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COMMUNICATIONS

CONJUNCTIVAL PEMPHIGUS

BY

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LONDON

UNDER the above heading an article by the late D. J. Wood of Cape Town appeared in the *Brit. Jl. of Ophthal.*, March, 1921. The full details should be read in the original article, but a brief résumé may be given here.

L. H., a Jew, age 19 years, came to Mr. Wood in July, 1916, having been treated as trachoma for many years. He had had pemphigus of the skin as a young child but this had cleared up. Vision in the right eye was very defective and the left eye was practically blind, the cornea being opaque. The right cornea was hazy and full of vessels and there was much conjunctival shrinking.

With mild non-irritating treatment the right eye improved and eventually saw 6/24 but the left eye became gradually worse.

Attempts at grafting new conjunctiva round the cornea were mainly unsuccessful. Covering the eyes was resorted to on several occasions and this measure seemed to do most good. Mr. Wood kept him under observation for three years. The vision in the right eye improved to 6/24. Subsequently L. H. went to Johannesburg where he worked as masseur at a hospital. The

sight became worse and eventually he came to England to see if anything could be done to prevent complete blindness.

He was sent to me by the National Institute for the Blind early this year and I took him into Moorfields. The vision was then, right eye counting fingers at 1 metre, and left eye, hand movements. The conjunctiva was contracted on the right side but there was still a definite upper and lower fornix. The cornea was opaque at the edges and very hazy in the centre. In the left eye the cornea was moderately opaque all over; there was a fair fornix above but none below, only about 3 mm. of conjunctiva separating the limbus from the lower lid margin. He had for some time found that the insertion of a little vaseline between the lids improved the vision for an hour or so and he always carried some with him and put it in at frequent intervals during the day.

I kept him under observation at Moorfields and during this time Mr. Briggs, the Senior Resident Officer, suggested using a contact glass filled with liquid paraffin instead of saline. This was tried by Mr. Phillips who, together with Miss Mann, has been working on the use of contact glasses. The result was sufficiently promising to continue the trial. The sight in the right eye was considerably improved when the contact glass was in position and the condition of the cornea was beneficially affected. Owing to the fact that the contact glass was a stock one and did not fit well the paraffin tended to leak.

It was not possible to fit a contact glass to the left eye owing to the absence of a lower fornix and I decided to try to make one with a mucous membrane graft from the lip. A vertical incision was made down from the outer canthus and a horizontal one along the inner lip of the margin of the lower lid leaving the frill of conjunctiva 3 mm. wide attached to the limbus. The horizontal incision was deepened so that the lid could be turned down on the cheek. A mucous membrane graft was then cut from the lower lip, an operation which was much facilitated by a clamp made for me by Messrs. Weiss like an entropion clamp but about double the size. The graft was transferred to the eye and sutured to the lid margin and the narrow frill of conjunctiva with No. 0 silk. The lid was then turned back to its original position and the vertical incision was sutured. A mould of stent was placed in the new fornix and a dressing was fixed over with strapping and bandage. The stent mould was not removed for a week and after that no dressing was employed.

A good fornix resulted and it was soon possible to fit a contact glass to the left eye also. Since then special contact glasses have been made for each eye with correspondingly better results. He has been under observation for about three months since the operation and has now returned to South Africa. The graft has remained fresh and apparently healthy with no contraction.

The vision in the right eye with the contact glass was 6/24 and on one occasion 6/18 partly and in the left eye nearly 6/60. He is able to read J.6 or a little more.

It seems that the use of contact glasses with liquid paraffin provides a valuable method of treating these otherwise hopeless cases and of improving their vision. The mucous membrane graft not only made the application of a contact glass to the left eye possible but also seemed to improve the general condition of the eye. I wish to express my indebtedness to Mr. Briggs for his original suggestion and to Mr. Phillips for his care and skill in carrying it out.

SOME CASES OF PARALYTIC SQUINT

BY

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GENERALISATIONS are attractive but perhaps at times dangerous. With regard to squint especially this may be so. With true concomitant squint I have always felt that the essential defect was in the central control and not primarily in any peripheral factor, although local conditions of the eyes themselves, as, for example, anisometropia, might decide which eye was used to fix with. That certain factors, in particular accommodative strain and psychological stress, caused the central control defect. That, in effect, concomitant squint was a posture conditioned by these factors.

Heterophoria, on the other hand, has seemed to me to be of an exactly opposite nature. That in this condition the defect was local and was for the most part held in check by the central control, only appearing as a naked eye defect when the central control was relaxed, or fatigued.

The following slogan seemed applicable: that in concomitant squint the more concentrated the gaze the more the squint; in heterophoria the more concentrated the gaze the less the squint.

There appears to me to be a certain resemblance between amblyopia and the fusion faculty. Amblyopia may be congenital or acquired; and the fusion faculty may be congenitally absent, or suppressed by disuse.

The fact that in so many cases of squint the fusion faculty will try to find an outlet by the development of "false correspondence," or by means of rapid alteration of the eyes, suggests a thwarted faculty rather than a defective one in the first place.