TRAVELLING SCHOLARSHIPS

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS.—There are many reasons why the fortunes of British ophthalmology are temporarily at a low ebb: some of them are entirely honourable and many of them are beyond our control. But there are two lines of practical policy which may be pursued to regenerate our specialty. One is the long term policy of organised research and the other is shorter, taking full advantage of the benefits of foreign study.

Organised research is getting under way: the Research Chair of the Royal College of Surgeons of England has already enabled research work to attract international interest and in due course the Ophthalmic Institute of the University of London will place ophthalmic research in this Country on a broad foundation. The work being done over the Border needs no mention from me.

Foreign study, however, is a more urgent policy of replenishment and, in my opinion, it should be pursued now and with the utmost vigour, before our plans of re-organisation are too far advanced. By publishing his experiences in Switzerland, John Foster (*Brit. Jl. of Ophthal.*, Vol. XXXII, No., 2, February, 1948) has done a great service to his colleagues and has clearly shown the way which should be followed. As a result of following his trail, made easy by much generous advice, I should like to offer the following suggestions which will enable young ophthalmologists up and down our land to share the enormous professional and cultural benefits which are to be obtained by visiting foreign clinics.

Travelling scholarships should be immediately instituted. They should be awarded by a responsible body to British ophthalmologists of considerable experience who are not over the age of 40 years. Such a scholarship would enable a student to spend a short period of study at clinics anywhere and not more than two clinics in any country should be visited by one student so as to spread the opportunities as widely as possible.

An essential feature of this scheme should be that on return home the scholar should give a detailed report on the work of the clinics he has visited, by lecturing to his colleagues. Think what a feast could be provided on a winter's evening by listening to the reporters recently returned from Swiss, Dutch, Russian or United States clinics!

Money is available and temporary Government restrictions will not daunt the President of our Faculty.

Although most desirable, organised tours do not fulfil quite the same serious purpose which I have in mind, nor do they give the foreign host the opportunities he would wish to have for discussing

individual problems in detail or demonstrating individual methods. Reports from accredited individuals would keep British ophthalmologists constantly informed of the changes in ophthalmic fashions abroad. "Experience" has been defined as the practice of the same mistake a hundred times: it is experience of this kind which we in this country can well do without and the surest way to avoid it is to watch the other fellow at work either at home or abroad.

With the aid of such delightful craftsmen as the Grieshaber family and the Haag Streit combination, the vast experience of Swiss ophthalmologists has set a high standard of international achievement. To have shared a little of this experience, offered with such grace and courtesy, is something for which I and many others shall always be grateful. It is in the hope that others may be enabled to do the same that I ask permission to occupy your valuable space with my plea for action forthwith.

Yours faithfully,

B. W. RYCROFT.

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February 13, 1948.

RESIDUAL CATARACT

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs.—The remnants of the lens left behind after the extra-capsular cataract extraction or the discission operation are known as the "after cataract" or the "second cataract." Both of these terms would appear unsatisfactory on closer examination. Moreover, the second one is confusing, since the text-books too often use the term "secondary cataract" to connote the "complicated cataract" as well as the "after cataract."

I would beg to suggest, for the consideration of the ophthalmic world, the term "residual cataract" for this condition which is essentially a lens residue, although in the production of which the proliferation of the sub-capsular epithelium and sometimes the pigmentary, haemorrhagic and inflammatory elements enter.

Yours truly,

J. N. TOLIA.

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January, 12, 1948.