CLINICAL NOTE ON THROMBOSIS OF THE CENTRAL VEIN WITH GLAUCOMA: NEW VESSELS ON THE SURFACE OF THE IRIS

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WHEN a patient presents himself with an acute or sub-acute attack of glaucoma, it is sometimes extremely difficult to determine whether the case is a so-called primary glaucoma, or secondary to some other manifestation of disease in the eye such as cyclitis or thrombosis of the central vein, as the cornea is often very cloudy and the fundus cannot be seen. Cases of thrombosis of the central vein and secondary glaucoma, with the exception of a few cases, are irremediable by operative procedures; since iridectomy and trephining are extremely liable to be followed by sub-choroidal haemorrhage. On the other hand, the treatment by eserine if the tension has not lasted too long is sometimes extremely successful; the author has a patient in whom good vision was retained by the use of eserine for two-and-a-half years after the original onset of acute glaucoma in one eye, whereas in the other eye, which was trephined, a sub-choroidal haemorrhage occurred with complete loss of sight. It is therefore important, both from the point of view of the prognosis and treatment, that the underlying cause should be determined.

Some years ago, the occurrence of new vessels on the iris in thrombosis of the central vein was pointed out by the author,* although new vessels on the iris associated with glaucoma had been noted many years before by Holmes Spicer (*Trans. Ophthalm. Soc. U.K.* Vol. XXII, 1902, p. 306), and was attributed by him to the use of eserine. The importance of these vessels from a clinical point of view is that when associated with glaucoma, the author thinks they are pathognomonic of thrombosis of the central vein. It is not sufficient that the vessels should be looked for with the naked eye, but a corneal loupe or a corneal microscope should be used in doubtful cases. To show the frequency with which they occur, the author collected twenty-three eyes which reached the pathological department of the Central London Ophthalmic Hospital during the last eight years. Although many of these cases were not carefully examined with a corneal loupe, in eleven cases the presence of new vessels on the iris was noted. In no case of thrombosis without some increased tension have new vessels been noted on the iris, and the earliest period at which new vessels were present after the onset of glaucoma was three days.

*Collins and Mayou.—*Pathology and Bacteriology*, 1911, p. 179.

Haemorrhage into the socket after enucleation

Another clinical feature which the author wishes to bring out is the frequency of haemorrhage into the socket after enucleation. Out of 17 eyes the subject of thrombosis, of which a note was made on their case papers, extensive haemorrhage into the socket occurred in ten cases. Of the seven remaining cases, in four there were no notes as to whether haemorrhage took place or not. In two cases which were definitely thrombosis of the central vein secondary to primary vascular sclerosis, there was complete absence of haemorrhage and the wound healed well. In the one remaining case of thrombosis of the central vein which followed a septic iridocyclitis, no haemorrhage took place after the removal of the eye.

Although these are the two principal clinical facts which the author wishes to bring out in collecting these seventeen cases of thrombosis of the central vein, there are several other facts which have been previously noted by other observers which may be of interest from an aetiological point of view. There was a history of injury in three cases, and old uveitis had been present in four cases. Both eyes were affected in four cases. In these four cases three of the patients suffered from albuminuria, and in the other case no record of the urine was made. Albuminuria was present in seven cases, and definitely absent from eight. The onset of glaucoma after the thrombosis varied between five days and one year. A detached retina in addition to the thrombosis was present in two cases, and in both cases the patient suffered from albuminuria. Sub-choroidal haemorrhage frequently followed iridectomy, and in the cases which were trephined, the trephine hole became subsequently blocked by exudation. Pathologically, in some cases the angles of the anterior chamber were found wide open, filled with coagulated albumin, and in other cases the angles were blocked by the apposition of the root of the iris and the back of the cornea. The new vessels on the surface of the iris were traced back to the ciliary circulation by serial section.

SOME POINTS IN RETROBULBAR NEURITIS, WITH SPECIAL REFERENCE TO PROGNOSIS*

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UNDER the diagnosis of retrobulbar neuritis several different conditions are included. It should, I think, be limited to those

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