His letter has particularly brought home to me the case of a young man who came to me the other day complaining that he had been rejected in the visual examination for the Master Mariner's Certificate. When he first consulted me a few years ago he was accompanied by his father. I explained to him that though his son would probably pass his entrance examination I was afraid that he would not pass his final because his myopia would most likely have increased by that time.

Now my point is why should such a healthy young man with excellent colour vision and with only a slight amount of myopia, be lost to the services of the Mercantile Marine or even to the Navy, but be acceptable to the land forces. It seems to be perfectly correct for an Admiral or a Sea Captain to view a ship in the offing by means of a pair of binoculars but incorrect for him to do the same thing with a pair of glasses poised on his nose.

Our Faculty of Ophthalmology should endeavour to educate the powers that be to a more sane and reasonable outlook on these matters. Many a worthy Son of the Sea whose ancestors have played their part in making England great has been cast aside as worthless because he had half a dioptre of myopia.

I think the whole subject of myopia merits careful and serious consideration. Is it wise for the M.O.H. to insist on the refractionist getting 6/6 or 6/5 vision with minus glasses or would the pupil have been better treated if his 6/9 vision had been untouched and plus glasses with base in prisms been prescribed to assist his accommodation and convergence?

Yours faithfully,

FRANCIS E. PRESTON

44, QUEEN ANN STREET, W.1

25th February, 1947

REMOVAL OF THE WRONG EYE

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—It was with great interest that I read, in the January issue of the Journal, the interesting article by Dr. H. M. Traquair, concerning the removal of the wrong eye. May I offer a safe and simple method to the profession to avoid this mistake, and may I be allowed to correct a linguistic misinterpretation in this article?

The misinterpretation was due to the translation of the "Soll" in Elschmig's quotation. The "Soll" is equivalent to the Latin "Dicitur" and does not mean that this case has actually occurred; it means that it was said (by someone) that the case has (somewhere)

actually occurred. Thus, Elschmig himself did not experience this mishap neither did it occur in his department—at least not between 1912 and 1932, to my knowledge.

My suggestion is to cut the lashes of every patient's eye to be operated on, the day before the operation, or even two days previous to the operation. This can be done in the ward or in the surgeon's office where all records are easily available and when—in the worst case—the patient may remind the assistant that he is preparing the wrong eye. In Elschmig's clinic, we used to cut the cilia in the preparation room adjacent to the operating room; for the last years, I have been cutting the lashes one or two days before surgery, in all intra-ocular operations. The same procedure could be adopted for the enucleation and will prevent the search for, and possible mistake of, the eye to be operated on.

With sincerest congratulations for the improved appearance of the Journal.

I remain, very truly yours,

K. W. ASCHER, M.D.

2508, AUBURN AVENUE,
CINCINNATI 19, OHIO,
February 28, 1947.

OBITUARY

SIR ARNOLD LAWSON, K.B.E.

SIR ARNOLD LAWSON was the fourth of seven sons of George Lawson (1831-1903). George Lawson was a pupil of Sir William Bowman at King's College Hospital, and went to the Crimea as an Assistant Surgeon in 1854. In May, 1855, he had a very severe attack of typhus fever that produced a complete paraplegia, and he was invalided out of the Army in January, 1856. He was already an Assistant Surgeon at Middlesex Hospital where he was a colleague of John Whitaker Hulke. George Lawson was elected Assistant Surgeon to Moorfields Eye Hospital in 1862 on the same day as Sir Jonathan Hutchinson.

He became Surgeon-Oculist to Queen Victoria, holding this appointment until her death in 1901.

He was a man of great charm, a Tractarian, deeply religious, whose generosity, especially to his hospital patients, has become legendary. To follow such a distinguished father is a heavy task, and this Sir Arnold did in detail except that he confined the professional side of his life to ophthalmology.