In 1907 he toured America to report upon the treatment of trachoma in school clinics, and visited New York, Toronto, Quebec, and Montreal on behalf of the Moseley Commission. He was the visiting ophthalmic medical officer for the L.C.C. to 29 residential schools and to 6 lunatic asylums. During the war he assisted the ophthalmic department at St. Mary's Hospital, and continued to do so up to recent times. He designed a forceps for the operation of expression and contributed several articles to the Transactions of the Ophthalmological Society. He wrote the account of his grandfather, Frederick Tyrrell, for this journal in the series on British Masters of Ophthalmology (December, 1918), and was related to the famous surgeon, Astley Cooper, whose niece became Mrs. Frederick Tyrrell. His father and brother were also St. Thomas's men, and practised in Great Malvern. His son, just qualified, and his brother-in-law, Dr. Edward Wrench, further strengthen the bond with St. Thomas's. His widow and two children will have received many messages of sincere sympathy from those who knew Francis Tyrrell. Happy in his home and work, of fine appearance and physique, his was an attractive personality, and his memory will live long in the hearts of those who knew him best.

HARRY LEE, F.R.C.S.

The tragic death of Mr. Harry Lee was noticed in our last number. He was at work, apparently in his usual health on January 11, and had some sort of seizure while driving home from his consulting room.

Mr. Lee was a Yorkshireman, having been born at Dewsbury. His uncle, Dr. Edwin Lee, was a well known physician in Leeds, and it was natural that the nephew should have settled in his native county as he had many friends there.

While at Cambridge, Lee received his blue for Rugby Football, and graduated M.B., B.Ch., in 1910. He pursued his clinical studies at Guy's Hospital, and passed the final F.R.C.S.Eng. in 1911. He was elected surgeon to the Leeds Public Dispensary in 1913, and worked there for 9 years. When Mr. Secker Walker resigned his post on the staff of the General Infirmary, Lee was elected to fill the vacancy, and rapidly acquired a large practice. At the same time he was appointed lecturer in ophthalmology in the University of Leeds. At the time of his death he was senior ophthalmic surgeon to the Leeds General Infirmary.

Lee was an ex-president of the North of England Ophthalmological Society, and succeeded the late Mr. A. L. Whitehead as the Leeds representative on the general editorial committee of this journal.

He was not a prolific author, but his kindness and straightforwardness of manner made him many friends in the ophthalmic fraternity,
Correspondence

while in him, his patients, rich and poor alike, mourn the loss of a distinguished ophthalmic surgeon and genial friend. During the War he served in the British Expeditionary force with the rank of Captain, R.A.M.C.(T.)

Correspondence

Coloured Areas in the Sclerotic

To the Editors of The British Journal of Ophthalmology.

Sirs,—It happened that immediately after reading Dr. C. H. Usher's excellent article on "Coloured Areas in the Sclerotic," an example of this condition came into my consulting rooms and I considered it might be of interest to report it. It shows many points of resemblance to the cases cited by Dr. Usher, and undoubtedly belongs to this category.

History: Miss G. M., aged nine years, came to me on November 29, 1932, with complaints of some headaches and tiredness of eyes. The visual acuity, left and right, was 6/6 without difficulty. Pupils reacted normally and tension was normal. On drawing aside the lids to examine the conjunctiva, I observed in the right eye a circular area of slaty-blue colour, fairly sharply delimited in all its margins, forming a collar round the limbus, not continuous, but open nasally and temporally. The proximal edge was some 2 or 3 millimetres from the limbus and it varied in depth from 4 to 8 millimetres; conjunctival vessels running over it were enlarged and movable. There were no such appearances in the left eye.

The child was the middle one of three. The irides were of a light green, those of the mother being of the same colour and the father's were reported to be blue. Both fundi were essentially normal, and the right was distinctly richer in pigment than the left. The refraction in both eyes showed a quarter of a dioptre of hypermetropic astigmatism. Hair, eyebrows and eyelashes were dark brown. The mother had never noticed the condition until I drew her attention to it, and therefore one does not know whether the condition is recent or of old standing, stationary or progressive. I shall, of course, examine her from time to time and make observations. There is no nystagmus; there is no history of consanguinity of parents.

This case tends to show, if it shows anything, that the condition can exist without any disability to the visual acuity, or the eyes generally and I fear it casts no further light on the probable aetiology.

Hoping that you will find this of sufficient interest for publication.

Yours faithfully,

D. R. Gawler.

Perth,
Western Australia.