

R E P O R T

*revised*  
*MA*

OF AN EYE-DOCTOR ON HIS WORK AT THE CYPRUS CAMPS

22.9.47 - 21.12.47

A. Trachoma

1. Examination:

The carrying out of a general eye examination among the North African refugees (of the "Yemda Halevy", "Shivath Zion" and "Hamaapil Haalmoni" boats) was not easy owing to the fact that these detainees are scattered throughout the camps. Not only are their dwellings not concentrated, but they have not been registered in special lists in the Maskiryoth. In many cases more or less accurate lists of people organized in Tenuoth were obtained from the Merakzia (the leaders) of the Tenuoth, who were also very helpful in bringing the refugees over for examination. In most cases it was necessary to find out the names of the Moroccan refugees from the general lists of the various Maskiryoth and invite each family, or even single people, individually. But with the good help of the Merakzia and Maskiryoth, I managed to examine nearly all the Moroccan refugees.

The following table summarises the number of people examined, according to camps:

Table 1

Camp: No.	Families:	Men	Women	Unmarried		School :Children:	Kindergarten: Children	Infants:	Total
				M	F				
55	36	33	35	254	19	13	5	6	365
60-									
62	34	34	31	117	2	7	4	10	205
64-									
68	22	19	21	40	2	15	13	12	122
Ch.									
Home	-	-	1	2	3	25	10	6	47
	92	86	88	413	25	60	32	34	739

According to my lists, the following have not been examined:

In camp 55	-	24	people
" " 60-62	-	26	"
" Dekhelia	-	20	"
		<u>70</u>	"

This figure includes infants who were at the infants' home and patients who were at the hospital. The number of people examined is, therefore, 98.3%.

2. The Incidence of Trachoma among the N.A. Refugees:

Tables 2 - 5 show the incidence of Trachoma among the North African refugees in the various camps and among the children in the Children's Home in camp 60:

Table 2 - Camp 55

	Men		Unmarried		School		Kindergarten		Total
	Men	Women	M	F	Children	Children	Infants		
Active									
Trachoma	3	2	25	1	3	-	2	36	
Inactive									
Trachoma	4	3	31	3	3	-	-	44	
Suspected									
Trachoma	-	-	-	-	-	2	-	2	
Total cases for attend.	7	5	56	4	6	2	2	82	
Cured from									
Trachoma	9	10	41	4	1	-	-	65	
Various Cases	-	2	29	1	1	-	-	33	
Healthy	17	18	128	10	5	3	4	185	

Table 3 - Camps 60-62

	Men		Unmarried		School		Kindergarten		Total
	Men	Women	M	F	Children	Children	Infants		
Active									
Trachoma	3	2	11	-	4	1	1	22	
Inactive									
Trachoma	1	3	14	-	2	-	-	22	
Suspected									
Trachoma	-	-	1	-	-	1	1	3	
Total cases for attend.	4	7	26	-	6	2	2	47	
Cured from									
Trachoma	21	14	20	-	-	-	-	55	
Various Cases	1	4	12	1	-	-	1	19	
Healthy	8	6	59	1	1	2	7	84	

Table 4 - Bekhalia

	Men		Unmarried		School		Kindergarten		Total
	Men	Women	M	F	Children	Children	Infants		
Active									
Trachoma	4	2	3	-	2	5	4	20	
Inactive									
Trachoma	3	1	1	-	1	-	-	6	
Suspected									
Trachoma	-	-	-	-	2	2	-	4	
Total cases for attend.	7	3	4	-	5	7	4	30	

(continued on page 3)

Table 4 - Continued

	Men		Unmarried		School	Kindergarten	Infants	Total
	Men	Women	M	F	Children	Children		
Cured from								
Trachoma	5	7	9	2	1	-	-	24
Various								
Cases	-	3	3	2	1	1	4	12
Healthy	7	8	24	-	8	5	4	56

Table 5 - Children's Home

	Men		Unmarried		School	Kindergarten	Infants	Total
	Men	Women	M	F	Children	Children		
Active								
Trachoma	-	-	-	-	3	4	2	9
Inactive								
Trachoma	-	1	-	-	1	-	-	2
Suspected								
Trachoma	-	-	-	-	2	1	-	3
Total cases for attend.	0	1	-	-	6	5	2	14
Cured from								
Trachoma	-	-	-	-	1	-	-	1
Various								
Cases	-	-	-	-	4	2	2	8
Healthy	-	-	2	3	14	3	2	24

Table 6 - Summary of all camps

	Men		Unmarried		School	Kindergarten	Infants	Total
	Men	Women	M	F	Children	Children		
Active								
Trachoma	10	6	39	1	12	10	9	87
Inactive								
Trachoma	8	10	46	3	7	-	-	74
Suspected								
Trachoma	-	-	1	-	4	6	1	12
Total cases for attend.	18	16	86	4	23	16	10	173
Cured from								
Trachoma	35	31	70	6	3	-	-	145
Various								
Cases	1	9	44	2	6	3	7	72
Healthy	32	32	213	14	28	13	17	349
Total number of people examined	86	88	413	26	60	32	34	739

Found in need of medical treatment in connection with the Trachoma disease

Half the number of children of the kindergarten age (50%)

Over one third of the school age children (38.3%)

About one quarter of the population (23.4%).

3. Changes which occurred during the month of November:

This was the situation in October. The immigration of the infants and their families brought a change in the Trachoma situation. Table No. 7 gives the composition of the North African immigrants that were left with the November quota and Table No. 8 is a summary of the present condition (or more accurately, of the condition that will be in January with the completion of the infants' immigration).

Table 7

	Men	Women	Unmarried		School Children	Kindergarten Children	Infants	Total
			M	F				
Active								
Trachoma	5	2	-	-	5	7	8	27
Inactive								
Trachoma	7	4	-	-	2	-	-	13
Suspected								
Trachoma	-	-	-	-	3	3	1	7
Total cases for attend.	12	6	-	-	10	10	9	47
Cured from								
Trachoma	7	11	1	2	5	-	-	24
Various cases	-	4	-	-	2	3	6	15
Healthy	9	9	-	-	15	9	13	55
Total Immigrants	28	30	1	2	30	22	23	141

Table 8

	Men	Women	Unmarried		School Children	Kindergarten Children	Infants	Total
			M	F				
Active								
Trachoma	5	4	39	1	7	3	1	60
Inactive								
Trachoma	1	6	46	3	5	-	-	61
Suspected								
Trachoma	-	-	1	-	1	3	-	5
Total cases for attend.	6	10	86	4	13	6	1	126
Cured from								
Trachoma	28	20	69	4	-	-	-	121
Various cases	1	5	44	2	4	-	1	57
Healthy	25	25	215	14	15	4	4	294
Total still in camp:	58	58	412	24	30	10	6	598

Of the 49 Trachomatous children of all ages who were here at the beginning, 29 will immigrate to Palestine. A detailed list of these children was handed by me to Mr. Silberberg<sup>②</sup>, who promised to forward it to the Immigrants' Health Service of the Jewish Agency in Palestine. There remain here another 20 children of this category.

② J.A. Representative in Cyprus

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#### 4. Treatment:

The adult patients receive treatment at the eye clinic (see below). It was arranged that the school and kindergarten children should visit the clinic daily at a fixed ~~hour~~, together with their teachers. Thus, treatment was given to the children of the Orthodox school at camp 55, the children of the general school and kindergarten at Camps 60-62 and the children of all ages attending the school of Camp 64. The children of the children's Home at camp 60 receive treatment at their place by the special nurse of the Home. A special card index was set up for the Trachomatous patients, apart from the general patients' card index, for convenience of control over them.

Among the children the disease was usually found in its first stage or in the Hypertrophic-cicatricious form, so that there was no need for performing expressions. A number of adults revealed the habitual complications of the disease - Entropion, Trachoma and Trichiasis, and these need special surgical treatment (see below).

Into the medical treatment was introduced, beside the usual methods and Sulpha in corneal complications, the intensive use of local Penicillin in the secreting cases, in consideration of the great prophylactic value of this drug, which by affecting the secondary infection and the purulent secretion accompanying Trachoma constitutes a prime factor in the prevention of the spreading of the disease - a chief aim in the conditions of the camps.

#### 5. Children's Home:

I have already emphasized the difficulties created by the dispersion of the Trachoma patients throughout the camps and inside each camp and this fact is particularly important with regards to the children. The bringing over of the children to the clinics is not an ideal arrangement, especially if the schools or the dwellings are far from the clinic. Also from an epidemiological point of view it is undesirable that Trachomatous children (or healthy children who are exposed to infection by their neighbourhood) crowd in huts together with their families. From the very beginning of my work in Cyprus I realized the necessity of the setting up of a special children's home for the Moroccan children, which would enable to organize in an efficacious manner the treatment of the children and would prevent any harmful influence of the children on others and vice versa. I insisted on this on various occasions. The Children's Home at Camp 6 was a successful experiment and also very gratifying in regard to treatment, but it does not shelter all the children and its accommodation in tents is not suitable for hard winter conditions.

My proposal is that the Children's Home of Camp 60 be expanded to include all the Moroccan children and it should be given better accommodation. (Perhaps in Camp 65 which is being evacuated by the youth).

It is true that with the immigration of the infants and the youth many (80) of the Moroccan children have left Cyprus, but this does not alter the fact that there will still remain here, at least for a few months, 46 children of this category, scattered in the various camps, as seen from the following table:

Table 9 - Camp 65

	: School	: Kindergarten	:	
	: Children	: Children	: Infants	: Total
Active Trachoma	: 2	: -	: -	: 2
Inactive Trachoma	: 3	: -	: -	: 3
Suspected Trachoma	: -	: 2	: -	: 2
Total Trachomatous	: 5	: 2	: -	: 7
Cures, various, healthy	: 5	: 2	: 1	: 8
Total	: 10	: 4	: 1	: 15

Camps 60-62

	: School	: Kindergarten	:	
	: Children	: Children	: Infants	: Total
Active Trachoma	: 3	: 1	: -	: 4
Inactive Trachoma	: 1	: -	: -	: 1
Suspected Trachoma	: -	: 1	: -	: 1
Total Trachoma cases	: 4	: 2	: -	: 6
Cures, Various, Healthy	: 1	: -	: 2	: 3
Total	: 5	: 2	: 2	: 9

Dekhelia

All categories	: -	: -	: -	: -
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Children's Home

	: School	: Kindergarten	:	
	: Children	: Children	: Infants	: Total
Active Trachoma	: 2	: 2	: 1	: 5
Inactive Trachoma	: 1	: -	: -	: 1
Suspected Trachoma	: 1	: -	: -	: 1
Total Trachoma cases	: 4	: 2	: 1	: 7
Cures, Various, Healthy	: 11	: 2	: 2	: 15
Total	: 15	: 4	: 3	: 22

Total in all Camps

	: School	: Kindergarten	:	
	: Children	: Children	: Infants	: Total
Active Trachoma	: 7	: 3	: 1	: 11
Inactive Trachoma	: 5	: -	: -	: 5
Suspected Trachoma	: 1	: 3	: -	: 4
Total Trachoma Cases	: 13	: 6	: 1	: 20
Cures, Various, Healthy	: 17	: 4	: 5	: 26
Total	: 30	: 10	: 6	: 46

These children should be housed in a Home consisting of two sections, the healthy and sick separately.

6. Assisting factors:

The survey on the Trachoma problem will not be complete without mentioning here the factors which are instrumental in the spreading of eye diseases in the camps - the overcrowding, lack of sufficient water and soap and, above all - the fly plague.

B. General Ophthalmology

Despite the special attention paid to the Trachoma problem, it was necessary to devote the major part of the time to eye diseases of all other kinds.

1. Clinics:

Four eye clinics have been organized: in camp 55, Camp 60 (for camps 60, 61 and 62), in Camp 67 (for all Dekhelia camps) and in Camp 70.

Each clinic is staffed with a special eye nurse (or two nurses working in shifts) and a receptionist. The nurses have been trained for eye treatment. In each clinic there is a tray with all the necessary medicaments and instruments. Each clinic has a card index of the patients divided into two sections, the general diseases and Trachoma. Each visit of a patient, whether for the purpose of examination or for treatment, is being registered in the card index by the doctor or the nurse.

2. Visits:

The following table gives the number of new patients who visited all the clinics and the total number of examinations done (up to 12th December, 1947).

Table 10

	<u>New Cases</u>	<u>Repeated Cases</u>	<u>Total Exam.</u>
<u>External Examinations</u>	: 1326	: 781	: 2107
<u>Internal Examinations *</u>	: 33	: 28	: 61
<u>Examinations of Refraction**</u>	217(253)	147	: 364
<u>Total</u>	: 1576	: 956	: 2532

\* Beside the internal examinations which have been made in a routine form together with examinations of refraction.

\*\* The figure in parenthesis is the total number of patients who have been examined in connection with fixing the refraction.



### 3. Treatment:

The treatment in each clinic is carried out at fixed hours. Patients requiring Penicillin drops receive them from 8 a.m. to 6 p.m. every two hours, i.e. 6 times daily. The Penicillin solution was prepared by myself every day and a time table was arranged for the supply of the Penicillin, so that each clinic got a fresh stock at least once in two days.

### 4. Fitting of spectacles:

Arrangements have been made in all clinics (except in Camp 70) for the fitting of spectacles. In camp 67 a dark room has been constructed at the clinic. The patients of camp 70 receive special passes once weekly to come over to camp 67 for examination. The demand for eye glasses is great and most of the patients are people who used spectacles in the past which have been lost, broken or taken away from them in their wanderings. The percentage of complicated cases is high and these people deprived of spectacles are half blind. The providing of spectacles is one of the most important services of the A.J.D.C. in the Cyprus refugees. Up till now (12th December, 1947) I have prescribed spectacles for 187 people and by the termination of three months of my work here the number will arrive at 200. The spectacles are ordered from Palestine.

### 5. Repair of Spectacles:

This important question has been settled in a most satisfactory manner. Glasses are being brought daily for repair and the previous arrangement of having them repaired at Nicosia demanded much time and a considerable expenditure. After we succeeded in finding in Camp 70 a refugee who is an expert in repairing spectacles (celluloid and metal frames) I purchased for him at a small expense (about £ 2.--) all the necessary equipment and the spectacles are now being repaired at camp 70 within a short time. Thus, during the last month (11/11 - 12/12) I brought over to camp 70 for repair 38 pairs of glasses.

### 6. Sun Glasses:

Diseased or sensitive eyes are greatly relieved by dark glasses. We have distributed 68 pairs of sun glasses.

### 7. Surgical cases:

(a) Because of the difficulty in getting sterile material it was decided to transfer even light cases which could have been operated on at the clinics, to the hospital at Nicosia. An approval in principle has been given by the authorities. To regret, the negotiations between Dr. Lippman and the military authorities as to the day of the operations have been carried on for over two months and the patients are still waiting.

(b) As to the serious cases, which require operation in a well equipped hospital, it was recommended that these should be transferred to Palestine (see further).

(c) Third, medium class, comprising cases requiring operation under suitable conditions, but which are not very urgent. Such cases are principally of two kinds:

Cases of Trichiasis: Thirteen patients affected by this disease are registered with me, of whom four have immigrated in the meantime. There remain therefore 9 patients with this disease.

Chronic Dacryocystitis: Four patients suffering from this disease are in need of operation.

8. Cases recommended for immigration:

During the period of my service I recommended on medical grounds the immigration of 9 patients out of their turn: 3 cases of glaucoma, 1 tumor of the orbita, 1 epibulbar tumor, 1 atrophy of the optic nerve, 3 cases of detachment of the retina. No reply has as yet been received regarding two of the cases recommended recently. All the other seven cases have been approved and have already immigrated.

S u m m a r y

*bucket* This report is up to 12th December, 1947. With the termination of my service here this report will be completed. It seems to me that pretty much has been done, according to my ability, but this is only a drop in the ocean, and there still is much to be done. On my lists are registered patients for examinations in about a month's time. With all the satisfaction I felt in carrying out my duty in the camps, I was accompanied by the continuous feeling of regret that I could not meet the demand of all the people who require examination and treatment.

I am concluding this report with the request that upon the termination of my period of service the refugees should not be left without an eye doctor who will work full time permanently until the complete liquidation of the Cyprus camps.

Dr. N. Ben-Tovim.

Cyprus, 13.12.47