

PARESIS OF ACCOMMODATION FOLLOWING INJURY BY LIGHTNING

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W. L., aet. 37 years, was struck by lightning. He was unconscious for a few moments, but did not fall, and for a few minutes was unable to see.

When I saw him on the following day he was suffering from great pain in the eyes and photophobia; the conjunctiva of each eye was very red and congested. The skin of the eyelids was reddened, the eyelashes charred.

In about a week he recovered from the conjunctivitis. He returned after two weeks, complaining that he could no longer see to read properly with his glasses.

I had prescribed for him about three years before this time the following correction:

R.E. +0.75 D. Sph. \ominus + 0.25 D. Cyl. ax. 80° d. and i.

L.E. +1.0 D. Sph. \ominus + 0.25 D. Cyl. : ax. 80° d. and i.

With this correction he then read J.1 from 5½ inches to 20 inches with each eye singly.

When he came to see me this time he could not read No. J.1 nearer than 13 inches with the left eye, and 9 inches with the right eye, showing slight irregular paresis of his ciliary muscles. He was also exceedingly nervous. . . . All conjunctivitis had disappeared, but the eyes were still irritable, and after reading a short time the sight became dim and the eyes painful.

He improved with weak eserin drops locally, and nux vomica internally, and then, having to leave for another part of the country, I lost sight of him.

THE TREATMENT OF TRACHOMA

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AFTER reading the excellent paper by Captains Stukey, Tomlin, and Hughes in the issue of the BRITISH JOURNAL OF OPHTHALMOLOGY, of January, 1920, I am induced to call attention to a method of treatment of chronic trachoma which I recommended in a paper read before the ~~Fourth South African~~ *Fourth South African* Medical Congress, and published in the *South African Medical Journal*, of August, 1898.