of the coloured plates place it in the front rank of standard works on the eye.

In the second place the work is outstanding in its comprehensiveness and thorough mastery of biomicroscopy. It deals in the first two chapters with apparatus and technique. The remaining fifteen chapters describe the appearances of the normal and pathological lids, conjunctiva, cornea and anterior chamber, including the angle. Succeeding volumes will presumably carry the investigations further back. Throughout, the greatest attention has been paid to detail and to accuracy of classification. Indeed the book is much more than a treatise on slit-lamp appearances. It is a good reference book on diseases of the anterior segment. Much detailed work on vital staining, on rare dystrophies and on degenerations is collected here in a readily available form. The inclusion of a section on gonioscopy by Dr. Saul Sugar is most valuable as its relation to slit-lamp biomicroscopy is seldom brought out in existing text books. The book in short is a notable contribution to ophthalmic literature.

CORRESPONDENCE

THROMBOSIS OF CENTRAL RETINAL VEIN *

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—In your April issue of this year I find a review of "Thrombosis of central retinal vein treated successfully with heparin" by Rosenthal and Guzek (*Arch. of Ophthalm.*, Vol. XXX, 1934).

I would like to emphasize the warning issued by the reviewer regarding undue optimism in therapeutic attempts, especially in younger persons.

I submit three retinal photographs of a case of thrombosis of the central retinal vein where the condition took an interesting course.

The patient was a young doctor, aged 24 years, who had always been healthy. He came to the Eye Department of the Hadassah University Hospital, Jerusalem, stating that on awakening he had noticed that he could not see well in his left eye. The ophthalmoscopic examination showed the picture reproduced in the first photograph—marked venous congestion, some haemorrhages, blurred edges of the disc and numerous arterio-venous compressions.

* Received for publication July 31, 1944.

Thrombosis of the central retinal vein, first day.

The vision was reduced to 2/60 and the field of vision constricted concentrically.

A medical examination did not reveal any pathological findings. The blood pressure was normal so that it can be presumed that the arterio-venous compressions were produced by increased venous pressure.

An X-ray of the accessory sinuses of the nose failed to show any pathological condition, but it had an unexpected result; when the patient rose from the table where the P.-A. view had been taken he noticed that he could see again! In fact his vision was 6/12 and the field of vision was nearly normal but the ophthalmoscopic picture had not changed appreciably.

The patient was admitted to hospital in order to carry out further investigations. When he rose next morning the vision was obscured again and some gymnastic exercises by which he tried to recall the experience of the previous day failed to be effective. The fundus had not changed, and several days later it showed the fully developed

picture of a thrombosis of the central retinal vein reproduced in the second photograph.

The vision then was again approximately 2/60. This condition improved slowly without any therapeutic attempts—heparin was (shall I say fortunately?) not available—and no underlying pathological condition could be found. Finally, after some 8 or 10 weeks, the vision was restored to normal, the field of vision only very

Thrombosis of the central retinal vein, after one week.

slightly constricted, and the fundus showed the peculiar picture reproduced in the third photograph.

Since then over three years have elapsed, the patient has remained in the best of health and the eyesight has not changed. I do not want to go here into the pathogenic mechanism of the condition which would offer a vast scope for speculation. I intend only to show that the complete spontaneous recovery from a condition as serious as this, is certainly possible and so-called "cures" should always be regarded with the necessary scepticism.

Thrombosis of the central retinal vein, after eight weeks.

The surprising first temporary recovery was probably caused by a purely hydromechanical effect of a sudden change of position. The final recovery may be due to the canalisation of the thrombus.

I wish to thank Prof. A. Feigenbaum, head of the Eye Department of the Hadassah University Hospital, Jerusalem, for his kind permission to publish this case.

Yours truly,

H. J. STERN, Major, R.A.M.C.

MIDDLE EAST FORCES,
June 4, 1944.

NOTES

Death

WE greatly regret to record the death on September 30, 1944, of John Lockhart Gibson, M.D., for many years our Brisbane correspondent. He was 84 years of age.