

the other regions close to the macula, it is most important to obtain the macular refraction. But, Sir, is it not the case that if the surgeon dazzles with his mirror the eye which he is examining while the other eye fixes—if it can—a distant point, there is a possibility that there may become manifest any muscle errors which the patient may happen to have, and that the examined eye will deviate, however slightly, and vitiate the results obtained? Apart from all other arguments, there is this to be said for cycloplegic estimation, that the patient without accommodation is able to look at the mirror with the eye under observation, and can yield up his exact static refraction, the necessity for a permanent record of which was so well emphasized by Mr. Ernest Clarke.

Yours, etc.,

ERNEST THOMSON.

FILARIA LOA

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—In answer to your correspondent Dr. E. Charles' enquiry in the July number of the BRITISH JOURNAL OF OPHTHALMOLOGY, he will find in the *Lancet* for 1919, Vol. II, page 874, an account by Dr. E. L. Hunt and myself of a similar case, and on page 946 of the same volume a letter from E. J. Tyrrell reporting another case.

I had no trouble in removing the female worm of a filaria loa, and the chief thing about the patient, in my recollection, was the extreme horror he evinced at his condition. He expressed himself as deeply indebted to me for my assistance; in fact, he did not know how adequately to reward my services. I thought he was speaking metaphorically, but he really meant it, for he made no effort to pay my fee.

Yours truly,

R. R. JAMES.

46, WIMPOLE STREET, W.1,

July 1, 1922.

SCLERO-CORNEAL TREPHINING AND HOLTH'S EXTRALIMBAL TANGENTIAL SCLERECTOMY

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—I regret that I have been so long in replying to Professor Holth's letter, but the delay has been due to my absence from England, and to other causes over which I had little control.