1. A case of hydrophthalmia with ectropion uveae congenitum (J. W. van Calcar and L. J. de Heer).
A 15-year-old girl, suffering from a mild hydrophthalmia, was treated conservatively without success for 6 years. After a goniotomy on both sides, using a syringe-needle, the introcular tension remained normal without further treatment.
The combination of hydrophthalmia and ectropion uveae congenitum without other ocular anomalies is very rare. The pupillary border showed flocculi-like excrescences as remnants of miotic nodules. The margin of the ectropion did not show any nodules during miotic therapy.
Dysplasia oculo-dento-digitalis? (H. E. Henkes, see paper).
Machien syndrome (H. E. Henkes and Miss A. Aten).
Complications of Amiga’s cerclage (A. Th. M. van Balen and R. Sivojnovic).
Discussion
Van den Heuvel remarks that complications are certainly to be feared after such a large and rather violent operation as Arruga’s string operation. In the literature severe early reactions are reported, such as hyperaemia and even necrosis of the anterior segment, and later complications, such as the string cutting through the sclera and choroid. He has also seen the latter complication, however, following buckling with a polythene tube, a method which has been abandoned.
Weighing against the great risk of the operation is the great advantage of maintaining the function of the eye, which otherwise would be practically completely lost. The indications for a string operation should, in his opinion, be restricted to those cases in which other methods have failed, or probably would fail.
Buckling with a silicon rubber rod has as yet not led to these complications. This method has only been in use for such a short time that it is not yet
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possible to differentiate precisely between the indications for Arruga’s string and those for the silicon rubber rod. The rod appears so far to have the advantage of a less deep hypaesthesia of the cornea after the operation. Following Arruga’s operation the sensibility of the cornea is always found to have practically disappeared.
5. Crater-like holes, local retinal degeneration and heredity (Miss P. C. Verduin).
Demonstration of three patients with crater-like holes representing three generations.
Two patients, grandmother and son, show crater-like holes with macular degeneration bilaterally. Moreover, the grandmother is suffering from a tapeto-retinal degeneration in one sector of the fundus.
The granddaughter of four years has a pronounced crater-like hole in one disc and an abortive hole in the other.
Publication seems justified due to the following points of interest:
A dominant heredity of the crater-like holes, until now not published.
The associated tapeto-retinal degeneration which is probably the result of a reduced “vitality” of the retinal elements situated in the corresponding sector of the hole in the disc.
(Will be published in extenso elsewhere.)
Hereditary corneal dystrophy Meesmann (P. P. H. Alke-made and A. Th. M. van Balen).
Tapeto-choroidal degeneration (J. A. Kurstjens, see paper).
Retinopathy following the use of chloroquine and allied substances (J. Butler, see paper).
U. Unilateral tapeto-retinal degeneration? (H. E. Henkes see paper).