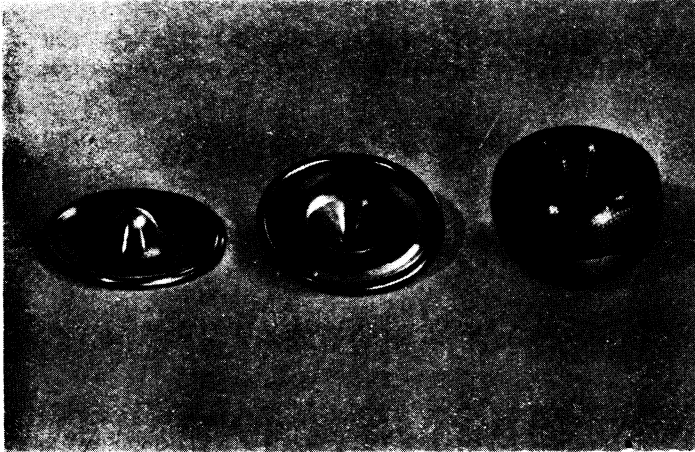


## HAMBLIN'S "ALL BURIED" IMPLANT



To diminish the tendency for extrusion so often experienced with earlier implants an all buried tantalum implant has been designed.

The illustration shows this new implant together with both the under side and the upper side of a retaining shell worn after the operation to retain the depression into which the "Mobileye" will eventually fit. The Implant can alternatively be supplied made in acrylic with tantalum mesh; the retaining shell can also be supplied in acrylic. All are made in normal and children's sizes.

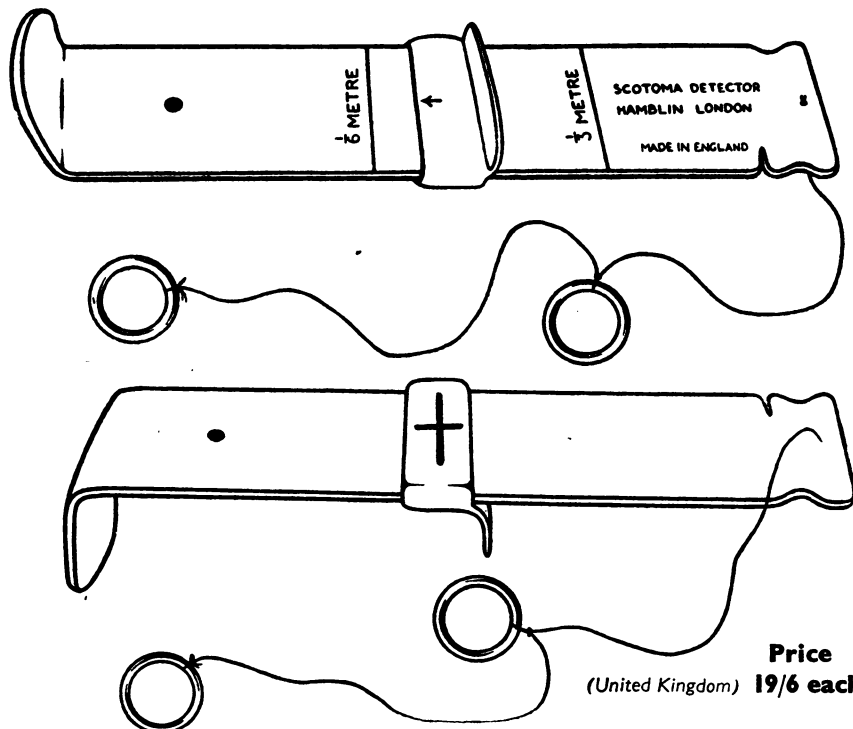
### Prices

(United Kingdom)

|  |     |             |
|--|-----|-------------|
| Implant (all Tantalum as illustrated)        | - - | £9 10s. 0d. |
| Retainer shell (all Tantalum as illustrated) | -   | £3 2s. 6d.  |
| Implant (Acrylic with Tantalum Mesh)         | - - | £6 10s. 0d. |
| Retainer shell in Acrylic                    |     | 6s. 9d.     |

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15 WIGMORE STREET  
LONDON, W.1

## SCOTOMA DETECTOR



Price  
(United Kingdom) 19/6 each

This instrument is primarily designed for the detection of arcuate scotomata in cases of suspected glaucoma. It consists of a rule, the front of which is marked with a dot. A cursor bearing a cross slides along the rule. On the back of the rule appear two marks, one for  $\frac{1}{3}$  metre the other for  $\frac{1}{6}$  metre. If the cursor is set to one of these marks, the detector held horizontally at the distance set and the patient fixes the cross with his corresponding eye, the dot will fall on his blind spot. A string  $\frac{1}{3}$  metre long is attached to the rule to enable the surgeon to hold the detector at this distance from the patient's face; the middle of the string is used for the shorter distance. It will be found convenient for the patient to hold the string to the eye which is not being examined. The method of use can best be explained by imagining oneself to be examining the right eye of a patient. The instrument is held with the turned over end between the finger and thumb of the left hand, the right finger and thumb grasping the handle of the cursor. The patient is asked to cover the left eye and with the right to look at the cross, this being on the extreme right side of the instrument. The cursor is now moved slowly across to the left and the patient is asked to say when the dot disappears and when it reappears. It is as well when doing this to have the instrument inclined about 5 or 10 degrees below the horizontal. The position of the blind spot having been determined, the instrument is turned into the vertical meridian and the process repeated, the area of field above and below the centre being examined. It will be found that, if an arcuate scotoma is present, the dot will disappear, in much the same way as it did when traversing the physiological blind spot. It should be emphasised that this instrument is merely for the detection of scotomata; a positive finding with it indicates the need for accurate Perimetry and Screen examination.

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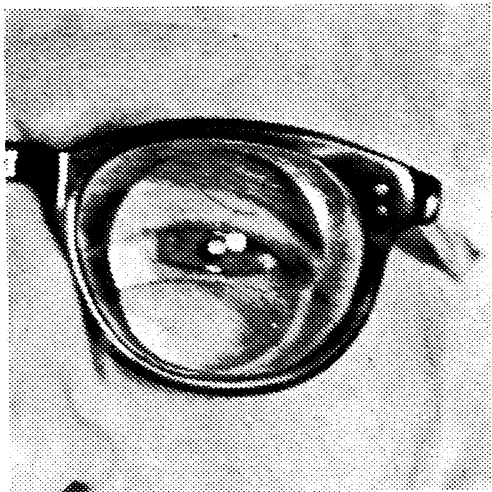
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