eyeball was replaced within two hours of delivery, at a time before there was desiccation or clouding of the cornea.

S. S.

CORRESPONDENCE

"GUNN'S DOTS"

The Editor THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—I have read with great pleasure Mr. Leslie Paton's letter in the March number of the Journal on "Gunn's Dots" and their significance.

I should like to confirm all that he has written there, and to emphasize two of his points: (1) the importance of using a plane mirror to look for the dots; (2) the need to seek for them in the penumbra. For this second purpose the mirror should be slightly tilted, to throw the bright light off the area in which the Crick dots usually lie.

In respect of the first point, I confess that I usually discover the dots in my routine examination of the fundus with the concave mirror, and then switch on the plane mirror for more accurate vision; but those not accustomed to the dots will probably not see them without searching for them very carefully with the plane mirror.

Over and over again I have discovered these dots with smaller errors of refraction, previously to questioning the patient, and then have learnt from him that it is sensitiveness to glare that is troubling him. I am so convinced of a relationship between these dots and dread of glare that I think they ought to be systematically looked for in our consulting rooms. Mr. Gunn suggested that these dots were the ganglion cells of the retina become visible.

One curious case I saw some years back.—An American Jew boy, 14-15 years old, in very poor health, had the whole of his fundus covered with these glistening points, like the stars on a cloudless night. He could not bear the ordinary daylight, and had to wear tinted glasses for a year. At the end of the year the Crick dots could only be seen at the area around the disc, especially above and below. The boy was in much better health, but had increased his myopia 2-3 dioptries. He returned to America, and I have lost touch with him.

Yours, etc.,

PERCY C. BARDSLEY.