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.

149, Harley Street, W.1
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 extracapsular 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.

4, Carlingford Road,
London, N.W.3.
January, 12, 1948.