The parents are young and evidently prolific. Whatever the prenatal cause may be, the outlook for any future children is to me simply appalling.

INJURIES FROM HIGH EXPLOSIVE *

BY

J. LOCKHART GIBSON, M.D.Edin., M.R.C.S.Eng.

BRISBANE

(1) Private C., aged 26.—L.E. Traumatic cataract caused by high explosive, July, 4, 1918. Dense occluding remains of lens and capsule in pupil. Was told in England "that nothing could be done to improve sight."

Jan. 20.—A small comparatively thin central part of occluding membrane allowed a small opening to be needled in it, resulting in corrected vision 6/12 and 2 of 6/9 and J. i.

The other eye (right) had been broken up by the force of the explosion, and was quite blind and irritable when he came to Brisbane. Its enucleation gave much relief. The patient also lost one leg above the knee.

He had been so impressed by the belief that nothing could be done that he naturally hesitated to let me try.

The force of the explosion was exerted in this case on the lens, and the fundus escaped.

He owes the result largely to his youth.

(2) Private C., aged 22.—Note disappearing siderotic spots on cornea and sclera after removal of small steel particles, after thirty months' of residence. One eye (left) shows a rupture of the choroid to upper inner side of the disc, as well as some fine opaque striae in the inner half of the lens. Its corrected vision is 6/9 and one letter of 6/6.

The other eye (right) shows a rupture of the choroid close to the macula, and it only sees fingers at one yard.

The ruptures of choroid due to "contre coup."

The lenses escaped injury.

Note many steel particles under the skin of the face.

(3) Gunner W.—Numerous powder marks in neighbourhood of eyes, and forehead, and in conjunctivae. Double traumatic cataract. Dense remains of broken up lens and capsule occluding both pupils. Taught Braille at St. Dunstan's, and sent back as a blinded soldier. Counting fingers at 2 feet with right eye, at 6 inches with left eye. Right eye sees now with correction 6/9 and J. i. Left eye opacity still very dense in spite of two needlings,

* Card specimens shown at the 11th Australasian Medical Congress, Brisbane, August, 1920.

and it sees fingers at 2 yards only with correction. Further needlings will give good result, provided fundus is uninjured.

Irritation from powder grains in ocular and palpebral conjunctiva has gradually subsided.

Owes his sight largely to his youth.

CONJUNCTIVAL PEMPHIGUS

BY

D. J. WOOD

CAPE TOWN

CASES of conjunctival pemphigus are sufficiently rare to be worth recording, especially where treatment has had some effect in retarding the advance. L. H., a Jew of 19 years, came to me in July, 1916. He gave the history of having been treated for trachoma for many years. In spite of treatment he had grown steadily worse, and his left eye was practically blind.

His eyelashes were gone except a few stumps, there was rounding of the edges of the upper lids and the left cornea was opaque. The right cornea was full of vessels and very hazy and there was much conjunctival shrinking. The outstanding features were, however, the absence of redness of the eyes and lids and the dryness of the corneae. I did not at the first interview go farther than deciding that it was not a case of ordinary trachoma, and going on former experience I put him on saline irrigation and closure of the eyes. When I saw him after a week I got the clue to his case in the history which he gave of having had pemphigus, and, of course, one recognized at once what one had to deal with.

Within about two weeks he could see quite well with the right eye, and the left had grown much less dry looking.

A bacteriologist kindly interested himself in the case, and found in blebs on his body an aurococcus, and a vaccine of this produced a bullous eruption from which a diphtheroid organism was isolated. He had in fact at this time four distinct skin diseases, pityriasis circinata on his chest, tinea versicolor on his back, facial acne, and a few pemphigus bullae. Neither vaccines nor a course of arsenic seemed to do any good.

I attempted to graft new conjunctiva round the cornea, but I was met by a difficulty; the conjunctiva was densely adherent to the deeper tissues everywhere and only a small bit was inserted and lived. I may try this again, as the new tissue seems healthier than the old, and possibly the injection of fluid under the conjunctiva might loosen the surface, and permit of the insertion of grafts. There is no doubt that what did most good from first to last was the covering up of the eyes, and this has had to be resorted to on several occasions during relapses.