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.

1. There was never any ocular disease.
2. Complaints ceased when the troops entered Palestine.

I do not know where vitamin A was obtained in Palestine, though there was an abundance of excellent fruit. In fact one of the most remarkable incidents which came to notice was that a battery was engaged near Jerusalem shelling the Turks and native children were selling fruit to the gunners during the engagement.

I am, Yours truly,

JAMES W. BARRETT.

103-105, COLLINS STREET,
MELBOURNE, C.1
December 29, 1941.

THE DIAGNOSTIC SIGNIFICANCE OF RETRO-BULBAR NEURITIS

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—With regard to the letter from your correspondent Allan Briggs, may I say that we must all feel that it is a reproach to our profession that the origin of the four diseases mentioned, *viz.*, retro-bulbar neuritis, rheumatoid arthritis, recurrent iritis and disseminated sclerosis is still so obscure.

We are often obliged, on this account, to stand by helplessly while we watch these miserable conditions go from bad to worse, for want of an efficient remedy.

That there may be a "silent" sinusitis, *i.e.*, without signs or symptoms, as a remote focus of infection, has often been reported, a most striking example being the one reported by me in the February *Brit. Jl. of Ophthal.* this year.

I would like to suggest to Mr. Briggs that, while he is waiting for some new advance of medical knowledge in the future, it would be wise, in the meantime, thoroughly to explore the possibilities of the hidden nasal sepsis to which my paper drew attention.

If he does so, he will find, as I have, that it throws light on scores of otherwise obscure cases.

Yours faithfully,

ROSA FORD.

88, HARLEY STREET, W.1
May 9, 1942.