FOUND—PATHOLOGICAL SPECIMENS

To the Editors of The British Journal of Ophthalmology.

Dear Sirs,—A few days ago I was informed by the police that a package has been found in Lincoln, comprising a bottle containing two human eyes and a smaller bottle containing what appeared to be a crystalline lens, complete in its capsule.

These specimens appear to have been removed by an ophthalmic surgeon recently. How they came to be abandoned in Lincoln is at present a complete mystery and it seems possible that they may have been stolen from an ophthalmic surgeon’s car and abandoned by the thief on discovering their nature. We have made local enquiries but have so far failed to discover any clue as to the owner of these specimens and I wonder if you would give publicity to the matter from your columns in the hope that the ophthalmic surgeon concerned may chance to hear of the matter in this way.

We should be very grateful if the rightful owner will get in touch with me, and on supplying particulars I should be pleased to arrange for the specimens to be handed over to him. It seems more than likely that these specimens were of some special value and we are anxious to restore them to their owner if possible.

Yours faithfully,

Allan H. Briggs.

3, Lindum Road,
Lincoln.
April 8, 1947.

THE USE OF UNIT CELLS IN THE LISTER
MORTON OPHTHALMOSCOPE

To the Editors of The British Journal of Ophthalmology.

Dear Sirs,—I have noticed that if I use unit 1½ dry batteries in my Lister Morton Ophthalmoscope, they often run down prematurely.

The following paragraphs explain the reason and give the remedy for this occurrence, which I am sure many users of the instrument must have also experienced.

The correct dry battery to use is, of course, the Ever Ready 1829, and this gives no trouble in use.

However, it is not so easily procurable as the standard 1½ volt unit cell, and the latter is, I think, most commonly used.

One of the features of the Lister Morton Ophthalmoscope made by Theodore Hamblin, Ltd., is a retaining ring of metal which is inserted at the upper end of the battery handle.
This ring retains the battery, when the head of the instrument is removed from the handle for insertion into the instrument case provided, and is a useful feature of the ophthalmoscope. Unfortunately the 1½ volt unit cells are so manufactured that the zinc casing, which is the negative pole, is exposed at the upper end of the cardboard insulating envelope, and can make contact with the retaining ring of the battery handle.

This causes a short circuit of the lower cell in the battery handle, and only happens when the handle is detached from the head of the instrument.

The remedy is either to depress the battery a little in its cardboard container and roll the edge of the cardboard over the upper rim of the zinc casing of the cell, or to glue a thin ring of cardboard as an insulator under the metal ring in the ophthalmoscope handle.

The correct battery for the ophthalmoscope, the Ever Ready 1829, is a two cell, 3 volt battery, enclosed in a single cardboard envelope the ends of which are rolled over, and so prevent the short circuit described when using two single cells.

Yours faithfully,

P. T. Lees.

7, Albany Avenue,
Blackpool.

OBITUARY

IAN STEWART McGregor

Ophthalmology could ill afford the death of Dr. Ian Stewart McGregor on January 23 at the age of 43 years, when already he had shown great capacity as clinician, surgeon, teacher and original investigator. He graduated M.B. Ch.B. at the University of Glasgow in 1927 and thereafter filled various resident appointments. His attainments were all the more remarkable in that his interests in ophthalmology began only nine years ago, previous to which he was in general practice on the Island of Bute. This experience in general medicine, however, so broadened his outlook and sharpened his judgment that he learned quickly and fastidiously from his colleagues and within a brief period was appointed Clinical Assistant at the Glasgow Eye Infirmary and Assistant Ophthalmic Surgeon to the Ophthalmic Institution of the Glasgow Royal Infirmary and obtained the Diploma of Ophthalmic Medicine and Surgery granted by the Royal Colleges in England. At the outbreak of war he was mobilised as a squadron leader in the R.A.F.V.R. where he served for two years. His release was requested in 1941 to fill a vacancy as Visiting Surgeon to the Ophthalmic Institution. He also acted