Demonstrations

H.J.

Flieringa

(a) Operative treatment for scleromalacia.

Discussion

Branbergen saw firegeat close the holes from scleromalacia with cartilage, which he doubtless selected because of its strength. He asks Flieringa why he prefers corneal to scleral transplants, which as homogeneous material would theoretically have the best chance of complete assimilation.

Flieringa answers that it would certainly be of no advantage to use scleral tissue, through which there are always blood vessels running, while experience

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shows that corneal tissue is assimilated into the sclera very well and has the advantage that it often remains transparent, so that possible changes in the underlying tissue can easily be observed.

Mrs. Kok-van Alphen: What was the reason for using corneal tissue for the transplantation?

Would scleral tissue not have been more logical?

Flieringa: Corneal tissue is certainly as easily assimilated as scleral tissue and has, moreover, the advantage of containing no blood and in many cases remaining transparent.

(b) Operation on a tumor of the iris and a tumor of the ciliarybody.

Discussion

N. N.: What was the indication for the removal of the iris-cyst?

Flieringa: This was a case of a growing cyst that was having a bad influence on the intra-ocular pressure.

Copper very recently saw a film of Muller (D) in which, proceeding from an incision a few mm. within the corneal limbus, the sclera was opened with scissors along two or more radials. The resulting flaps opened backwards, so that the iridic base and the ciliary body were revealed. It was striking to observe that the contents of the eye had little or no tendency to prolapse.

(c) Mollusca contayiosa of the conjunctiva.

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Dyscephaly with Microphthalmos, Cataract and Hypoplasia of the Mandible

By A. TH. M. VAN BALEN

In 1959Francois mentioned the25thca.se of a syndrome which he wrongly called new. This adjective "new" seemed not in correspondence with the fact that he mentioned Aubry (1893) at the top of his bibliographical list.

Though the syndrome is not new

it does seem rare. On the 25 cases of this syndrome in literature

only one case was described in the Netherlands (by Leffertstra in 1956). A complete description of the cases in the literature is given by Francois.

The symptoms of the syndrome

which

in the German literature
is sometimes called: “congenital cataract with bird’s-face”,