Ridley's Intraocular Lens Prothesis. Postoperative Reaction. Results in 12 Cases (with a demonstration of patients and coloured lantern slides)

C.D.

Binkhorst

Terneuzen

Discussion.

Professor Weve thanked the speaker for his accurate and excellent work. Special mention should be made of the use of UV irradiation for the sterilization of the lens.

However, on the grounds of his own experience and that of others, he could not advise everybody to use this surgical method because of Binkhorst's results. In one very awkward case he had had to discontinue the therapy, and a good result was only obtained after many difficulties (e.g., corneal transplantation).

As regards the indication, he raised the objection that they are much wider than had been believed by the inventor, whose intention had mainly been to make binocular vision possible in cases of unilateral aphakia.

He pointed out that Binkhorst had facilitated his work by selecting only mature senile cataracts, which give little risk of multiplication of remaining lens fibres. In this way, the risk of cellular deposits on the acrylic lens is reduced, at least from the lens.

Finally, Professor Weve drew the attention to a method of fixing small lenses before the pupil in the anterior chamber, as devised by Strampelli, Schreck and other investigators. This method has great advantages. It can be used in any case of aphakia, and operation may be performed in 2 stages. Moreover, it is practicable after intracapsular lens extraction and, if necessary, the lens is easily removed.

For the time being, Professor Weve considered suitable glasses, if necessary contact glasses, simpler and safer. If a patient insists on a Ridley lens, he should rather be referred to Ridley, or, from now on, to Binkhorst. Afterwards, we may all benefit by the experience gained by a few workers, who now take a special interest in the problem.

Flieringa: I am surprised at the tendency to make a simple operation intricate. When von Graefe's knife is used for a cataract incision, all this equipment is unnecessary. I cannot understand the increasing fear of von Graefe's knife among ophthalmologists.

Van den Heuvel: Of what types of cataract besides the traumatic cataracts mentioned did Binkhorst's

case material consist? I believe that the high degree of maturity of the cataracts made it possible to clean the capsules adequately. Vital elements against the inner surface of the capsule can never completely be removed by rinsing. Binkhorst's limitation of the indication of grafting of a Ridley lens

at least with regard to the time of operation was justified.