Reports on the visual field changes in retro-bulbar neuritis and case notes illustrating certain important features are given.

Some principles of treatment are dealt with and pernasal and external operations described.

This book is well produced and the illustrations excellent. The author is to be congratulated on making an important link between rhinology, general medicine and ophthalmology where chronic nasal sinusitis is concerned.

Collected Reprints from the Wilmer Ophthalmological Institute of the Johns Hopkins' University and Hospital. Vol. III, Baltimore. 1932-1933.

This handsome volume contains reprints of 65 papers which have been published from the Wilmer Institute in various journals; and the members of the staff of the Institute take the opportunity of its appearance coinciding with Dr. Wilmer's 70th birthday, to offer affectionate greetings to their Director. With such a wealth of material, it is not of course possible within the limits of a short notice to give a detailed list of the contents; but we may say that the volume is worthy of the great Institute from which it has sprung; and contains evidence of work in physics, physiology, clinical ophthalmology, immunology and ancillary subjects. Perhaps the most interesting paper of them all is that on Milton's blindness by Dr. Wilmer. He is able to disprove the albino question once and for all by the reproduction of a portrait of Milton as a boy, which is in Mr. Pierpont Morgan's collection. Dr. Wilmer inclines to chronic glaucoma as the cause of the blindness, but admits that myopia complicated by detachment has claims for consideration.

CORRESPONDENCE

THE CILIARY MUSCLE AND DESCMET'S MEMBRANE

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIRS,—May I suggest that a study of Comparative Anatomy disproves Mr. de Villiers' conclusions in his recent article on the Ciliary Muscle and Descemet's Membrane?

In a demonstration of the comparative anatomy of the angle of the anterior chamber in man and monkeys (*Trans. Ophthal. Soc.*

U.K., Vol. XLI), and also in an article on the Anatomy and Physiology of Accommodation in Mammalia (*Trans. Ophthal. Soc. U.K.*, Vol. XLVI), will be found ample evidence to refute every one of his reasons for the conclusion that from its nature, structure, position, etc., etc., Descemet's Membrane should be regarded as an anterior tendon of the Ciliary Muscle.

Yours faithfully,

THOMSON HENDERSON.

NOTTINGHAM.

December 2, 1933.

THREADING OF NEEDLES

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIRS,—The threading of number one plaited advancement silk on a number four curved needle requires some dexterity, especially after the silk has been boiled or during an operation. But by a method described by Dr. Poth, of San Francisco, in the *Jl. Amer. Med. Assoc.* (February 25, 1933), the matter becomes simplicity itself. The original description is modified to suit the ophthalmic surgeon.

Take a piece of wire used for keeping patent the needle of a hypodermic syringe. Make it into a loop and grasp the two ends with an artery forceps. Pass a piece of silk through the loop and pull tight to shape the end of the wire so that it will readily pass through the eye of the needle. Remove the silk and pass the doubled wire through the eye of the needle or through the eyes of the several needles. Pass the silk through the loop of the wire and draw it through the needle or needles, thus threading them. The silk then can be cut into proper lengths.

If a wire loop as described is available on the instrument table, with a needle threaded, a suture which has broken between the muscle and the needle can be instantly rethreaded.

Yours truly,

A. F. MACCALLAN.