Review of: "Addressing the High Incidence of Eye Trauma in Conflict: A Critical Analysis of Recent Events in Bangladesh"

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The article seeks to inform on the occurrence of ocular injuries and their management associated with the civil unrest in Bangladesh in July 2024. However, the methodology states that data were extracted from approximately 11,000 medical records from two Bangladeshi hospitals based on newspaper reports. The veracity of the data extracted is unclear as it is not stated what population was served by the hospitals concerned and how the hospitals relate to the population of Bangladesh or the areas where civil unrest occurred. This vagueness will make the generalisation of the data presented very challenging and the conclusions less than definitive. The statement regarding the lack of ethical approval because of the data being sourced from public records (essentially hospital records) is also a matter of concern.

Less lethal weapons, which are typically used by law enforcement personnel, can and do cause injury, but they are designed to reduce the risk of injury and death, provided they are used in a prescribed manner as was stated in the article. However, the article also includes incidents in Lebanon that are caused by explosions, the cause of the explosions not being stated. Explosions are very different from the non- or less-lethal weapons described in the article. Figure 1 also shows the photograph and x-ray of the face of a patient with multiple splinter wounds that do not resemble typical low-velocity ‘soft’ projectiles typically used as less-lethal weapons. This detracts from what the article seems to highlight.

Less lethal kinetic projectiles may be in the form of ‘soft’ projectiles (rubber bullets/pellets/beanbags) or even the irritant gas or smoke canisters launched into groups of rioters. The large difference in the size and velocity of these projectiles determines the damage that occurs if they strike rioters. In many cases, they are discharged from weapons or devices not intended to be accurate, hence the possibility of significant injury if discharged too close to the rioters. This could be a factor, and the author could have looked into why discharging these less-lethal weapons too close to the rioters would affect the pattern of injuries suffered by the casualties.

The recommendations provided, while suitable, could be improved by also discussing how to manage riot occurrences when the threat becomes overwhelming. Serious injuries and fatalities from less-lethal weapons used in riot control or civil unrest occur when the rioters outnumber or become aggressive towards the law enforcement response. International-level regulations, as suggested, could be problematic in that national legislature governs law enforcement and international agreements are commonly in the form of conventions and best practice guidelines. Perhaps the author could delve into a more detailed explanation of recommendations that incorporate the trauma-informed care principles stated in the article to better illustrate how this could be done, especially in a limited-resource nation such as Bangladesh.

It must also be noted that historically, riot control has been done by both military and law enforcement personnel using lethal weapons (lethal force), and the outcomes from these occurrences have resulted in numerous fatalities. There was no comparison to show that the use of less-lethal weapons for riot control is more dangerous or injury-inducing than the use of lethal weapons, and the conclusion that these weapons be prohibited or restrained would likely lead to lethal weapons being used, which would have very dire consequences. Thus, perhaps the author could have looked at how to approach the use of less-lethal weapons together with suitable casualty support measures or even explore what less-resourced nations could use as alternatives.