89	20.2.89 21.2.89 22.2.89 26.2.89	26.2.89	12.3.89
MAL	26.2.89	27.2.89 28.2.89	1.3.89 2.3.89 4.3.89 7.3.89	7.3.89	20.3.89
MOHANLAL GANJ	25.2.89	26.2.89 27.3.89	28.2.89 1.3.89 2.3.89 4.3.89	4.3.89	25.3.89
NIGOHAN	8.3.89	9.3.89 10.3.89	11.3.89 12.3.89 14.3.89 17.3.89	17.3.89	31.3.89



PROJECT EYESIGHT - PROGRESS & REVIEWS



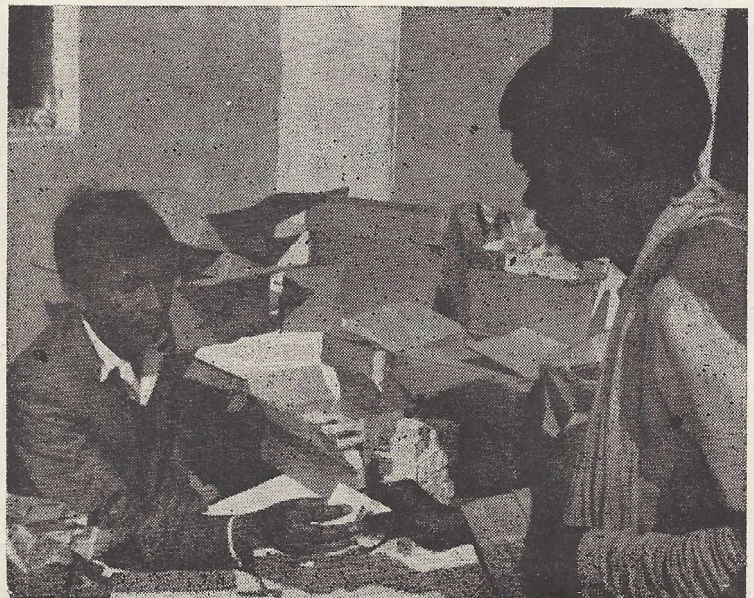
The multitudes for Registration at Gosainganj Camp.

**Patients Registered : 3328
at Camps.**

**Patients referred
to Medical College : 1508**

**Patients advised and
given medicines
free at Camp : 2337**

**Patients admitted for
Surgery at Camps : 991**



Laxmi Narain Singh (para-medical staff) distributing medicines free



Progress & Review Continued

in Lucknow

LUCKNOW, Feb. 21—Mr. Gary Smith, Deputy High Commissioner of Canada in India, will be in town on Wednesday on an invitation by Rotary Club of Lucknow Khaas as guest of honour at a "Project Eyesight" camp function at Bakshi Ka Talab Training Centre.

Under this programme, the club is organising eight eye relief camps in the rural areas of Lucknow. Over 5,000 poor people of the rural area from a population of over a lakh in the four blocks of Lucknow would be receiving diagnostic facilities and medicines free of cost. In addition, 1000 operations for cataract etc. are also being performed.

Project Eyesight, which has been substantially funded by the Rotary Club of Burnbay Hastings of Canada, bears testimony to the Indo-Canadian friendship and co-operations in the field of human development. So far, about 650 operation of cataract etc. have been performed and more than 3,000 poor people have received free check-up, advice and medicines, through five camps at Matl, Gosaingarj, Bahrauli, Malhabad, and Bakshi Ka Talab. Three more camps at Mal, Neelgawn and Telebagh are scheduled for the next fortnight.

The entire medical work at the eye relief camps is being looked after by a team of doctors from K.G.'s Medical College, Lucknow, under the supervision of Dr. K.C. Garg, professor and head of the department of ophthalmology, assisted by his team of specialists.

Today in



Canadian Deputy High Commissioner Gary Smith salutes Indo-Canadian cooperation for Eye Relief through Rotary.

WEDNESDAY FEBRUARY 22, 1989

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Eye camp held in Bara Banki

From Our Correspondent

BARA BANKI, Feb. 21: About 3600 eye patients received free eye treatment under the massive eye relief programme, christened Project Eyesight, launched by the Rotary Club Lucknow Khaas. About 600 cataract operations were carried out besides 3000 patients received free medical checkup and medicines.

The project is substantially funded by the Rotary Club of Burnaby Hastings, Canada.

Among the four eye relief camps, two at village mati and Bahrauli were organised in Bara Banki district. These camps were held at Mati on January 30 at Gosainganj on February 3 at Bahrauli on February 9 at Malihabad on February 13.

Indoor eye patients in the above camps were provided facilities including housing, surgical help, medicines, food and spectacles, free of cost.

Four more camps are scheduled to be launched during the current month at Bakshi-ka-Talab, Mal, Nilgaun and Telibagh.

The entire medical work of the eye relief camps were being looked after by a team of specialists from the K G Medical College, Lucknow

BATHING

Thousands of people from the city and neighbouring areas yesterday

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Shri Naresh Chandra, Hon'ble Minister of State, Uttar Pradesh and Chief Guest at Special Function organised by the club at Bakshi Talab on February 22,



अने वाले टेलीफोन उपभोक्ताओं में स्टैंड क कर्तायता बनमाना ऐसा सम्भव नहीं है। और यह सब के सब यह साइकिल-स्कूटर स्टैंड गैर बननी है।

पहनकर सम्मानन किया शयगा। समारोह के एडवुटेन्ट एच.एच. मंटल के समारोह की अध्यक्षता संस्था की संयुक्त निदेशिका डा. कृ. निखन महताब होगी।

नेत्र शिविरों के लिए कनाडा के रोटररी क्लब ने ढाई लाख दिए

लखनऊ २३ फरवरी। कनाडा के बर्नबी रोटररी क्लब का रोटररी क्लब यथा नगर के ग्रामीण क्षेत्रों में लखनऊ रोटररी क्लब द्वारा चलाए जा रहे नेत्र चिकित्सा शिविरों में सहायता के रूप में ढाई लाख रु. दगा।

उक्त जानकारी कल यथा बख्शी तालाब में रोटररी क्लब द्वारा आयोजित शिविर नेत्र चिकित्सा शिविर में आयोजित एक समारोह में शिविर की संगठन समिति के सचिव श्री इमरेश हसरत ने दी।

शिविर में अब तक कुल १०४ रोगियों की आंखों का अपरेशन किया जा चुका है। उन्होंने बताया कि 'प्रोजेक्ट आईस्मार्ट' के नाम से चल रही इस योजना में लखनऊ रोटररी क्लब ने भी लगभग ढाई लाख रु. का अनुदान दिया है।

श्री इमरेश ने बताया कि इन शिविरों में

मानियार्थिबन्ध के लगभग ६ सौ अपरेशन किए गए हैं। इसके अलावा लगभग ३ हजार लोगों की आंखों का मुफ्त परीक्षण किया गया और उन्हें आवास, भोजन दवाएं, और चश्मा आदि भी मुफ्त उपलब्ध कराया गया। उन्होंने बताया कि समाज कल्याण के लिए समर्पित के. जी. एम. सी. चिकित्सकों ने प्रो. के. सी. गर्ग के नेतृत्व में इन शिविरों को अपनी निःशुल्क सहायता दी।

समारोह में मुख्य अतिथि के रूप में जेतने हुए राज्य सूचना वरगर विकास तथा संसदीय कार्य मंत्री श्री नरेश चन्द ने कहा कि नेत्रों की पराधा और नेत्र रोगों के उपचार में लगी व्यय सभी संस्थाओं के कार्य में नेत्र चिकित्सा को प्राथमिकता मिलना है।

भारत में नियुक्त कनाडा के उपसुल्कायुक्त श्री समारोह में विशेष अतिथि श्री गैरी स्मिथ ने कहा कि कनाडा को इस बात पर गर्व है कि कल्याणकारी कार्यों में वह भारत के साथ है।

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कृष्णा
गणना १९८०
१-३०
ज्ञानदायक पारिवारिक संगीत मय चित्र
रखवाला (रंगीन)
लखनऊ में आज

Canadian delegation poses for a photograph with a few of the operatees being discharged from the Malihabad camp. Operatees are seen wearing identification nos. for predischarge photographs. The delegation visited the Malihabad and Bakshi Talab camps immediately on their arrival in Lucknow on 22nd February.



Rotary Club of Canada gifts Rs. 2.5 lakh

LUCKNOW, Feb. 24 — The Rotary Club of Burnaby Hastings of Canada has provided a sum of Rs. 2.5 lakh to the Rotary Club of Lucknow Khaas towards eye relief camps being run by it in the rural areas of Lucknow district.

The Rotary Club of Lucknow Khaas pooled in an almost equivalent resources besides planning and executing with its own manpower this rural eye relief campaign which has been named Project Eyesight.

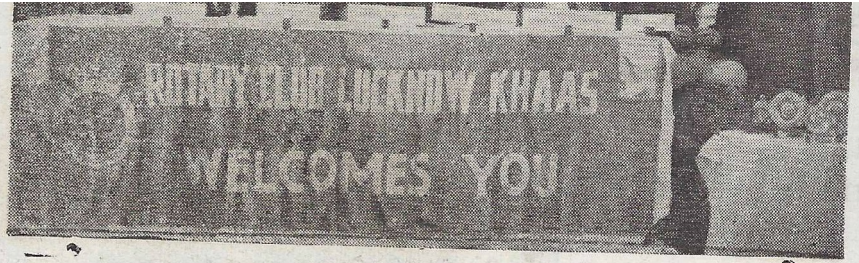
So far, about 600 operations for cataract etc have been performed in five camps spread all over the rural areas of Lucknow. About 3000 people have also been benefited through free eye examination and medicines for treatment. The entire services such as housing, food, linen, medicine and spectacles have been made available in the camps absolutely free of cost. The medical services in the camps have been provided by a team of doctors of the department of ophthalmology of the KG's Medical College, under the leadership of Prof KC Garg, said Mr. Jagdish Hansraj, secretary of the organising committee of Project Eyesight at a function organised recently by the Rotary Club of Lucknow Khaas at Bakshi Ka Talab where the fifth rural eye camp is in progress.

Mr. Naresh Chandra, Minister of State for Information, Urban Development and Parliamentary Affairs was the chief guest and Mr. Gary Smith, Deputy High Commissioner of Canada was the guest of honour.



President Elect, Al Mclean of Burnaby Hastings, Canada presents cheque of Rs. 52,000 to President Dr. Sudarshan Yajnik of Lucknow Khaas. Rupees two lacs have been received earlier from Burnaby Hastings. Watching the presentation are Hon'ble Minister Shri Naresh Chandra, Canadian Deputy High Commissioner Gary Smith and Anup Singh Jubbal.





The Pioneer

Lucknow, Thursday, February 23, 1989

Eye relief camp

LUCKNOW, Feb 22 - UP Minister of State for Information, Urban Development and Parliamentary Affairs Naresh Chandra said that the work of voluntary organisation engaged in eye care and treatment encouraged the medical treatment of eyes.

Mr. Chandra was addressing the valedictory function of the eye relief camp at the Extension Training Centre, Bakshi-ka-Talab, here today. The camp was organised by the Rotary Club, Burnby of Canada in cooperation with the Rotary Club of Lucknow Khaas.

Earlier, Canada's Deputy High Commissioner in India, Mr. Gary Smith, said that Canada was proud of its ties in the fields of welfare works and culture with India. He praised the hard work and knowledge of the doctors of this country.

Rotarians of Lucknow Khaas and Burnaby Hastings pose for photograph with Hon'ble Minister Shri Naresh Chandra and Canadian Deputy High Commissioner.

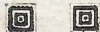
Dignitaries at Bakshi Talab Camp function on February 22



Rotarians of Lucknow Khaas and Burnaby Hastings pose for photograph with Hon'ble Minister Shri Naresh Chandra and Canadian Deputy High Commissioner.

Achievement of Project Eyesight

CAMP	PATIENTS REGISTERED AT CAMPS	ADVISED & GIVEN MEDICINES FREE AT CAMPS	ADMITTED FOR SURGERY AT CAMPS
MATI	286	215	71
GOSAINGANJ	572	417	155
BAHRAULI	329	235	94
MALIHABAD	626	456	170
BAKSHI KA TALAB	326	222	104
MAL	356	236	120
MOHAN LAL GANJ	427	287	140
NIGOHAN	406	269	137
TOTAL	<u>3328</u>	<u>2337</u>	<u>991</u>



SHERATON-VILLA INN, 4330 DOMINION STREET, BURNABY, BRITISH COLUMBIA, V5G 1G1
Meetings held at SHERATON VILLA INN on MONDAY at 12:15 p.m.

Rtn. Anup Singh Jubbal
Chairman
International Services Committee
P.O. BOX 3274, Vancouver, B.C. V6B 3X9
Canada

Ph. (604) 681-9003 / 521-0579

Rtn. Col. Dr. J. K. Rastogi
Immediate Past President
ROTARY CLUB OF LUCKNOW KHAAS
B-56, Sector A, Mahanagar
Lucknow, U.P., India.

RE: TO SETUP 10 CAMPS FOR CATRACT SURGERY OPERATION
100 PATIENTS EACH CAMP, TOTAL OF 1,000 PATIENTS
RURAL AREAS OF LUCKNOW IN THE LAST WEEK OF FEBRUARY

Dear Rtn. Col. Dr. Rastogi,

Please accept...

B-56, Sector A, Mahanagar
LUCKNOW- 226006
To:
Shri Anup Singh Jubbal
P.O. Box 3274, Vancouver, B.C. V6B 3X9
CANADA

My dear Anup Singh ji,

I send the cordial greetings from all of us in my club to the President and members of the Rotary Club of Burnaby-Hastings.

Your concern for the welfare of the community of rural Lucknow is laudable and it is indeed a pleasure and a privilege to be associated with you and the Rotary Club of Burnaby-Hastings in organising Eye Relief Camps.

I confirm having sent you the following cablegram:

REFER TO YOUR LETTER 17th NOVEMBER (STOP) ARRANGEMENTS FINALISED FOR UP TO FOUR HUNDRED EYE OPERATIONS IN THREE EYE CAMPS (STOP) ARRANGEMENTS FOR REMAINING OPERATIONS IN ADVANCED STAGE OF FINALISATION (STOP) DETAILED LETTER/SCHEDULE UNDER DESPATCH (STOP) RASTOGI, ROTARY LUCKNOW KHAAS

I am happy to inform that the details of performing 1000 operations in various Eye Relief Camps in and around Lucknow between 22nd January 1989 and 10th March 1989 have now been finalised.

The detailed programme of the Camps with full particulars of the location, date of camp, operating team and expected number of patients is given on Annexure 1 herewith.

FOR CATRACT SURGERY OPERATION EYE
CAMP TOTAL OF 1,000 PATIENTS IN THE
DISTRICT OF LUCKNOW IN THE LAST WEEK

Committee
R.C.V6B 3X9
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NIAAS

November 1

Contributions are deductible for Income Tax purposes
THE BLIND RECEIVE THEIR SIGHT - MATT 115

With you. It must be that
will not be successful. p
camp and therefore it must
b) They must give you that
experience with eye camps.
It before and it so, when
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About the

PROJECT PARTICIPANTS

This letter should be shared with your committee
and the officers of the Rotary Club of Burnaby-Hastings.
We had a delightful visit with you on October 24.
Your club is very warm and friendly and it was interesting
to see the tremendous crowd. It was a privilege to meet
with your key people prior to the general meeting. Your
club's objectives as I see them for your eye camp program
in India are as follows:

The thought of one large eye camp conducting
1,000 operations and up to 10 times that many
meetings with the Rotary Club of Lucknow
Khaas, India.

November 3, 1988

HEAD OFFICE
PO BOX 123 STN M
CALGARY ALBERTA T2P 2H4
TELEPHONE (403) 293-8323
SERVING HUMANITY SINCE 1963
CENTRAL CANADA
202 - 1718 LAWRENCE AVENUE EAST
SCARBOROUGH ONTARIO M1R 2X1
TELEPHONE (416) 759-8011

1988
25
1985



(1) Rotary Club of BURNABY HASTINGS, R. I. Distt. 504 CANADA B. C.

BURNABY' district municipality forming an eastern suburb of metropolitan Vancouver, south-western British Columbia, Canada, lies between the Burrard inlet and the north arm of the Fraser river.

This settlement developed with Vancouver in the late 19th Century and is named after Robert Burnaby (1828-78) a prominent local businessman.

It is the western terminus for an oil pipeline from Alberta and is the chief commercial and industrial centre of the Vancouver province.

Burnaby has important trucking, warehousing and petroleum distribution facilities as well as forest industries, steel fabrication and the manufacture of electronics, electrical and transportation equipment.

Simon Fraser University (1962) is in Burnaby.

Area : 100 sq. km.

Population : 1,36,494

(1981)

BURNABY has three Rotary Clubs :-

Rotary Club of Burnaby East (Wed. 12 . 15)

Rotary Club of Burnaby Kingsway (Fri. 12 . 15)

Rotary Club of Burnaby Hastings (Mon. 12 . 15)

Rotary Club of BURNABY HASTINGS was chartered in 1959

Members : 29

Profile : Insurance 3

Banking & Investment 4

International Trade 2

Consultancy 4

Printing, Dentistry, Drug Sales,

Lawyer, Real Estate 1 each

Trade, Professions & Services 8

Senior Active & Retired 3

Serving President : Hans Doge, Insurance Adviser aged 38 years

Anne - Patricia

Serving Secretary : Arch Rodrigues, Engg. Consultant aged 57 years

Contribution to PROJECT EYESIGHT -

Cash contribution of Rs. 2.52 lacs towards financing the running of the camps for conducting the one thousand operations.

Lucknow district comprises a section of the Ganges alluvial plain watered by the Gomati and Sai rivers and the Sarada canal system. It is primarily agricultural.

Historically Lucknow gained importance after its capture by the first mughal ruler Babar in 1528. His grandson Akbar the great made Lucknow a part of the Oudh province under Asaf-ud-daula as the first Nawab in 1775.

Lucknow has notable examples of Muslim, Turkish and French architecture. The city is served by a University, a Medical School, an Engineering Institute, an Arts & Crafts College, a Music University and numerous Central Government Institutions and industrial undertakings all of which are mentioned elsewhere in this brochure.

LUCKNOW has six Rotary Clubs.....

Rotary Club of Lucknow Khaas (Mon. 19.30)

Rotary Club of Lucknow Midtown (Mon. 19.30)

Rotary Club of Lucknow Trans-Gomti (Wed., 19.00)

Rotary Club Lucknow West (Thursday, 19.30)

Rotary Club of Lucknow (Fri. 19.30)

Rotary Club of Lucknow Rajdhani (Sat., 19.30)

Rotary Club of Lucknow Khaas was chartered on June 12, 1980.

Members : 43

Profile : Doctors 7; Lawyers 3; Newspaper 1;

Farming 3; Banking 3; Retired 7;

Lumberman 1; Consultants 7;

Manufacturing 5; Misc 4

Serving President : Dr. Sudershan Yajnik, Age 56, Professor of Anaesthesiology

Anne : Manju

Serving Secretary : K. B. R. Murthy, Business Executive

Anne : Vimla

Major Club Activity :

Rural Medicare Camps (Annual); Youth Festival Annual; Annual Sports & Rehabilitation for the handicapped.

Contribution to PROJECT EYESIGHT :

The planning, organisation and execution was done by Lucknow Khaas, which also provided the manpower.

Cost of medicines etc. for 5000 outpatients & investment for essential capital goods such as 100 Camp Beds, Blankets & linen for 100, Camp kitchen equipment etc. all made by Lucknow Khaas.

From the President's desk

PROJECT EYESIGHT - JYOTI MAHA YAGN

The eye is a precious organ and eyesight is a divine gift. Restoring eyesight is a noble task. Two different communities represented by Rotary Club of Burnaby Hastings and the Rotary Club of Lucknow Khaas, living in two different countries-Canada and India, separated by an eleven thousand kilometer distance, joining hands through PROJECT EYESIGHT and seeking to restore normal eyesight to the poor, is a sacred deed. Even more significant is the fact that the substantial financial aid by the donors (Burnaby Hastings Rotary Club) has come to an entirely unknown recipient (the community of rural Lucknow through the Rotary Club of Lucknow Khaas) without any strings or conditions of reciprocity. The Canadian commitment to human welfare and measure of faith reposed in the Rotarians of Lucknow Khaas is deserving of the highest gratitude and praise.

Gratitude must also be expressed for the devotion of the Doctors and para medical staff under the inspiring leadership of Prof. K. C. Garg of the Department of Ophthalmology, K. G. Medical College, Lucknow.

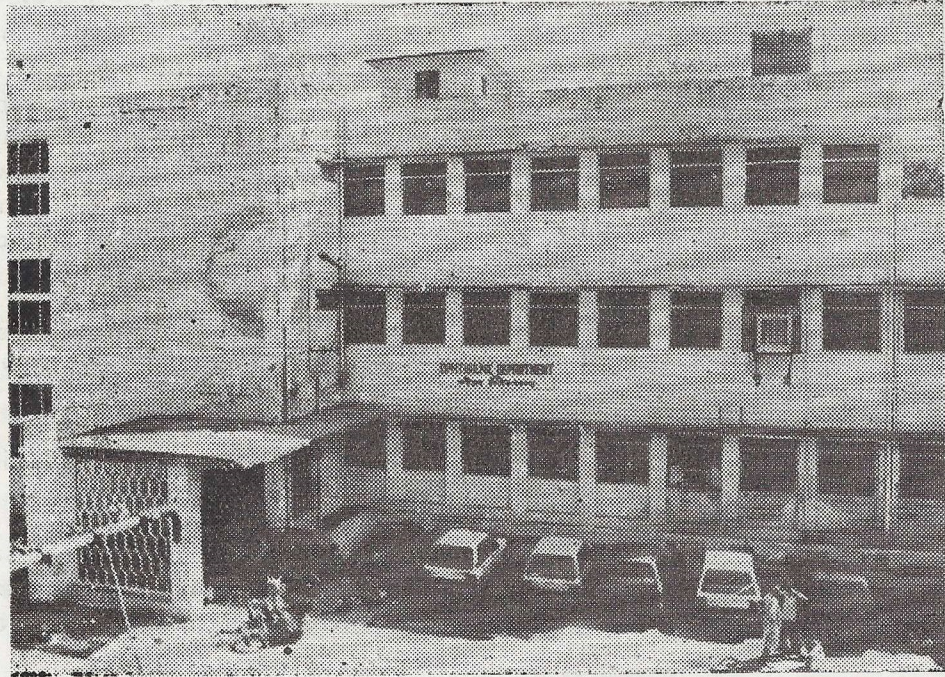
Last but not the least I am proud of each member of my club who, alongwith his family, has lent his unstinted cooperation towards the success of PROJECT EYESIGHT.

I am happy that our club has honoured its commitment to the Rotary Club of Burnaby Hastings and has once again lived up to its traditions. We are all geared up to take on the challenge of the joint programme with Burnaby Hastings in the coming Rotary year which is already on the planning board.

Dr. Sudershan Yajnik
President Lucknow Khaas
1988-89



ated Doctors from the Department of Ophthalmology K. G. Medical College, Lucknow which came into being in 1915 and is one of the oldest in the country.



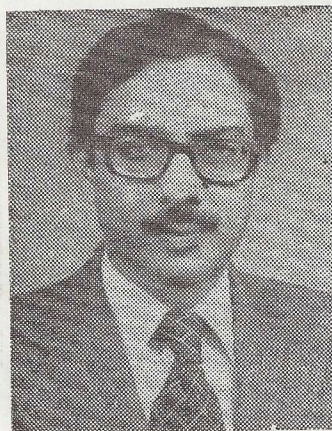
Department of Ophthalmology, K. G. Medical College, Lucknow.



The services rendered by the following Doctors is lauded and gratefully acknowledged.



Dr. Jitendra Agarwal
M. S.



Dr. Deepak Kumar
M. S.



Dr. Rajiv Nath
M. S.



Dr. Vineeta Singh
M. S.



Dr. R. C. Saxena
M. S.



Dr. Poonam Kishore
M, S,

ably assisted by

Dr. Apjit Kaur, Dr. Sanjiv Kohli, Dr. Upsham Goel, Dr. Jaya Chandel, Dr. Shashank Kumar,
Dr. Ajay Dave, Dr. Praveen Kumar, Dr. J. K. Manchanda, Dr. Ramji Gupta, Dr. Neeta Chandel,
Dr. Puneet Kumar, Dr. Naveen Agarwal, Dr. Akhil Garg, Dr. Sunil Singh, Dr. Akhil Srivastava,
Dr. Seerna Nautiyal, Dr. Sanjiv Kohli, Dr. Manish Kumar, Dr. Abha Dalela, Dr. Saurabh Chandra
Dr. Ina Jain.

We acknowledge the leadership given to the team by Dr. K. C. Garg, M. S. F.R.C.S., D. O.,
Professor and Head of the Department of Ophthalmology,



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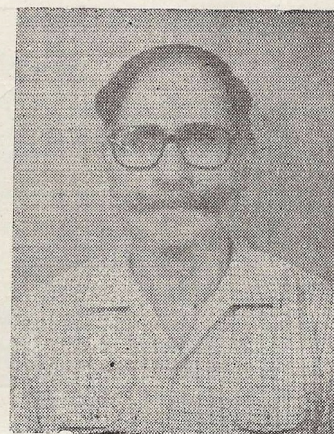
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Those who shared the work and

Who was posted where —

PUBLICITY & PUBLIC RELATIONS :—

Shishir Jaipuria
Rajendra Singh (Kranti)
Dr. Ram Krishna
Harish C. Seth
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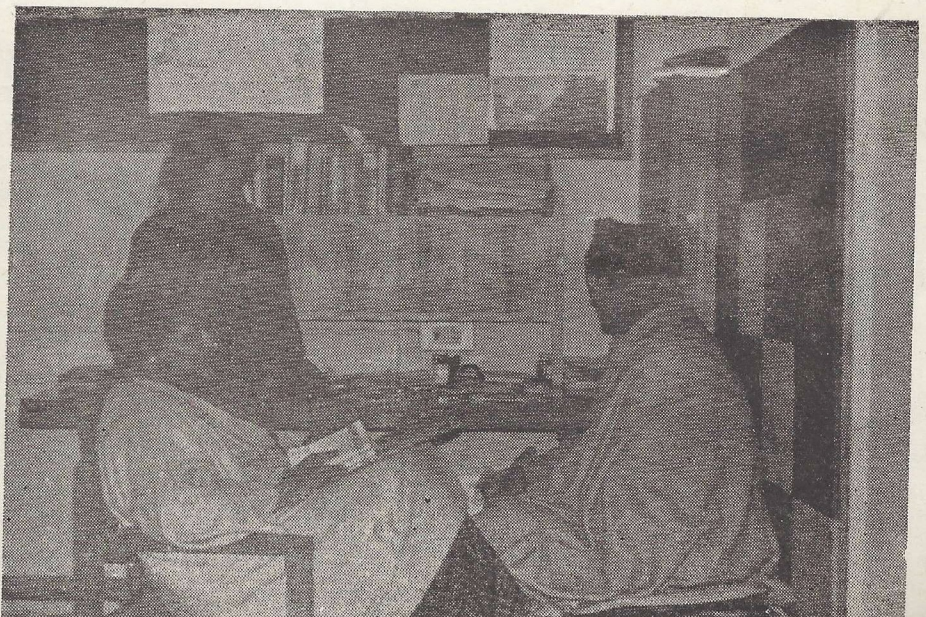
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Dr. Ram Krishna
Mahabir Prasad



ever needed.

The selfless service of Rotaryannes and Annets is deserving of the highest praise,

In working overtime and in accordance with the Rotary principle of 'service above self' and 'He profits Most who serves Best,' the Rotarian members of the Rotary Club of Lucknow Khaas have only done their duty of making a sincere effort of fulfilling their commitment to the Rotary Club of Burnaby Hastings and to suffering humanity. Their efforts have not been in vain for the task has been well done and virtue is its own reward.

We are grateful to the Rotarians of Rotary Club of Lucknow Rajdhani for being our 'comrade at arms' in this service project.

All those who strained every nerve in ensuring that the Souvenir is ready for release on schedule merit a pat on the back but our special 'thank you' is reserved for the advertisers and donors whose contribution was so useful in bringing light to many eyes.

Printing a Souvenir as a first assignment is a herculean task for any press. Kranti, at PRINTEXCELL, has done a good first job and is off to a good start.

The articles published herein have been taken from a booklet that my illustrious father, late Dr. Hans Raj, had helped publish in 1973. They are as relevant today as they ever were. Their release once again, on his 83rd birth anniversary, which falls on 13th March 1989, is my little salute to the concern for eye relief that he cherished.



Jagdish K. Hansraj
Secretary, Organising Committee

Glaucoma as a cause of blindness and its prevention

Dr. B. T. Maskati,

M. S., D. O., M. S. (Bom.), F. I. C.S.' Former Professor of Ophthalmology, Bombay.

GLAUCOMA, also called 'sambal-bai' or 'kala-motia' in northern India, is a common blinding disease in this country. In the United States of America it has been estimated that after the age of 40 years, 1 out of every 50 person suffers from Glaucoma. In India 1 out of every 200 of the population is believed to be afflicted. 5 to 10 per cent of blindness in India is attributed to Glaucoma. This blindness is permanent and incurable.

What is glaucoma ?

In reality glaucoma is nothing but a plumbing problem of the eye. The eye is a hollow sphere smaller than a table tennis ball. Its inside is divided into two unequal compartments by a biconvex transparent structure called the crystalline lens. The larger back compartment contains a jelly-like fluid resembling egg-white the volume of which remains more or less constant throughout life. The smaller front compartment is filled with watery fluid which is constantly being manufactured from the blood, and the volume of which keeps varying all the time. Just like a tyre goes flat without pressure, the eye also needs internal pressure to hold its shape for proper functioning. This pressure inside the eye is provided by the volume of the watery fluid. If inner pressure get too high they become dangerous. So we have 'safety valves' in the eyes outer tunic which let out the pressure at the danger level. Healthy eye pressure is 25 millimeters of mercury or less. It can be measured by a delicate instrument called Tonometer.

The walls of the eye have an important weak spot at the back where the big optic nerve must come in through a hole. The optic nerve is a cord like structure 5 mm. in thickness. It joins the eyeball with the brain. This cord is made up of bundles of nerve fibres, a million in number, each fibre being connected with a large number of cells in the retina. The retina itself is the nervous inner layer of the eye which receives the visual impressions from the outer world, and transmits them through the million nerve fibres of the optic nerve to the brain, which in turn interprets the impressions into objects.

If the safety valve mechanism of the eye is defective, as happens in Glaucoma, pressure inside the eye slowly effects the weakest part of the eye i. e. the disc where the optic nerve enters the eye ball. The pressure squeezes the nerve fibres which are killed one by one and the cells of the retina connected to these lose their function as they also die. This results in loss of side vision to begin with. As more fibres and cells die, more of the visual field is lost until only tube like vision remains. In this condition only the object of regard is visible. All round it is a sea of mist. When all the nerve fibres and cells die there is total and permanent blindness.

Special tests called 'Visual Field' tell us how many fibres are dead. Damage to the optic nerve can be detected by the eye surgeon with the help of a simple instrument called Ophthalmoscope.

be completely lost if the attack is allowed to persist for 24-48 hours. Such a condition can be temporarily relieved with drugs. But surgery must be undertaken to reduce eye pressure to within normal limits. If operation is performed without loss of time, much of the vision can be restored.

More often glaucoma develops in a slow insidious manner over a period of months or years. The symptoms it produces are so mild that they go unnoticed. Typically it affects persons of both sexes over 35 years of age. There may be occasional blurring of vision, difficulty in adjusting to the dark, or simply a vague heaviness of the head and a simple eye-ache. Sometimes there is difficulty in reading printed matter over a period of time. In well established cases the patient may notice a rainbow coloured ring around electric lamps at night. Gradually the vision gets impaired and there is restriction of side vision so that driving a motor car requires greater concentration. As the disease progresses the field of vision becomes smaller. The eye hardly ever becomes red so the patient loses sight absolutely unaware of his serious condition.

Treatment usually begins with very special eye drops. They must pull the pupil down to very small size to open that 'safety valve' of the eye and let off some pressure. Large pupils are bad in glaucoma. If eye drops fail to bring down the pressure, surgery must be done. The eye operation creates a new drain channel which acts as a 'safety valve' and keeps eye pressure within normal limits on a permanent basis.

Prevention of glaucoma :

The most important thing in glaucoma is its early detection. Medical science cannot restore vision in glaucoma but can often save any that is still left at the time it is discovered. This is the crux of the problem and it should be emphasised by the eye doctor to his glaucoma patient. In spite of this warning if the patient continues to neglect the eye, he does so at his own peril because sooner or later the eye is surely bound to become blind if treatment is not commenced early.

Some important points to remember about glaucoma :

If you are 35 years of age or more please make a careful note of the following :—

1. If you have vague symptoms of eye-ache, heaviness of the head, blurring of vision specially in the evenings, or difficulty in reading ; consult an eye surgeon to rule out the possibility of glaucoma.
2. If you see rainbow coloured rings around electric lamps at night, it is a clear indication of raised eye-pressure. Get a thorough eye check-up. If glaucoma is discovered meticulously observe your doctor's instructions.
3. If Glaucoma is diagnosed and eye pressure is not controlled with eye drops, operation is the only treatment to control the condition. Do not wait for the winter season for the operation. Get it done when your doctor advises.
4. Always remember that glaucoma is very often wrongly diagnosed as cataract. This is so

because bath conditions produce a pearly bluish grey appearance of the pupil at one stage. But the two conditions are poles apart. In cataract all the lost vision is fully regained by operation. In glaucoma, on the other hand, operation can only save the vision that still remains. Glaucoma is easily diagnosed by measuring eye pressure with a Tonometer, and cataract by examination with an ophthalmoscope. Both instruments are available with all good eye doctors.

5. If you are suspected to suffer from glaucoma, always work in well illuminated rooms. Do not sleep in a darkened room during daytime, especially during the rainy season. Avoid the use of dark goggles. When you go to see a movie, put a drop of medicine to contract the pupil. Large pupils are bad in glaucoma as they obstruct the 'safety valve' of the eye.
6. Nearly all persons above 40 require reading glasses. It is a good practice to consult an eye doctor for these rather than take them from an optician. An eye doctor will give you a thorough examination, an optician will only give you glasses and nothing more. Request the doctor to measure your eye pressure. The test can be repeated when your reading glasses require a change. Normally this is necessary every 3 years.

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Blindness Due to Chronic Diseases

Dr. S. N. COOPER

D. O. (Bom. Oxon.), D.O.M.S. (London), F.A.C.S.

Dr. Cooper was one of the senior most Ophthalmologists of the country. Retired as Professor Ophthalmology, Bombay, was a past President of the All India Ophthalmological Society and was Editor of the Indian Journal of Ophthalmology for two decades. Winner of Adenwala Oration. Eminent teacher with innumerable research papers to his credit.

Among the causes of blindness in India, the most interesting are those due to infective diseases because they are the ones that offer a reasonable challenge to the intelligence and resources of ophthalmologists in order to secure improvement and cure.

Generally speaking, any infective agent that attacks the human organism is capable of affecting the eye, since the eye is considered to be a very vulnerable shock organ. For this reason, all infections give rise to similar types of non-specific reactions with a few exceptions in which a specific clinical characteristic develops which betrays the cause. Hence it would be hazardous to describe specific types of inflammations that may cause blindness attributable to a particular type of infection. Thus, the etio-diagnosis of infective causes of blindness is difficult only from the clinical picture.

A second difficulty that arises in the etiodiagnosis is the clinical fact, that more than one infective factor may be operating at the same time. More often this is the case, as summation of two or more toxic factors is more likely to precipitate a detrimental reaction than a single toxic factor. For example, a syphilitic subject may go free of any ocular involvement leading to blindness than if he were also a tuberculous subject. The knowledge of this etiological pathology has great bearing on the diagnosis as well as treatment of such conditions. Thus, such a subject may have all serological tests for syphilis positive and we may make a prompt diagnosis of syphilis as the etiological factor, treat it accordingly and may not get the expected cure. Little wonder, that it should be so, because the other debilitating or contributory factor, tuberculosis, has been neglected.

Too light-heartedly, we rely, on laboratory tests alone to make an etiological diagnosis. A choroiditis leading to blindness may be of tuberculous origin, but because his W. R. may be found to be positive he is labelled as a case of syphilitic choroiditis.

How far then, one can rely on laboratory tests for making an etiological diagnosis. All one can say is, laboratory tests by themselves can be very misleading unless the diagnosis can be confirmed by (1) a thorough clinical examination of the body physical and (2) response to treatment. We have come across a few papers in our Journals, where the etiological factors in optic atrophy are analysed and labelled as syphilitic with no more evidence than a positive W. R.

of Drs. Cogan and Kuwabara whether they were doing any additional tests since 1949. We got a most surprising reply. They were convinced that laboratory tests as carried out by them failed to establish the etiology of blinding diseases with certainty and that they had given up doing all these tests except ones for Toxoplasmosis. They had learnt to pin their faith in a thorough clinical examination of the case.

The need to recognise the possibility of a double infection in most of these cases or to appreciate the presence of a debilitating factor is the key to treatment in these cases. In this connection to learn the true significance of Rice's equation will not be out of place here.

$$\text{Lesion} = \frac{\text{Infection} \times \text{allergy} \times \text{debilitating factor}}{\text{Resistance of the patient,}} + \text{Trauma}$$

It has been our practice in all inflammatory lesions of the eye due to general infection to reduce it to an equation as above. Let us take one such example. In the case of a choroiditis let us say by a clinical examination of the patient we suspect that it may be a case of tuberculous choroiditis. If so, looking at the equation one asks the question. is the lesion due to bacterial infection (granulomatous) or to the toxins of the micro-organisms causing an allergic (non-granulomatous) type of lesion, or to both and if so, how much may be due to the bacterial invasion and how much to their toxins. Then again we have to consider whether there is any debilitating factor like diabetes, general weakness or the presence of another infective condition which may contribute to the clinical picture of the total lesion. Naturally, the resistance of the patient will further modify the lesion. Such a consideration alone, will give us an intelligent approach to the blinding disease which will help us in proper evaluation of diagnosis and treatment.

Taking chronic diseases by themselves, as already stated, most of them give rise to a non-specific clinical picture which may involve any of the tissues of the eyeball. We shall first consider in general the tissue affected by these lesions and then consider special features if any in such cases.

Conjunctiva and cornea

Most of these diseases may affect the conjunctiva and cornea but by themselves they may not lead to blindness. The severest may be an ulcer cornea which again will take the usual course and if the debilitating factor or the contributing factors are not paid attention to, the ulcer may not heal by just standard treatment.

Iris and ciliary body

Again, non-specific type of iridocyclitis may be present in every such case, which may lead to blindness because of the sequelae of iridocyclitis. Specific types of iridocyclitis, characteristic of the etiological factor will be considered later. Once again, let us remember that two infective conditions may contribute to the total picture of iridocyclitis e. g. leprosy and tuberculosis in which case it would be difficult to pick out the cause.

Chorio-retina

Although characteristic types of chorioretinitis have been described, experience has taught us that it would be hazardous to make a diagnosis of chorio retinitis due to a specific cause only from the fundal picture. Perhaps the only type which may be considered characteristic may be that due to toxoplasmosis where a central macular lesion is fairly characteristic. Again one cannot depend only upon the fundal picture. There should be the other manifestations of toxoplasmosis viz mental symptoms, calcified areas in the brain by X-rays and a positive Sabin Feldman test.

Optic Nerve

A lesion of the optic nerve causing blindness is an acute one. However chronic forms of optic neuritis may be due to poisons and toxins as in the case of tobacco, alcohol, diabetes etc. Here again a contributing or debilitating factor must always be looked for. A tobacco amblyopia is much more common in a diabetic patient or one suffering from malnutrition and unless these factors are treated, only stopping of tobacco smoking is not going to improve the condition.

Chronic diseases leading to blindness

It would be impossible to deal with all chronic forms of diseases leading to blindness. The common ones are as follows :—

1. Tuberculosis.
2. Syphilis.
3. Leprosy.
4. Toxoplasmosis.
5. Tumours.
6. Demyelinating diseases.
7. Collagen diseases.

1. Tuberculosis

The tissue picked by the tubercle bacillus is mostly the uveal tissue. The two forms in which the affection takes place are :

- (a) Granulomatous where the bacterium itself is the invading agent and.
- (d) Non-granulomatous where the toxins of the tubercle are mostly operative.

As the name implies the granulomatous variety is characterised by the formation of nodules with formation of typical tuberculous giant cell systems.

In the non-granulomatous variety the iritis is of a plastic nature leading to the various sequelae and blindness. Again both the varieties may overlap. As regards the choroid, the same two types of lesions are come across. The non-granulomatous variety is characterised by the formation of fine miliary tubercles, very often seen near the macula.

One other way in which blindness can occur in tubercle. is after recovering from tuberculous

There is one form of blindness due to syphilis which is definitely specific and that is due to tabes, where a typical primary type of optic atrophy takes place.

3. Leprosy

Here again, leprotic pearls have been described when the iris is affected, but very often it is just a nonspecific type of iridocyclitis that may prevail. Leprosy on the whole rarely leads to total blindness.

4. Tumours

The most characteristic tumour that leads to total blindness is a Pituitary tumour which pressing upon the chiasma leads to optic atrophy with typical field defects.

Other types of intracranial tumours give rise to optic atrophy after causing papilloedema due to increased intracranial tension.

5. Demyelinating diseases

A typical instance under this group is disseminated sclerosis. Fortunately in this country is extremely rare and almost non-existent. Devic's disease falls under this group but on the whole is an acute condition but when the patient survives, he is rendered totally blind.

6. Collagen diseases

Quite a number of syndromes fall under this heading. However, many of them give rise to a very chronic and progressive form of iritis leading to total blindness.

Treatment

The treatment naturally is primarily to tackle the cause. As already stated, there may be more than one cause operating and therefore it is necessary to determine each contributing factor as per the equation on page three. It is impossible to chalk out a line of treatment for the different causes which lead to blindness. We have to content ourselves with the principles of treatment only the details of which can be left to the choice and experience of the ophthalmologist. Thus the principles will be :

1. To determine the cause or causes and treat the same.
2. To prevent progress of the disease if diagnosed early enough.
3. To treat the sequelae and the complications.
4. To maintain and promote the general resistance of the patient.



Cataract as a cause of Blindness in India & its Management

Dr. P. Siva Reddy

M. S. (Ophth.) D. O., F. I. C. S.

Dr. P. Siva Reddy was a Padma Shri and Honorary Ophthalmic Surgeon to the President of India, and Ophthalmic Adviser to the Govt. of Andhra Pradesh. Professor and Head of the upgarded department of ophthalmology, Osmania Medical College and Superintendent of the Sarojini Devi Eye Hospital, Hyderabad.

In India where 70% of the population live in rural areas medical care is next to nil due to various reasons. As qualified doctors are not willing to attend to the rural population, it is the specialists that should go to the remote villages, to render help to the needy. One of the specialities which is really reaching the rural masses is Ophthalmology, by way of Eye Camps, an yeomen service is being done to the needy public.

It is unfortunate that there are about 4.5 million blind in our country and the most surprising factor is that 75% of this blindness is preventable. The main causes of blindness are nutritional disorders of the Eye : small pox; injuries trachoma; glaucoma; infections etc. Cataract and Glaucoma which are serious diseases are the main causes of blindness in the adults above the of 40 years.

Surveys show that there is a high incidence of cataract in all parts of India. Nearly 1.5% of the population go blind in one or both eyes due to cataract. Mostly cataract occurs in old age after the age of 40 years. Ocassionally children and young adults can also have a cataract. Blindness due to cataract is curable by timely surgery.

The lens of the eye is a transparent biconvex structure situated just behind the iris the coloured curtain in the eye. The lens is suspended in position by thin threads of tissue. The lens is semi-solid in consistency composed chiefly of water and protein, with very small quantities of sodium, calcium, phosphorus; vitamins, lipoids and cholesterol.

The cataract is a lens which has become opaque. The lens is made up of many layers. Sometimes only one layer becomes opaque and the others remain clear. Other times the opacity increases steadily leading to progressive blindness.

Causes of Cataract : The genesis of a cataract is unknown. What is known is that, the lens is soft and pliable at birth and during youth. It grows harder and less flexible as people grow older. The ageing process reduces the functions of the lens leading on to cataract.

the lens in the eye which formerly was clear and now has become clouded .

Progress of Cataract : When a lens becomes completely opaque it is termed as mature cataract. If an eye is not operated at such a time the cataract liquifies to form a milky pulp. The cataract is now termed "Hypermature". The time taken for a cataract to progress from a mature stage to hypermature differs from eye to eye and from person to person.

Symptoms : The complaints of a patient suffering with a cataract starts with the person seeing black spots in front of his eye. These spots are stationary but move when the eyes move. He may also find bright lights dazzling with haloes around them. Gradually cataracts give rise to increasing blindness. This blindness starts as a form of blurring of vision or a fog or haze in front of the eye. There may also be visual field loss. The person ultimately grows blind first in one eye to be followed by loss of vision in the other eye. One factor to be kept in mind about cataracts is that, unlike glaucoma the patient's vision falls to the level of perception of light and no further. To others, "Cataract" is visible as white mass filling up the patients pupil.

Some measures are available to prevent certain types of cataracts. Early detection and treatment of diabetes mellitus reduces the chances of cataract. Efficient treatment of eye diseases and refractive errors prevents cataracts caused by such disorders.

Management of Cataracts : Medical treatment has no role in regaining the transparency of a cataractous lens.

Cataract surgery is one of the safest operations today and it carries a highly successful rate of recovery.

The story of the evolution of surgical relief of cataracts is long and full of interest. In the second half of the 18th century, treatment of cataract by "Couching" was widely practiced. The greatest exponent of this school was Sushruta, the great Indian Doctor. He dealt systematically with the anatomy, physiology and pathology of the eye, and he described different varieties of cataracts, giving a good account of the technique of their treatment by couching.

Today couching is being practiced only by quacks. Quackery is most rampant in our country. The eye is a very tender organ and any harsh treatment is deleterious. For cataract "Couching" is a crude method of surgery in which the "Opaque lens" in the eye is pushed back with a needle. This is very much rampant in our villages. There is no act by which such quackery is banned by law. Couching usually gives some vision immediately but in the long run leads to complications, whereby the eye is lost permanently.

The technique of removing cataract has greatly improved in these days. The patients are given a relaxing drug and an anaesthetic is dropped into the eye. The lids are held apart by means of sutures. The lens is then removed either without its capsule or whole with the capsule. The actual extraction of the lens with its capsule is achieved with one of the following :

(a) Forceps.

(b) Erysiptake.

(c) Cryo-extractor, this is a pencil like instrument with a rounded tip. It is cooled to -40°C and applied to the lens. This firmly adheres to the lens which is gently pulled out.

The entire procedure takes less than 5 minutes. Before the patient knows it, the operation is over and a protective bandage is applied over the eye. The day after surgery the patient is allowed to sit up in bed and allowed to go home on the 6th day. Certain precautions should however be followed. Violent exercises and heavy lifting are prohibited. A protective device should be worn over the operated eye to prevent injury.

In my long experience, some common questions asked by cataract patients :

- Q. I am developing a cataract and am fearful that I shall become blind.
- A. People who have cataract can read and carry on a normal life till such time the cataract are fit for surgery. Then they can be easily removed.
- Q. Do I have to wait until I am completely blind by a Cataract to have them removed ?
- A. You do not have to wait until you are completely blind with a cataract. Your doctor will decide on the time of surgery.
- Q. I have a weak heart and high blood pressure. Can I still have my cataracts removed ?
- A. The procedure for cataract removal is very simple and easy. It can be done on very sick people.
- Q. If both eyes are affected, when should the operation be done ?
- A. When the vision has become so poor as to hamper the patient to carry out his routine duties.
- Q. I have diabetes affecting my eyes and now I have cataracts too.
- A. Removing the cataracts will restore only vision lost due to the cataract. Any damage to the retina or the optic nerve will not be repaired.
- Q. Is a patient blind without glasses after a cataract operation ?
- A. After the operation all that the patient needs is a pair of glasses. When the glasses are not worn, the person will be able to see but not clearly. The glasses give a clear vision.
- Q. Suppose one eye is affected and the other is normal, should the operation be done ?
- A. This is left to the discretion of the Surgeon.
- Q. Doctor, I have heard that contact lenses can be worn after a cataract operation. I am 70 years old and is not that too old to try ?
- A. Many persons wear contact lenses after cataract surgery. The vision is very clear and as near as normal. If you get a contact lens you will need a simple glass for reading as the contact lens helps only for distant vision. Contact lenses are small plastic discs placed on the eye. They overcome optical disparities in the size of the images.

In conclusion it can be said that the blindness caused by cataracts is easily curable with timely surgery. The patients can lead a normal life there-after.



The Problem of Blindness In India & its Magnitude

LATE Dr. HANS RAJ, M. B. B. S., L. O.

Dr. Hans Raj served as Honorary Ophthalmic Surgeon, Balrampur Hospital, Lucknow for 36 years, and Reader in Lucknow University for 20 years. He was a member of the U. P. Medical Council, and President of the U. P. Ophthalmic Society for 1972-73.

The problem of blindness in India is stupendous. Our country has the largest blind population, not only in absolute number, but also as compared with other developed and most under developed countries, having a higher percentage of blind per thousand of population.

The tragedy is all the worse from two other points of view (1) In developed countries most of those who lose their sight do so at an advanced age when degenerative processes have set in, and the individuals productive capacity is at low ebb. In India a very large number lose their sight in infancy and childhood, and an equally large number reach this helpless state while still young and potentially capable of adding to the national wealth.

(2) A vast majority of those who become blind in our country could have been saved by comparatively simple appropriate measures. Sight can be restored to large proportion of those who are blind, to make them useful and self-reliant members of the community.

One third of the world's blind population live in India there being more than five million sightless persons in our poor country helping to make it poorer.

For every one, totally blind person there are three more, who although they cannot technically speaking be called blind, their sight is so much impaired that they are unable to make a living and are therefore economically blind.

Our State of Uttar Pradesh stands higher than most other states of Bharat in its share of totally and economically blind persons.

The general public is not actively conscious of this stupendous problem which is not merely an ophthalmic challenge but a vast socio-economic burden. Leaving aside the social and psychological aspects of the matter let us try to assess the economic loss to the country in rupees and paise. On a rough assessment if out of five million totally blind people, only 2 million are in the earning age group of 18-55 years, the loss of man days per year is 20 lacs x 365, and if the average earning is kept as low as four rupees per day the loss amount to Rs. 300 crores. Add to this the cost of perpetual maintenance of 50 lac persons with food, clothing and housing and work hours lost in looking after them, or the cost of maintaining them, if they take to public begging All told this loss runs into at least a thousand crores per year.

much less frequent during the last ten years or more as the disease is claimed to have been rooted out.

3. Malnutrition : The prices of food stuffs are rocketing sky high. Milk, the sheet anchor of the diet of infants and growing children, and most essential for expectant and nursing mothers is either not available or out of the reach of a middle class householder even in its adulterated form and just enough to give colour to the tea. The purchasing power of agricultural and industrial labour, the peasant and others has not improved in proportion to the exorbitant food prices. No wonder, therefore, that blindness from malnutrition is on the increase and constitutes the largest cause of blindness in children and a major cause of total blindness in India.

4. Trachoma or granular lids, caused by virus infection, when lack of cleanliness, overcrowding, dusty windy hot climate, undernourishment act as predisposing factors. It is, most often, complicated by corneal ulcers and in-turned eye lashes, and is the cause of preventable blindness in a large number of people of all ages and both sexes. It is rampant in many under-developed countries specially in the middle East.

5. Accidents and domestic, agricultural and industrial injuries result in a considerable degree of blindness which can be reduced by care and enforcement of proper regulations such as use of protective glasses in such establishments.

6 & 7. Cataract and Glaucoma are degenerative diseases of the eye occurring in middle age or later life and the cause of blindness in a very large number of people of that age. Blindness from former is completely curable and from the latter vastly preventable.

8. General diseases, blood pressure, tuberculosis, leprosy, venereal disease.

9. Quackery : There is no law regulating or controlling medical practice in our country.

On the other hand certain authorities in their enthusiasm to provide cheap and quick medical relief for rural areas have proposed legislation to register and employ unqualified practitioners of five year's standing or more even without a basic educational qualification after giving them three months training in modern medicine, Ayurveda and Homeopathy. As a contrast it, takes at least seven and half years intensive training after high school to produce a qualified doctor of modern medicine alone.

Lucknow town and district are the headquarters of a class of unqualified eye practitioners formerly known as Sathias who now masquerade as doctors from Sitapur and their camouflage is such that even educated people fail to penetrate it so as to find them out as quacks. They are mostly illiterate but have also stationery clinics with modern names such as 'Glaucoma Clinic'. Patients blinded or disfigured by such men are seen every day in every private clinic and in hospitals in U. P. Little surprise that quackery constitutes an important cause of blindness in India as there is no public opinion against it and partly governments have no thought or time for such legislation.



कर्तव्य, समाज और हम

व्यक्ति इकाई है। उसका समवेत रूप है समाज। अमर्यादित व्यक्ति को मर्यादा के अन्दर लाने के लिए समाज की रचना हुई थी। समाज बना तो व्यक्ति समाज होने लगा स्व के सीमित दायरे से निकलकर वह व्यापक दायरे में आ गया। उसे कर्तव्य का बोध हुआ। कर्तव्यनिष्ठा की भावना का उदय हुआ। मनुष्य को अपने प्रति ही नहीं दूसरों के प्रति भी कर्तव्य का बोध हुआ। शिक्षित हो या अनपढ़, हर आदमी के मुँह पर यह बात रहती है कि समाज के प्रति हमारा क्या कर्तव्य है। हमारा इतिहास साक्षी है कि कर्तव्य के पीछे लोग अपने को समर्पण कर देने में भी आगा-पीछा नहीं सोचते थे। समाज के प्रति उनके कर्तव्य उन्हें हमेशा सद्मार्ग पर चलने की प्रेरणा देते थे।

राम कर्तव्य के लिए वन-वन की खाक छानते फिरे। महात्मा गांधी, इन्दिरा गांधी तो अभी हाल ही के उदाहरण हैं। बुद्ध, महावीर, महाराणा प्रताप आदि प्राचीन इतिहास के मणि हैं। सबल का ही कर्तव्य है कि वह निर्बल की सहायता करे। कर्तव्य का क्षेत्र बहुत व्यापक है। कर्तव्य की नींव पर ही समाज टिका होता है। इस युग में आदमी अपने में इतना सिमट गया है कि वह दूसरों के प्रति अपने कर्तव्य को भूलता सा जा रहा है हमें एक दूसरे पर भरोसा नहीं रह गया। इस दूभाग्य पूर्ण स्थिति से हमें बचने की चेष्टा करनी चाहिये, वरना हम धरातल में धँस जायेंगे। समाज को मजबूत बनाने का कर्तव्य पूरा करने की पहली शर्त यह है कि हर मनुष्य मात्र को अपना समझें और ऐसे हर काम से बचने की कोशिश करें जो दूसरों को तकलीफ पहुंचा सकता है। अपने कर्तव्य का ठीक-ठीक पालन करने से ही चरित्र का निर्माण होता है और कर्तव्य से च्युत होने से चरित्र का नाश होता है। तात्पर्य यह है कि अपने कर्तव्य का पालन करने से ही मनुष्य की उन्नति होती है।

देश, जाति या व्यक्ति विशेष में आचार-व्यवहार का भेद रहता है। इन भेदों को कभी भी मिटाया नहीं जा सकता। सबकी प्रतिभा, रुचि भिन्न-भिन्न होती है। उसी प्रकार कर्तव्य के भी अनेक रूप होते हैं। शास्त्रों-एवं सन्तों-में भी मतभेद देखा गया है। इसी से यक्ष के यह पृष्ठने पर कः पन्थाः (मार्ग क्या है) धर्म प्राण युधिष्ठिर कहते हैं :-

तर्कीऽप्रतिष्ठः श्रुतयो विभिन्ना,
नैको ऋषिर्यस्य मतः प्रमाणम्
धर्मस्य तत्त्वो निहितं गुहायां
महाजनो येन गतः स पन्थाः ॥

इस कथन के अनुसार तो महापुरुष का आचरण ही हमारा पथ-प्रदर्शक सिद्ध होता है।

कर्तव्य से चरित्र का निर्माण होता है। समाज का निर्माण होता है। और एक गौरवपूर्ण राष्ट्र का। प्रश्न यह उठता है कि क्या हम अपने राष्ट्रीय चरित्र के उत्कर्ष के लिए इच्छुक, लालायित एवं प्रयत्नशील हैं। यदि हाँ, तो निर्दिष्ट पद्धति पर चलिये। समाज के प्रति अपना चारित्रिक दायित्व अथवा कर्तव्य पूर्णतः सम्भालिए। अपने राष्ट्र के प्राचीन गौरव को सन्मुख रखकर छल, दम्भ, द्वेष, भ्रष्टाचार, चोरबाजारी आदि दुर्गुणों से बचें। समाज एवं राष्ट्र के प्रति कर्तव्य का स्मरण करते हुए निष्ठा पूर्वक समर्पित होने का संकल्प ले लीजिए। बस इतना ही करने से कोई व्यक्ति स्वयं को अकेला समझने की दुर्बल भावना का शिकार नहीं होगा।

युक्तः कर्मफलं तत्कृत्वा शान्तिमाप्नोति नैष्ठिकीम् ।

अयुक्तः काम कारेण फले सक्तो निवध्यते ॥

Common Infections of the Eye

Dr. I. S. JAIN

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Dr. I. S. Jain was Professor and Head of the Department of Ophthalmology, Postgraduate Institute of Medical Education and Research, Chandigarh. He was Principal Investigator of research project on "Pilot Rehabilitation Centre and Mobile Ophthalmological Unit for persons disabled by eye disorders" a project aided by the Vocational Rehabilitation Administration, Govt. of U. S. A.

The eye is the most useful organ of our special senses. It enables us to get acquainted with the world around us, helps us to enjoy the beauties of nature and enables us to read and write. Loss of eye sight, therefore, is a grave tragedy that befalls on an individual. It creates problems of immense magnitude, not only for the affected person but for the whole family and the society.

One fifth of the world's blind population lives in India. The trachoma pilot project estimated the number of blind in India as 4.0 million in 1960, with a blindness rate of 1000 per lakh of population. In a recent survey of blindness and ocular morbidity conducted by us (Jain, 1972) in two rural blocks of Punjab and Haryana, bilateral blindness was found to be present in 320 persons per lac of population (3.2 percent). Blindness was curable in 69.69 percent and incurable in 30.31 percent cases. Furthermore, it is indeed pathetic to note that in 67.7 percent of incurable blind persons, the blindness was preventable. It is, therefore, very important for the layman to understand the importance of certain symptoms and signs of eye diseases so that proper treatment can be given in time. Innumerable eyes could be saved, if people learn to realise the importance of seeking proper medical help and advice in the early stages of disease.

Infectious diseases constitute one of the important causes of preventable blindness and come next only to cataract. Different types of infections affect the eye, some localising externally and others settling in the interior of the eye. Some of the important infectious diseases which affect the eye are as under :

Conjunctivitis :

Conjunctiva is a protective membrane that covers the white of the eye and lines the inner surface of the lids. Since it is exposed to the outer atmosphere, this part of the eye is the most

purulent exudate is typically caused by pus producing bacteria (Fig 1 & 2) and the fibrinous exudate clinically manifested as pseudomembranous or membranous conjunctivitis due to diphtheria organism or in some severe forms of acute conjunctivitis. Since bacterial conjunctivitis is typically an exudative process, the discharge is its most characteristic feature, and is the source for transmission of infection. The patient may clean the eyes with a handkerchief or a small piece of cloth and then apply to the other eye or clean the eyes of children with the same cloth resulting in further spread of infection. The infection may also spread by infected hands, flies or contact with other infected articles and, therefore, it often spreads rapidly through schools and other such institutions. Purulent conjunctivitis some times occurs among people who frequent swimming baths.

A variety of infective conjunctivitis is ophthalmia neonatorum which is a hyperacute or acute purulent gonorrhoeal conjunctivitis occurring in the new born infants. Infection occurs during passage through an infected birth canal and contact of the infant's conjunctiva and lid margins with the mother's infected cervix. It usually shows itself within 2-3 days as gross swelling of the lids between which pus escapes when an attempt is made to open the eye. The conjunctiva is seen to be congested and swollen. Treatment is best carried out in a hospital. The pus is removed by gentle irrigation as it forms, and penicillin drops are instilled every few minutes at first and then at lengthening intervals. Improvement is seen within a few hours and the case is usually cured in 2-3 days.

Another type of infective conjunctivitis is seasonal conjunctivitis which occurs in rainy season especially in areas where hygienic conditions are not good and flies abound. The flies sit on discharge of the affected patients-usually neglected infants and young children and transmit the infection to other's eyes. In the process, trachomatous infection is also spread,

Conjunctivitis sometimes can be serious by way of secondary involvement of the cornea. The involvement is usually marginal and not serious but on occasions the ulcer of the cornea becomes secondarily infected and leads to perforation of eye ball with further spread of infection to the interior of the eye, with resultant catastrophe.

The moral from the above description, therefore, is not to use the same towel or handkerchief in a family. Get immediate consultation from an eye specialist and do not depend on the services of a quack. The eye specialist will save you from much suffering and cut short the valuable time that otherwise may be lost for ever.

Trachoma and Infections

Trachoma (KUKRE, ROHE) is very much prevalent in North India. Trachoma free from secondary infection is a benign condition which passes on to spontaneous cure with minimal of damage. Association of secondary bacterial infection modifies the course and pattern of trachoma, healing takes by thick scarring which often leads to mis-direction and consequent rubbing of eye lashes against the cornea, inturning of lid margin (Entropion), ulceration of cornea and at times to complete blindness. The moral, therefore, is to prevent secondary infection and trachoma would lose practically all of its significance.

Corneal Ulcer

In ulceration of the cornea (the transparent front portion of the eye) although the lesions vary considerably in their nature and---

nomenclature, they have one feature in common : a breach in the most superficial layer the corneal epithelium. This most commonly arises from infection entering a corneal wound, minute abrasion which incidentally are extremely common due to exposed position of the cornea. There is history of injury or inturning of lid margine (entropion) with rubbing eye lashes. The eye is irritable, photophobic and watery and the patient complains of a gritty sensation. This is due to the movements of the lids over the damaged cornea.

On examination, the eye is red and this redness is most marked around the margins of the cornea particularly in the quadrant where the ulcer lies. Vision is usually reduced often markedly so if the ulcer occupies the central area. (Fig 3).

If the corneal ulcer is severe and the invading organisms virulent or the patient debilitated, the reaction within the eye is intense and there may be collection of pus within the eye, (Fig 4). The pus is sterile and remains so unless the ulcer becomes so deep as deep as to perforate the cornea in which case organisms enter the eye from outside. The perforation of an ulcer is also caused by some sudden exertion on the part of the patient e.g. coughing, sneezing and straining at stool when the weak floor of the ulcer is unable to support the strain and gives way. This is a very serious complication associated with prolapse of certain intraocular structures and if infection happens to enter the eye as it most often happens, the eye may be lost completely.

In a poportion of cases, the patient is found to have an obstructed and inflammed tear sac on the affected side. Removal of this source of infection is essential to the succes of treatment.

Since the introduction of antibiotics, the incidence of severe form of corneal ulcers has fallen considerably the it is still an important cause of visual defect and loss of working time. These severe ulcers cannot be treated at home and the majority require hospitalisation,

Small Pox

Small pox is caused by a virus and is characterised by generalised pustular eruption all over the body surface, which on healing leave scars.

The chief complication in small pox is Involvement of the eye and blindness induced by small pox is preventable to large extent if people take vaccination and resort to early treatment of ocular complications by competent ophthalmologists.

The eye lids are affected along with general eruptions all over the body and if ulceration takes place there may by cicatrisation, scar formation of the eye which may result in inversion or eversion of the lid margins.

The inner surface of the lids and the cornea of conjunctiva may be affected, the lesions may ulcerate and the lids may become adherent to the globe at the time of healing. Only efficient handling at the beginninfg can prevent formation of this crippling complication.

Ulcers of the cornea are the commonest complicaton in smal pox. The ulcers are formed by breaking up of vesicles and sometimes due to secondary infection. If progræes of the ulcer is rapid and unchecked, there is grave danger of perforation of these ulcers. The pereforation may be small localised, but if the infection is virulent and wide spread, the whole cornea may melt exposing the interior of the eye.

If the ulcer is localised and does not perforate, it may heal up completely, leaving only a

The tears are drained away into the nose by a system of channels located towards the inner side of the eye ball. Some times there is blockage of one of these ducts with the result that the tear fluid collects in the tear sac. The tears which have served to clear the eyes, wash bacteria into the sac where they may readily multiply and cause a latent or obvious infection of the sac.

The essential symptom is watering from the eyes. There may be a swelling at the inner side of the eye which may empty its pus if pressure is applied over it. A large number of virulent bacteria are usually present in the discharge and this fact is of considerable importance since it explains the frequency with which hypopyon ulcer arises in these cases and the danger of infection in the interior of the eye if any intraocular operation is undertaken.

Dacryocystitis may occur in the new born. In these cases, it is due to imperfect canalisation of the duct that connects the tear sac with the nose. There is usually no abnormality of the eye during the first few weeks of life, and then it is noticed by the parents that one eye is more sticky than the other and tends to water. Some times pressure with the finger over the tear sac will produce a reflux of mucopurulent material into the conjunctival sac. The initial treatment consists of digital pressure over the lacrimal sac which may force the pent-up secretions down into the nose and the use of antibiotic drops. If, however, there is no sign of improvement, it is better to consult an eye specialist who may then pass a probe through the duct and thus clear the passage for normal tear flow.



BRIEF FACTS ABOUT ROTARY

Rotary is a world fellowship of business and professional men who accept the ideal of service, individually and collectively, as the basis for success and happiness and community life.

In Rotary, thoughtfulness of others is regarded as the basis of service and helpfulness to others as its expression. Together they constitute the Rotary ideal of service. To attain this ideal, Rotary helps men develop their abilities to render service in their vocations and their communities.

Rotary is not a secret organization. Rotary does not seek to supplant or to interfere with any religious or political organization. It assumes that its Programme of service is in accord with all religions, and it does not concern itself with a Rotarian's politics. Rotary expects him to be faithful to his religion and loyal to his citizenship.

The Rotary Club

Rotary's membership plan is unique among men's service organizations. Each Rotary club seeks to make its membership a true cross-section of the community's interests and activities by selecting as its members qualified men whose places of business or residence are within the community, and each of whom is personally and actively engaged in a recognized business or profession not otherwise represented in the club.

Rotarians endeavor to exemplify their mottoes—"SERVICE ABOVE SELF" and "HE PROFITS MOST WHO SERVES BEST"—in all their business, social and civic relationships by placing the obligation to serve others before their desire for profit for themselves.

A Rotary club links its community to a global network of cities and towns where similar Rotary clubs are operating to give expression to the desire to serve others. Their affiliation with other Rotary clubs on an international basis, balanced programmes and activities, and their unique standards of membership give Rotary and its clubs permanence and stability.

Rotary International

Rotary International is the association of Rotary clubs throughout the world. Its offices serve as clearing houses for all Rotary clubs, aiding in standardization of their practice and in the translation of the ideal of service into business and community life.

Rotary International is administered by a Board of Directors composed of 17 Rotarians elected at the Annual Conventions of Rotary International.

The organization maintains its International Headquarters at 1600 Ridge Avenue in Evanston.

Origin and Growth of Rotary

The first Rotary club in the world was organized in Chicago, shortly after the turn of the century, by Paul P. Harris. The Rotary club of Chicago's first meeting took place on 23 February, 1905. Paul Harris named the new organization the "Rotary" club, because originally the members met in rotation at their various places of business. Membership in this new club grew rapidly. It soon became too large to meet in places of business of the members, and Rotarians began to meet once each week around the luncheon table. These Weekly meetings, usually in connection with a luncheon or dinner or at tea, are now held by Rotary clubs around the world.

Each of the men who joined with Paul Harris in organizing this club was engaged in a different type of service to the public. This basis of membership—one active member from each business and profession—became one of the cornerstones of Rotary.

From Chicago, Rotary soon spread to other cities in the U. S. A. in 1910 the National Association of Rotary Clubs was formed, which was changed in 1912 to the International Association of Rotary Clubs in order to provide Charters to Rotary clubs outside the U. S. A. This name was shortened to Rotary International in 1922. **PAUL HARRIS** was the president and later president first emeritus of Rotary International. In India, the first Rotary club was started in 1919.

Rotary Club's Activities

Wherever Rotary clubs are located in any of the 156 countries and geographical regions around the world—the activities of Rotary clubs are based on the same general objective (see elsewhere).

True Rotarians meet and they eat at weekly luncheons or dinners or teas but their activities go far beyond these meetings. Rotarians find many outlets for their activities, both in committee work and as individuals. Rotarians are active in civic and community welfare work, in leading boys and girls into good citizenship, in the betterment of rural-urban understanding, and in helping youth movements.

Rotarians are active in raising the standards of their own business and professions, and their entire vocation.

Throughout the world, Rotarians of many diverse nationalities are working together, personally and as members of different nations through projects of their Rotary clubs, for the advancement of world understanding and peace.

The Rotary Foundation

The objective of the Foundation is the furthering of understanding and friendly relations between people of an educational and charitable nature.

Since 1947, the Rotary Foundation has made approximately 13,500 educational awards to young men and women for graduate and under-graduate study and technical training in countries other than their own. A new programme provides such awards to teachers and journalists also. Over a thousand young business and professional men have benefitted from Group Study Exchange awards for study visits abroad. The foundation is supported by voluntary contributions from Rotarians and others.

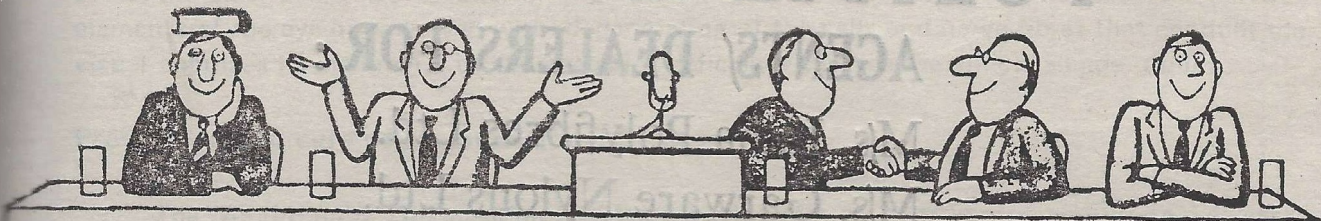
Interact and Rotaract Clubs

Interact is a world programme of clubs for outstanding high school boys and girls sponsored by local Rotary clubs. The purpose of an Interact club is to provide opportunity for young people to work together in a world fellowship dedicated to community service and international understanding. Interact programme was inaugurated in 1962.

Rotaract, for young men and women between 18 and 28; was launched in 1961. The purpose of a Rotaract club is to develop leadership and responsible citizenship through service to the community, to promote high ethical standards in vocation, and to promote international understanding and peace.

Inner Wheel Club

Inner Wheel Clubs are composed of Rotaryannes (wives or sisters of Rotarians). Though no part of Rotary International, these clubs too are dedicated to service and international understanding.



Malnutritional Blindness

Dr. G. VENKATASWAMY, M. S., D. O.

Dr. Govindappa Venkataswamy was Vice-Principal and Professor of Ophthalmology at Madurai Medical College, Tamil Nadu. He was awarded the Srinivasan Gold Medal for his work on vitamin B-2 deficiency, and one of his books received a State award. He was President of Medical Research and Director, Tamil Nadu Blind Rehabilitation and Nutritional Rehabilitation Centres. He was also the principal investigator of the Glaucoma Demonstration Centre at Erskine Hospital, Madurai. Dr. Venkataswamy was honoured with the (Padmshri) award in 1973.

According to a survey of the World Health Organisation, malnutrition is one of the major causes of blindness in Africa, Asia, and it is difficult to estimate the number of people blinded by malnutrition. The eye involvement is part of the general deficiency and as there are no alarming signs such as redness of the eyes, its recognition is delayed by the patient's relations until it is too late. A very large number of those affected, are infants and children between the age of 1 to 5 years. The Government of India in 1961 estimated that there were 400,000 blind children in the country, approximately half of them developed blindness due to malnutritional disorders.

How malnutrition causes blindness ?

There are two major dietary deficiencies which involve the eyes. These are : 1. Vitamin A deficiency, and 2. extreme protein-calorie malnutrition combined with deficiency of vitamin B complex. In both conditions the ocular involvement is part of the generalised body involvement.

Vitamin A deficiency usually affects children in the 1 to 5 year age group, most commonly at 2-3 years of age when the child is deprived of the mother's milk as the result of another pregnancy. The earliest symptom of deficiency is night blindness. As the child becomes marasmic with a dry skin, a pot belly and suffers from frequent diarrhoea. The usual lusty and loud cry of the child is replaced by a raucous one, which is feeble, dry, and hoarse. The eyes lose their brilliant sheen and appear dull, hazy and lustreless. Yellowish spots appear at the junction of the black and the white part of the eye ball. Without any warning, the cornea becomes more hazy and within a matter of hours it softens and melts away leading to permanent, irreversible blindness.

In protein-calorie malnutrition combined with vitamin B complex deficiency, the clinical picture is not as dramatic as in vitamin A deficiency. Although the cornea gets involved in a few cases, the chief complaint is one of progressive, gradual diminution of vision. The nervous elements of the eye get involved with degeneration of the cells and nerve fibres that conduct the visual impulses to the brain. Unlike vitamin A deficiency the disease affects all age groups.

Prevention and cure of Malnutritional Disease

The World Health Organisation has been making efforts to prevent malnutritional diseases

ductive work. She and her infant at this time are a liability to the community. In an agricultural country like India, this liability is directly measurable in terms of food. As public health measures become more and more effective, more and more children will, in all likelihood, survive into adulthood if they can be fed. But the problem is immense. The blindness caused by malnutrition is entirely preventable and all the agencies for the blind must do the needful to eradicate this problem.

Dr. Venkataswamy was honoured with the (Padmaśrī) award in 1973.

According to a survey of the World Health Organisation, malnutrition is one of the major causes of blindness in Africa, Asia, and it is difficult to estimate the number of people blinded by malnutrition. The eye involvement is part of the general deficiency and as there are no alarming signs such as redness of the eyes, its recognition is delayed by the patient's relations until it is too late. A very large number of those affected are infants and children between the age of 1 to 5 years. The Government of India in 1961 estimated that there were 400,000 blind children in the country, approximately half of them developed blindness due to nutritional disorders.

How malnutrition causes blindness?

There are two major dietary deficiencies which involve the eyes. These are: 1. Vitamin A deficiency, and 2. extreme protein-calorie malnutrition combined with deficiency of vitamin B complex. In both conditions the ocular involvement is part of the generalised body involvement.

Vitamin A deficiency usually affects children in the 1 to 5 year age group, most commonly 2 to 3 years of age when the child is deprived of the mother's milk as the result of another pregnancy. The earliest symptom of deficiency is night blindness. As the child becomes marasmic with a dry skin, a pot belly and suffers from frequent diarrhoea. The usual luster and luster of the child is replaced by a ravenous one, which is feeble, dry, and hoarse. The eyes lose their brilliant sheen and appear dull, hazy and lustreless. Yellowish spots appear at the junction of the black and the white part of the eye ball. Without any warning, the cornea becomes more hazy and within a matter of hours it softens and melts away leading to permanent, irreversible blindness.

In protein-calorie malnutrition combined with vitamin B complex deficiency, the clinical picture is not as dramatic as in vitamin A deficiency. Although the cornea gets involved in a few cases, the chief complaint is one of progressive, gradual diminution of vision. The nervous elements of the eye get involved with degeneration of the cells and nerve fibres that conduct the visual impulses to the brain. Unlike vitamin A deficiency the disease affects all age groups.

Prevention and cure of Malnutritional Diseases

The World Health Organisation has been making efforts to prevent malnutritional diseases in all the developing countries by programmes like Applied Nutrition programme, training of nutrition workers in the community etc. World population is increasing annually by some 35 million people. Most of the increase is occurring in the economically under developed countries, where the death rate has fallen sharply in recent years, while the birth rate remains high. Control of

Blindness In Old Age

Dr. J M Pahwa

M.S. (Ophth.) D. O. M. S. (London), Z. L. O. (Vienna)

Dr. Pahwa is a Padam Shri. He has worked for prevention and treatment of blindness with missionary zeal, first as senior surgeon and later as Professor at one of the pioneering Institutions of India of Ophthalmic Research Sitapur. His particular interest is in treatment of retinal detachment and ocular haemorrhage.

Eye is one of the most important and precious of the five senses gifted to us by God. It is not only an organ of sight, but also an organ of expression as it helps us to show grief, sorrow and excitement. We are able to admire the wonders and beauties of nature around us only through our eyes. It also registers on the retina signs of many diseases which affect the human body. Some one has thus rightly said that "Eye is light of the body, pearl of the face, window of the soul and mirror of the heart".

The deprivation of eye sight is the most difficult thing to bear. There are nearly four million totally blind and nearly the same number, not more of partially blind people in our country. This population constitutes nearly 1/4th of the total blind population of the globe. Nearly 80 percent of this colossal blindness is preventable as it is caused by quackery, ignorance, superstition and lack of proper personal and public hygiene. The common causes of blindness in old age are :-

1. Trachoma particularly its sequelae and complications of entropion and xero is
2. Venereal diseases particularly tertiary syphilis, Tabes and G. P. I. etc.,
3. Metabolic diseases like diabetes etc.
4. Vascular diseases like hypertension, arteriosclerosis with occlusion of retinal vessels, carotid insufficiency and giant cell or temporal arteritis.
5. Accidents and injuries.
6. High myopia leading to its complications of mucular involvement and retinal detachment.
7. Squint with amblyopia.
8. Glaucoma.

1. Trachoma

It is a dreadful contagious disease of the conjunctiva and lids caused by a large sized virus and is responsible for large number of blindness in our country. No doubt it is a disease of young age but it can be found in old age also. The disease is common in poor classes who live in crowded places and pay no attention to the personal hygiene. The disease starts with watering and sensation of grittiness with formation of grannules and follicles under the lids particularly the

is the tertiary syphilis, neurosyphilis with tabes and atrophy and are responsible for considerable blindness in old age. The treatment at this stage even by penicillin or fever therapy is of not much help.

3. Diabetes

Diabetes, particularly if neglected is becoming an important cause of blindness in old age. Quite often it is the ophthalmologist who on routine examination of the fundus discovers early changes and thus makes the patient aware of the disease. If it is associated with raised blood pressure and kidney involvement, the eye changes become worse and blindness supervenes.

In early cases of diabetes fundus shows minute dilatations of blood vessels, deep fine pinpoint haemorrhages and exudates which later on can take up severe shape and cause sudden loss of vision due to a large haemorrhage. Later on the haemorrhages form thick bands which pull the retina and lead to secondary retinal detachment resulting in permanent blindness. It is thus absolutely necessary to take early treatment by a good physician. If there is family history, it is all the more necessary to get one thoroughly checked up.

In early cases photocoagulation or laser therapy can be useful. In some selected cases partial removal of pituitary gland may be of some help.

4. Hypertension

This is mostly found in old age and is characterised by a rise of blood pressure. It is usually due to a disease of the blood vessels and its manifestations of haemorrhages and swelling are found in the retina. This swelling may increase at the optic disc resulting in marked degree of papilloedema and loss of vision. Malignant hypertension causes changes in the vessels, retinal haemorrhages, soft exudates, papilloedema and even secondary retinal detachment. The prognosis recently of this condition has improved because of many modern drugs but early treatment is advised. This can also lead to complications in the heart and brain in addition to occlusion to the retinal blood vessels and clotting of veins in the eye, with loss of vision.

Occlusion of the Central Retinal Artery :

This may be due to thrombosis associated with arterial disease, embolism from a mass of blood platelets found on a damaged portion of one of the carotid arteries or from a blood clot in the heart itself. In this there is sudden and complete blindness. The retina becomes swollen and milky white in appearance due to deprivation of oxygen supply with a bright cherry red spot at the macula which stands out in contrast to the neighbouring region. Treatment is rarely effective. In early cases *paracentesis* of anterior chamber or retrobulbar injection of priscol or acetylcholine may give rise to some improvement in vision.

Temporal Arteritis :

This is a chronic inflammation of the arteries leading to obstruction of the main arteries of the retina with loss of vision in older age. Carotid artery and its branches are particularly liable to be affected. Patient often complains of severe head pain over the affected area and tenderness and increased pulsation of temporal arteries. In 25 percent of cases involvement of ophthalmic or central retinal artery results in sudden loss of vision on the affected side.

5. Accidents and Injuries :

E. R. S. is usually raised. Treatment consists of immediate and systemic steroid therapy because it prevents involvement of the other eye which otherwise is frequently affected in occult temporal arteries, all the symptoms may be there but arteries are not palpable or tender. In such cases biopsy will be of much help.

Accidents and injuries are very common these days because of increased industrialisation. In old age agricultural injuries are quite common in our country. Following are common types of injuries :-

- (1) Contusion or blunt injuries by blows.
- (2) Perforating injuries.
- (3) Foreign bodies in the eye.
- (4) Burns due to gases, acids and alkalis.
- (5) Macular burns due to solar retinitis.
- (6) Agricultural injuries.

Contusion :

It is caused by blow and results in a black eye. If the injury is severe, it can affect any ocular structure. Patient should have an immediate check up so that inside of the eye may not be affected. Black eye is due to the collection of blood in the loose tissue surrounding the eye. If there is injury to the inside of the eye diminution of vision or even later on blindness may supervene.

Perforating Injuries :

These are caused by sharp objects. They are not only dangerous to the affected eye but also to the other eye as they can cause sympathetic involvement of the good eye. These injuries are thus serious and should be treated by an eye specialist immediately.

Foreign Bodies in the eye :

Foreign bodies in the eye can create most common problems. Some of the foreign bodies are superficial and get lodged in the cornea and lids while others may penetrate deep. They should thus be removed carefully. They cause grittiness, watering, redness and swelling of the eye. If the foreign body is metallic and has gone deep, it has to be localised by proper x-ray and then removed by giant magnet.

Burns:

These occur due to gases, acids and alkalis. The latter are most dangerous as they stick to the cornea and conjunctiva and penetrate deeper. It should be treated immediately and even emergency corneal transplantation be needed.

Macular Burns and radiation injuries :

Seeing solar eclipse Without any protective sun glasses is harmful to the eye. It causes burn of the macula. Radiation injuries can be caused in glass blowers or during electric welding of even from snow.

It is not unusual for the complication to appear and advance even after the myopia has come to halt. Macular changes which cause sudden loss of vision is evidenced by deep retinal or choroidal haemorrhage (Fuchs Foster spot) and take very long time to absorb and be ultimately replaced by a patch of organised exudate of a mass of pigment. Myopic patients are very-prone of degeneration with hole formation and retinal detachment which again cause sudden loss of vision. The condition in 30 percent of cases is bilateral as it affects other eye also. In many such pre-disposed patients, prophylactic treatment by cryotherapy or photocoagulation is helpful. It is thus highly recommended that the persons who have high myopia and there is family history to retinal detachment should consult a good eye surgeon in time, particularly for this prophylactic treatment.

7. Cataract

It is another cause of blindness in old age. Normally the lens inside the eye-ball is transparent while in cataract it first becomes dull and translucent and then opaque. The blindness resulting from it can be cured by an operation done by a qualified eye surgeon. But blindness can result from either delay in the operation or when, one falls a prey to some quacks or sathias who do couching i. e. instead of removing the lens, insert it inside the eye which often results, in infection, glaucoma, and permanent blindness. This subject can be discussed in detail but for it being beyond the scope of this sovenir.

8. Glaucoma :

Glaucoma is a hardening of the eyeball because the aqueous cannot escape due to closure of the angle of the anterior chamber. With the rise of the tension the nerve fibers of the retina and optic nerve which carry impressions from the outside world to the brain are pressed thus to loss of visual field and vision. It can come on suddenly with redness of the eye, diminution of vision, headache, haloes (apperance of coloured ring around lights) and vomiting the condition is recognised early the pain can be relieved and sight can also be restored. It may also come on slowly without pain but gradually leads to diminution of vision and thus thus the hltimate result is blindness.

Though exact ffgures are not available but in U S. A. nearly 1.5% of the people over the Age of 40 years are suffering from Glaucoma. Hence early dignosis and treatment are of faramount importance. Glau diagnosis and treatment.



आदर्श वाक्य

— संकलन २० जे० के० माथुर

सौंदर्य

- सौंदर्य का सबसे बड़ा कार्य है—हृदय शुद्धि, और श्रेष्ठ साहित्य का सबसे बड़ा धर्म है मानव मन में सौंदर्य बोध जगाना ।

धर्म

- धर्म सिर्फ मंदिर जाने में, कबूतरों को अनाज डालने में और चींटियों को आटा खिलाने में ही नहीं है ।

मन

- शत्रु हो या मित्र, किसी को भी अपने मन की स्वतंत्रता कभी मत देना. मन के द्वार हमेशा खुले रखना. संहतिवाद मानव मन का संहारक है ।

कर्तव्य

- बैर लेना या करना मनुष्य का कर्तव्य नहीं है—उस का कर्तव्य है क्षमा करना ।

आशावाद

- आशावाद प्राणियों के लिए अमृत है. जैसे सूर्य से वनस्पतियों को जीवन प्राप्त होता है, वैसे ही आशावाद से मनुष्यों में जीवन शक्ति का संचार होता है ।

दानशीलता

- दानशीलता का अर्थ केवल धन देना ही नहीं है, बल्कि दानशीलता का अर्थ है तन, मन और धन देना ।

शंका

- हमारी शंकाएं हमारे साथ विश्वासघात करती हैं और हमें उन अच्छाइयों से वंचित रखती हैं जिन्हें हम प्रयास से पा जाते ।

भावना

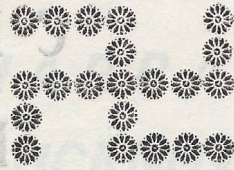
- काम से ज्यादा काम के पीछे की भावना का महत्व होता है. जो

बहुत से ३ संख्या को अशुभ मानते हैं और बहुत से शुभ । जो भी हो पर मैं समझ नहीं पाती कि तीन का इतना महत्व क्यों है ? जरा आप भी देखिए :—

- १- हिन्दुओं के प्रमुख तीन ही देव हैं—ब्रह्मा, विष्णु, महेश ।
- २- यात्रा के आधुनिक तीन ही मुख्य साधन हैं :— रेल, हवाई जहाज, पानी का जहाज ।
- ३- मनुष्य का जीवन भी तीन भागों में बांटा गया है :— बचपन, जवानी और बुढ़ापा ।
- ४- भगवान ने ब्रह्माण्ड को तीन ही कदमों में नापा था ।
- ५- लोक भी तीन हैं :— मृत्यु लोक, पाताल लोक, स्वर्ग लोक ।
- ६- दुख भी तीन प्रकार के होते हैं :—दैहिक, दैविक, भौतिक ।
- ७- दर्शन के तीन ही विषय हैं :— ईश्वर, जीव, माया ।
- ८- भगवान शिव के भी तीन ही नेत्र हैं ।
- ९- ईश्वर की प्राप्ति के भी तीन साधन हैं :— ज्ञान, भक्ति, कर्म ।
- १०- तीन व्यक्ति ही पूज्य माने गए हैं :— माता, पिता और गुरु ।
- ११- लिख भी तीन चीजों से ही रही हूँ :— कलम, कागज और स्याही ।

संकलन :

संजू याजनिक



सेवा का उत्स संवेदन

सर्वप्रथम तो मैं आपको यह अवश्य बताना चाहूंगी कि यह "सेवा" क्या है। प्रेम और दया के बशीभूत किया गया कार्य ही असली सेवा है।

दूसरों को सुख पहुंचाना और उनके सुख से प्रसन्न होना जीव मात्र के प्रति प्रेम है। अपने सुख से हर्षित होना तो पशु के लिये भी सरल है, परन्तु दूसरों की प्रसन्नता के लिये प्रयत्न करना और क्रियाशील होना ही मानव मात्र के प्रति सच्ची सेवा है।

जहां प्रेम होगा वहां "दया" का भी समावेश अवश्य होगा। दया केवल भाव में आकर दृष्टा बनकर रह जाने को नहीं कहा जाता। दया से अनुप्राणित व्यक्ति (दुःख में पड़े प्राणी की पीड़ा को, अपनी ही पीड़ा समझ सहायता) करने हेतु दौड़ पड़ेगा। उसका प्रेम व दया से परिपूर्ण यही कार्य निःस्वार्थ सेवा है और यही मनुष्य का, आपका, और हमारा कर्तव्य है।

"पर हित सरित धरम नहि भाई, पर पीड़ा सम नहीं अपनाई ॥"

सेवा दूसरों का उपकार करने की दृष्टि से नहीं वरन् अपना जीवन-धर्म मानकर करनी चाहिये। स्वामी रामकृष्ण परमहंस, पूज्यपाद स्वामी विवेकानन्द, स्वामी रामतीर्थ तथा स्वामी दयानन्द सरस्वती जैसे महापुरुषों के जीवन निष्ठापूर्ण "सेवा" की ही मिसाल है।

स्वामी विवेकानन्द के जीवन का एक छोटा सा उदाहरण आपके सम्मुख पेश करती हूँ—यह बात उस समय की है, जब कलकत्ता में रामकृष्ण मठ की स्थापना हो चुकी थी। उनके सारे भक्त सन्यास लेकर मठ में प्रवेश कर चुके थे। सन्यासियों को भजन-पूजन के अतिरिक्त और कोई कार्य न था।

संयोग से तभी कलकत्ते में प्लेग का प्रकोप हुआ। लोग बुरी तरह बीमार होने लगे और मरने लगे। स्वामी विवेकानन्द जी ने तब अपने धार्मिक मठ को सुश्रुषा और चिकित्सा शिविर में बदल दिया। सारे आध्यात्म साधकों को सेवा के कार्य में लगा दिया। अब आप ही बताइये इससे बड़ी पूजा या साधना है कोई ?

सेवा का एक और जीवंत उदाहरण है "मदर टेरेसा" उनके त्याग, उनके कार्य की महानता व निःस्वार्थ सेवा को शब्दों में बाँध पाना संभव नहीं है।

भगवान श्रीकृष्ण ने गीता में अर्जुन को उपदेश देने समय एक स्थान पर यह कहा है कि—"दूसरों के दुःख से दुखी होकर, उसके प्रति, तुम्हारे द्वारा निःस्वार्थ भाव से किया गया कार्य ही सबसे बड़ी पूजा है।"

श्रेष्ठ विचारों के माध्यम से व्यक्ति के मन की प्रेरणा उसे निःस्वार्थ सेवा करने हेतु प्रेरित करेगी और राग, द्वेष तेरा-मेरा इन सबसे दूर, वह व्यक्ति सेवा को तत्पर रहेगा, इसी को अपना धर्म, अपना कर्तव्य मान सेवा की उस अनुभूति को प्राप्त कर लेगा जहाँ मनुष्य-मनुष्य में कोई अन्तर नहीं है। जहाँ जीव-मात्र की पीड़ा अपनी पीड़ा है, उनका सुख अपना सुख तभी वह परम शांति अनुभव करेगा। यहीं उसे परम सुख प्राप्त होगा।

—: तीन बातें :-

- ☀ तीन चीजें कभी छोटी न समझें
शत्रु, कर्जा, बीमारी
- ☀ तीन चीजें किसी की प्रतीक्षा नहीं करतीं
समय, मृत्यु, ग्राहक
- ☀ तीन चीजें याद रखना आवश्यक है
सच्चाई, कर्तव्य, मौत
- ☀ तीन चीजें असल उद्देश्य से रोकती हैं
बदचलनी, गुस्सा, लालच
- ☀ तीन चीजें कोई चुरा नहीं सकता
विद्या, चरित्र, हुनर
- ☀ तीन व्यक्ति वक्त पड़ने पर पहचाने जाते हैं
स्त्री, भाई, मित्र
- ☀ तीन चीजें जीवन में एक बार ही मिलती हैं
माता, पिता, जवानी
- ☀ तीन चीजों में मन लगाने से उन्नति होती है
ईश्वर, मेहनत, सेवा
- ☀ तीन चीजों को हमेशा वश में रखो
मन, काम, लोभ
- ☀ तीन पर सदा दया करो
बालक, भूखे, पागल

संकलनकर्ता : री० हर्षवर्धन

दूसरों के साथ वह व्यवहार न करो ।

जो तुम्हें अपने लिए पसन्द न हो ॥

मर्त की सन्दरता उसकी नसता है.

“रोटरी कैसे बनी”

रोटरी आरम्भ में कैसे बनी
रोटरी दुनिया में क्यों फैली, बढ़ी
संक्षेप में सब कुछ यह बतलाता हूँ मैं
रोटरी क्या है यह समझाता हूँ मैं

तेईस फरवरी उन्नीस सौ पांच में करती है यह अपनी रहवरी !
रोटरी कैसे बनी

इसके जनक थे पाल पी० हैरिस शिकागो नगर में
तीन और साथी थे उनके साथ में —
हीरेम शोरे, गसलोहर, सिल वैस्टर शीले उनके नाम थे,

हाथ थामे थे परस्पर हाथ में ।
क्लब बनाने का इरादा कर लिया,
विश्व में कुछ कर गुजरने
का इरादा कर लिया ।
बारी-बारी से वे सब मिलने लगे,
अपने क्लब को रोटरी कहने लगे ।
इसका अपना एक अलग विधान, है
इसका अपना एक अलग निशान है ।
एक पहिया रोटरी का चिह्न है,
इसका मकसद दूसरों से भिन्न है ।
आज वह पहिया ही एक उपदेश है,
आज वह पहिया ही एक सन्देश है ।
आज दुनिया में वह पहिया छा गया,
आज वह पहिया ही एक आदेश है ।

कर्म का रास्ता है दिखलाता यही,
ज्ञान गति का तथ्य समझाता है यही ।
है यही सच्चाई का एक रास्ता,
प्रेम का सन्देश देता है यही ।
“हम सभी आपस में मिलकर एक हों
सबकी सेवा के लिए सन्नद्ध हों
बैर औ नफरत मिटा दें हम सभी,
जाति मजहब, वर्ग के झगड़े सभी,”
हम हटा दें विश्व पट से ये सभी
है तमन्ना अब तो बस अपनी यही
हर तरफ हो रोटरी ही रोटरी !
विश्व को ले लें हम अपनी बांह में
शक्ति का सन्देश दें,
हम रोटरी की छांव में ॥

(When You Open Your Eyes)

Think of those who do not have sight

अपने बाद अपनी आंखें जीवित रखिए !
अपनी आंखों से अंधों को भी देखने दीजिए !!

क्या आप जानते हैं ?

- ☒ अपने देश में बीस लाख से अधिक अन्धे भाई-बहन हैं, जिनकी गिनती दुनिया भर के अन्धों की एक तिहाई है।
- ☒ इनमें दस लाख से भी ज्यादा अन्धों को आजकल आपरेशन (कार्निअल ग्राफ्टिंग आदि) द्वारा आंखों को रोशनी मिल सकती है।
- ☒ इसके लिए हमें ऐसी आंखों की जरूरत है जो आपके लिए बेकार हैं। मृतक की आंखें जलाने या गाड़ने के बदले अन्धों को ज्योतिमय जीवन दे सकती हैं।
- ☒ अपने देश के महर्षि दधिचि ने जीवित दशा में ही मानव कल्याण के लिए अपने शरीर की हड्डियां तक दान दे दी थी। —तो क्या हम मौत के बाद भी अपनी बेकार आंखें अन्धे भाई-बहनों की अंधेरी दुनिया में उजाला लाने के लिए दान नहीं कर सकते ?

आंखों का दान मौत के बाद दिया जाता है
पहले नहीं।

आंखों के बैंक के नाम नेत्र-दान-पत्र पर आज ही
आंखों की वसीयत कीजिए।

नेत्र-दान-पत्र
नेत्र दान समिति
रोटरी क्लब, लखनऊ खास

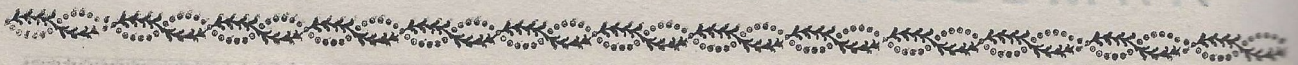
से प्राप्त किया जा सकता है
अथवा निम्नलिखित से सम्पर्क करें

निवेदक :

रो० राजेन्द्र

बी १००— महानगर (सेक्टर सी)

लखनऊ २२६००६



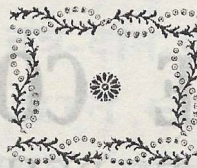
BEST

WISHES

FOR



PROJECT EYESIGHT



**FROM A
WELL WISHER**