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.

I have never myself seen a bleb on his conjunctiva, but on two occasions blebs were seen by the nurses, and I have constantly seen their traces in the shape of dry spots on the lids or eyeball, associated always with a complaint of pain or some evidence that the disease had grown worse for the time.

The left eye has grown slowly worse and is of little use to him, but with the right he still retains about 6/24 and reads without

much difficulty. It does not seem to have gone back at all in the three years I have had him under observation, but does not stand work well, the eyes getting red and showing dry patches on small provocation. The treatment has always been of the simplest: saline irrigation, weak zinc sulphate drops, and a little white vaseline at night, falling back always on complete occlusion of both eyes whenever the disease seemed to be advancing.