

Centre in every country where problems of this kind exist. And this still applies very much, for there are over fifteen million such uprooted people throughout the world today.

It should be noted that, apart from a very few countries, there is so far no satisfactory connection between the *social element* of a case, to which welfare organizations devote their attention, and the *legal element*, represented by assistance from legal advisers, members of the Bar, etc.

It is therefore imperative that co-operation be improved and that National Centres be set up which may work in close touch with the International Centre in Geneva, to coordinate locally legal assistance to refugees, stateless persons and migrants, in co-operation with the Legal Aid Association, London, which, as we know, is carrying out a considerable task.

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### THE FIGHT AGAINST TRACHOMA

In the *Newsletter* (1971, No. 67) published by the United Nations Relief and Works Agency for Palestine Refugees in the Near East may be found an article on the fight carried out by that organization, through education and medical aid among the refugees, against that terrible disease, trachoma. We give below, by way of information, some extracts from that article.

In large measure, the recession of the disease among the refugees has been brought about by the provision of essential camp sanitation services and facilities, including water supplies, waste disposal, bathhouses and insect control. In 1970 UNRWA spent \$1,455,833 on environmental sanitation in the camps.

The usual vector for transmission of the disease is the common fly, which transmits the trachoma virus in its secretions. This

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insect becomes particularly obnoxious when unsanitary environment, over-crowding and hot weather intensify its breeding cycle. Flies cluster round the eyes of children (who tend to play in groups and do not yet have the automatic response of brushing flies away), getting sustenance from dirty eyes and noses, and constantly infecting or reinfecting the children and the older sisters and mothers who watch over them.

In spite of limited financial resources, over its years of operation, UNRWA has been able substantially to reduce the incidence of trachoma among refugees, especially in camps. In 1970 the average rate of trachoma was 94 cases per 100,000 registered refugees. The 1962 average was 1,378 per 100,000. However, trachoma rates tend to fluctuate widely: in Gaza from 318 cases in 1968 to 98 in 1970, in Lebanon from 96 cases to 7 cases.

The Agency's health-education programme—with its emphasis on personal hygiene, clean environment and control of infectious diseases—has been a key factor in lowering the level of trachoma. Cooperation is the key. Health education workers have come to realize that much of the success of any health-education programme depends upon mothers, who must be convinced of the usefulness of treatment and willing to cooperate in environmental sanitation and regular treatment.

School teachers, too, play a major role in trachoma control. Many schools have regular treatment periods during which teachers assist a school-nurse in recording children's weight and growth rates, detecting disease, giving immunization, treating skin disorders—or putting ointment in the eyes of children with trachoma. Although trachoma is a difficult disease to diagnose, teachers have learned to recognize the symptoms and can refer suspected cases to the UNRWA doctor, who sends his nurse to the home to help the family.

According to Dr. J. Reinhardt, a WHO consultant, "genuine success in a trachoma campaign can be obtained only if the population as a whole undergoes treatment at the same time", and, he adds, this presents difficulties.

Most UNRWA health clinics have ophthalmic rooms where a doctor examines eyes, prescribes treatment and turns over the

follow-up to a practical nurse. Each case is recorded on a special card for control purposes. Nurses run a follow-up programme aimed at completing treatment and preventing the spread of the disease by contact.

Although millions in the Middle East are now in danger of losing their sight from the ravages of trachoma, prevention and cure have come a long way in the last few years.

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