Diagnostic Difficulties in Patients with Chronic Uveitis and Periphlebitis

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(Manuscript not received.)

Discussion.

Flieringa asked whether in the patient with the cured pulmonary focus, a careful search had been carried out for possible lymph node involvement, and further, whether the series of patients who were discussed last did not show the Schwarzmann phenomenon.

Manschot: Has the speaker also experience with regard to the frequency of toxoplasmosis as an aetiological factor in chronic uveitis? The literature gives the impression that we now live in the toxoplasmosis era.

In one patient toxoplasma could be cultivated from a cervical lymph node. Especially in the beginning of the ocular disease, a few recurrences were accompanied by lymph node enlargement. These were localized in the left half

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of the neck before the trapezius muscle. The Sabin test and the complement fixation reaction showed definitely increased titres and remained approximately constant at follow-up examinations.

The number of patients in our material with an increase of the Sabin titre (more than 1 : 128) and the complement fixation reaction (more than 1:8) is less than 10% > . The titres in these patients did not show important changes. Up to now, the titres can be considered constant, and probably are a manifestation of an old, chronic toxoplasmosis infection for which, in general, no localization can be established.

Dekking: I was glad to learn that Binkhorst continues the work started in our clinic by Taams. However, I have to make some remarks on his statistics. Firstly, L agglutination has been carried out only once and not continuously. It is quite possible that an originally negative test becomes positive in the course of uveitis. Secondly, although Binkhorst mentioned O agglutination, this does not seem to have been carried out. The L test is practically useless without the O test; conclusions can only be drawn from the combined results of the 2 tests. I would, therefore, recommend to include O agglutination in the programme, even though the bacteriologist is not convinced of its value. Thirdly, the speaker mentioned streptococcus haemolyticus, but did not mention the group to which they belonged, so that it is not certain whether these were all pathogenic.

Fourthly, there is certainly a relationship between the AST and the streptococcus smear of the tonsils, but very often not between these and the course of the uveitis. Superficial micro-organisms do as a rule not cause allergic reactions of the eye: they originate from encapsulated

foci of low vitality. These foci may exist in the depths of the tonsils, and are usually not detectable by smears. However, they cause a rise in the L-titre and the O-titre.

Binkhorst replied to Flieringa: Apart from a small cervical lymphoma, no abnormalities have been found in the patient. The lymphoma was interpreted as a result of chronic tonsillitis. This communication was exclusively meant to draw the attention to the occurrence of a parallelism between increases in the titre of the serum and the development of general and local symptoms, with a fresh, clinically demonstrable inflammation reaction of the eye.

The question whether this reaction is part of a general Schwarzmännchen phenomenon can only be answered when more criteria will be available.

Rectification.

Is Retrolental Fibroplasia Rare in Switzerland? (*Ophthalmologica* 133, 1 [1957]) by Robert H. Fenton.

We must excuse ourselves for having overlooked an excellent work on Retrolental Fibroplasia done by Dr. Ellen Bing at the Ophthalmology Clinic of the University of Basel (Prof. F. Rintelen). In this paper Dr. Bing discussed a second certain case of Retrolental Fibroplasia in a child born in Switzerland (*Annales Paediatrici*, 184-, 294 [1955]).

The conclusions drawn by Dr. Bing are essentially the same as our own with, however, one notable exception. According to her thesis, the premature mortality rate in Switzerland would appear to be the same as that in the United States. We feel that sufficient evidence has now been advanced to indicate that the mortality of low weight prematures is higher in Switzerland than in the United States. This criticism, however, does not in any way detract from the real value of Dr. Bing's work, and it is to be regretted that her work was overlooked before this time.

The addition of a second case of Retrolental Fibroplasia does not alter the thesis advanced in our article.

Buchbesprechungen – Book Reviews – Livres Nouveaux

Günter Mackensen: Die Psychomotorik blinder Kinder. Augenärztliche Beobachtungen.

Bücherei des Augenarztes. 26. Heft. Ferdinand Enke, Stuttgart 1956. VI + 48 S., 23 Abb., 4 Tab. DM 3.90.

Auf Grund eigener Untersuchungen angeboren blinder Kinder (18 Fälle) werden die motorischen Eigenheiten beschrieben und in ihrer Grundlage erörtert. Allgemein motorische Phänomene bestehen in einer Hypermotilität und rhythmischer Bewegung neben individuellen verschiedenartigen Bewegungs-stereotypen. Sie beginnen meist im ersten Lebensjahr ihre Rückbildung setzt mit 4–5 Jahren ein

Reste sind häufig noch nach dem 10. Lebensjahr vorhanden. Besonderheiten der Mimik bestehen in einer allgemeinen Armut des Mienenspiels

oft unterbrochen von stereotypen Ausdrucksmasken oder grimassenhaften Verzierungen des Gesichts. Auf die Augen bezogene Bewegungen dienen oft einem Licht-Schatten-Wechsel

z.B. abwechselndes Verdecken und Freigeben des Auges bei Resten von Sehvermögen. Das Augenbohren (digito-okulares Phänomen) gehört auch hierher; es findet sich auch bei völliger Blindheit

selbst bei Anophthalmus

tritt schon im ersten Lebensjahr auf

verschwindet meist im 5.–6. Lebensjahr

kann aber noch im 14. Lebensjahr bestehen. Die Hypermotorik blinder Kinder findet ihre

Analogie auch bei Sehenden

bei denen aber übergeordnete zügelnde Prinzipien hemmend wirken. Bei den blinden Kindern kommt dazu die Behinderung des Bewegungsdranges durch ihre Blindheit, der sich sonst bei normalen Kindern auswirken kann. Die allgemein-