CORRESPONDENCE

THE EDUCATION OF AN OPHTHALMIC SURGEON

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—Dr. Gayer Morgan's letter in your last issue and many written and verbally transmitted agreements with my post-graduate lecture on the education of an ophthalmic surgeon have convinced me that I have seemingly not pointed out clearly enough what I wanted to express. No *criticism* of British or any other kind of clinical education was intended. I quoted the British conditions only as best known to the average reader.

My aim was to design an ideal training with ideal selection of the ablest men under ideal social circumstances. That is achieved nowhere, either in this country or in any of the greater continental schools, or even in my democratic homeland. It remains an *ideal* aim. Some spoke or wrote, sometimes enthusiastically, of my polemic treatise. That is a misunderstanding of my intentions. No polemics were in my mind. I fight to make the path of learning for youth as smooth as possible, and consider that the old and experienced should be under an obligation to teach. Everywhere there is still a long way to go to fulfil this ideal.

I am, Yours very sincerely,

ARNOLD LOEWENSTEIN.

GLASGOW,

April 25, 1942.

NIGHT BLINDNESS IN SOLDIERS

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—In view of the various investigations into night blindness in soldiers may I be permitted to repeat and amplify a statement of fact.

During the Desert campaign of 1916-18 there were a good many cases. Men complained of tripping over the tent ropes, etc. At first I did not think the complaints genuine but altered my opinion. Whatever doubt may be cast on the theory of causation by vitamin A deficiency, of which at that time nothing was known, I think there is little doubt that there was such a deficiency. Two facts, however, emerged.