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Inner dimensions— $11'' \times 5\frac{1}{2}'' \times 5\frac{1}{2}''$   
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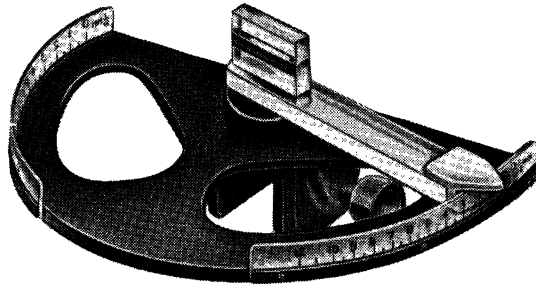
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FOR DETERMINATION OF CORNEAL THICKNESS



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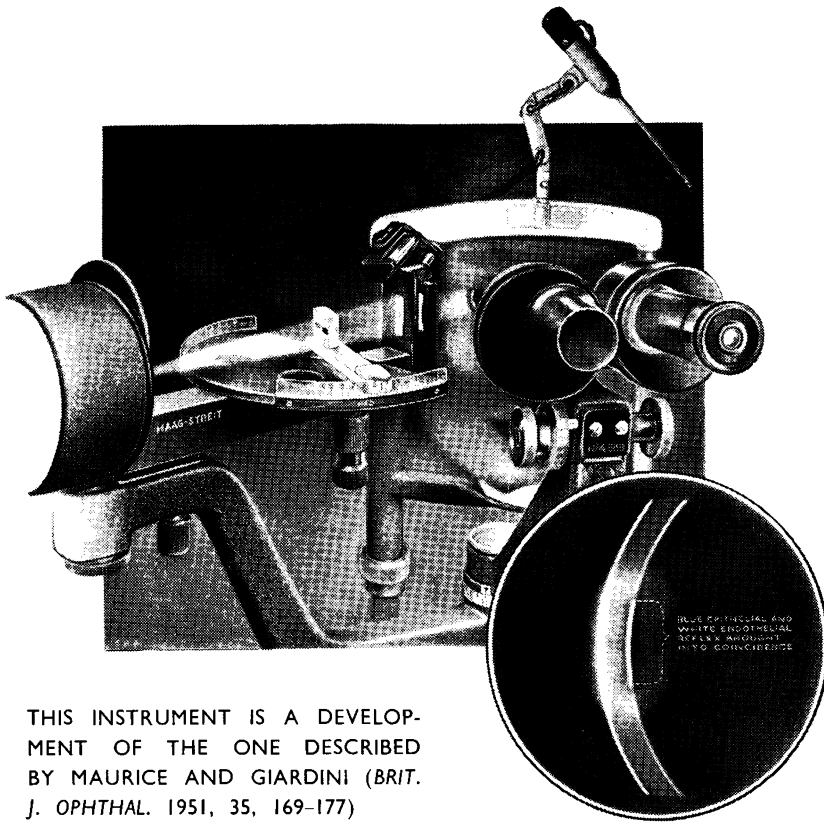
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*The machine is intended for use on the  
Haag-Streit slit-lamp*

IMPORTING AGENTS FOR HAAG-STREIT - SLIT-LAMP - O

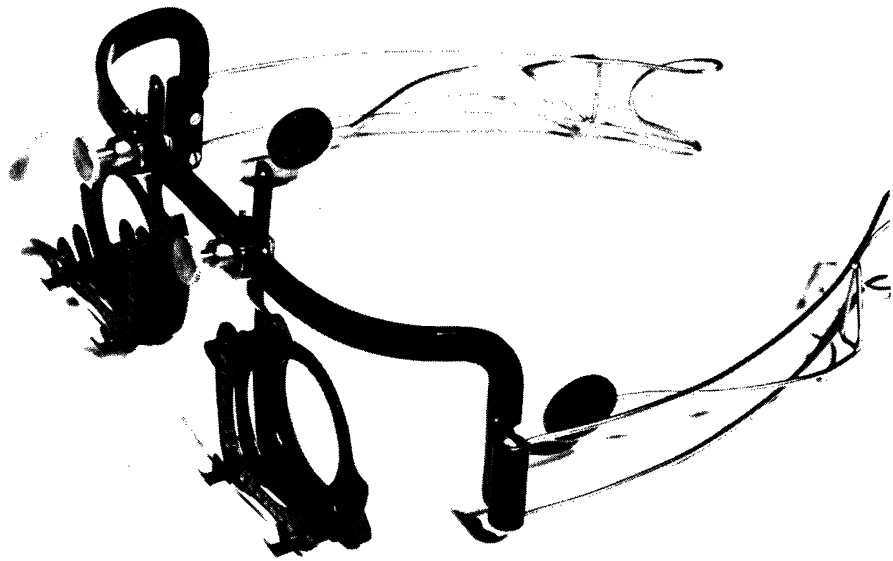


THIS INSTRUMENT IS A DEVELOPMENT OF THE ONE DESCRIBED BY MAURICE AND GIARDINI (*BRIT. J. OPHTHAL.* 1951, 35, 169-177)

In principle the slit-lamp beam is divided into two parts which may be moved relative to one another by rotating a perspex plate inserted in the path. The sections of the cornea are seen in the microscope and they are moved till the endothelium of one coincides with the epithelium of the other; the angle of rotation of the plate is then a measure of the corneal thickness. By the incorporation of a thin filter the stationary corneal section is coloured blue, and in use only the blue epithelial reflex is seen owing to the low intensity of the incident beam.

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*Patent applied for*

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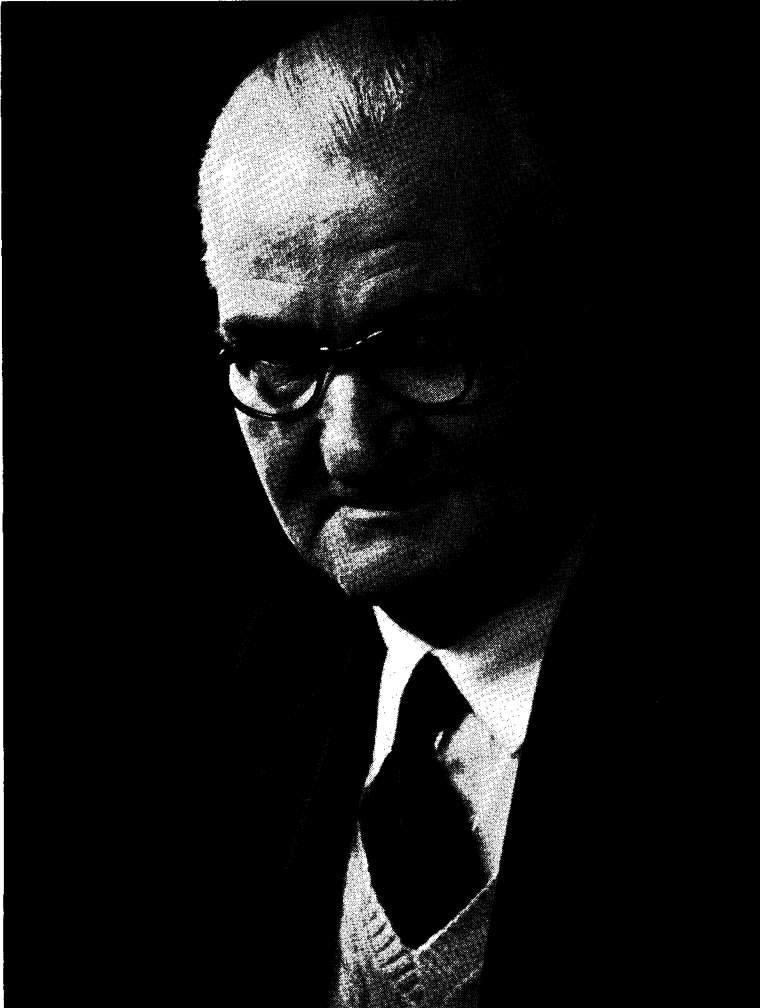
Allows for asymmetrical eyes.

Only one screw adjustment to each eye.

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A Spectacle that does not rest on the nose, yet retains the appearance of a normal frame.

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# HELPING THE

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## The Old Way — "Trial and Error"

Hitherto the magnification needed by a patient could not be assessed closely without recourse to a miscellany of magnifiers from which the patient ultimately made his choice. Such a "hit and miss" procedure was tedious and time-consuming for all concerned.

## The New Quantitative Method—

### (a) DETERMINATION OF MAGNIFICATION REQUIRED

The new KEELER "A" Series Test-type notation, laying special emphasis on the region beyond 6/36 provides a uniform progression of type sizes. Thus, for the first time, the patient's reading acuity can be accurately determined, and — more important still — the precise magnification needed to raise the acuity to any desired or practicable level can be read off from a specially-devised table. The increase in speed and accuracy of this procedure is appreciated by the busy examiner and lessens the strain on the patient.



### (b) PRACTICAL VERIFICATION

It follows that practical verification of the findings is now a separate entity. Here again, with the emphasis on speed and accuracy, a quick reference table has been devised to present a "short list" of appliances over the range 1.75X to 20X from which verification and vocational requirements can be satisfied much more quickly than hitherto. For any pre-

determined magnification, the patient need try only two or at most three aids instead of having to face the array of assorted appliances formerly necessary.

Full details of magnifiers on the "short list" together with a suggested procedure and the whole theoretical basis of the scheme are given in the Keeler Reference Manual. The Keeler L.V.A. Test Charts feature the new "A" Series notation and include the usual vocational pages necessary to ensure that the patient is satisfied with the prescribed appliance.




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Until now it has not been possible to give much assistance to the many patients needing magnification in the range 8X to 20X. The new KEELER Illuminated Spectacle and Hand Magnifiers are a completely satisfactory solution to this problem because for the first time they provide comprehensively:—

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- ★ constant separation between magnifier and work, necessary because the depth of focus is only 1mm. or less.

The Illuminated Spectacle Magnifier illustrated has five interchangeable lens units of 8X, 10X, 12X, 15X & 20X. It is available in a trial set similar to that shown below for the Illuminated Hand Magnifier outfit which covers the same range of magnifications. These are only two examples of the many new devices that have been developed. Others, which overcome the disadvantage of previous appliances in the



range 1.75X to 6X are fully described and illustrated in the Manual.

It will be appreciated that the new technique and the trial sets are complementary. The great advantages of the former are lessened if trial sets are not available for rapid verification and vocational assessment. Conversely if the KEELER quantitative technique is not used, the magnifying aid can only be selected in the old "trial and error" way.



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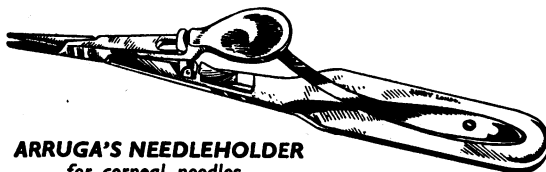
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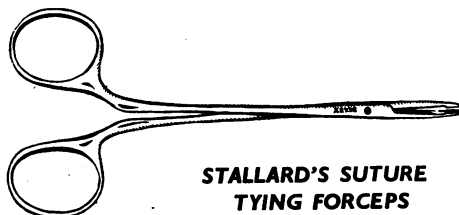
## Ophthalmic Surgical Instruments



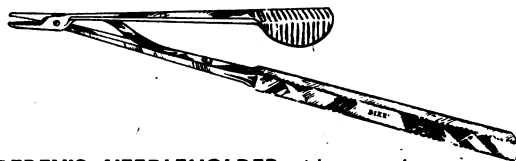
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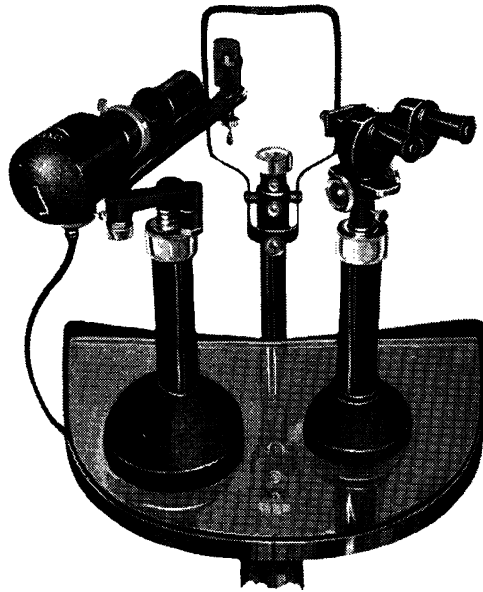
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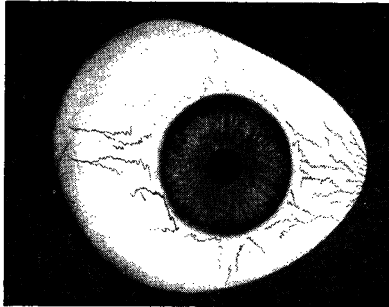
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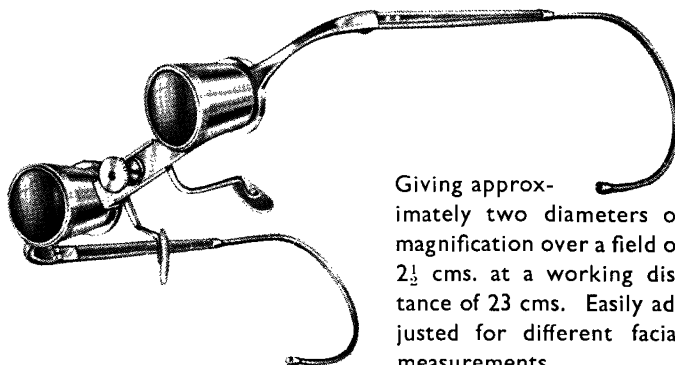
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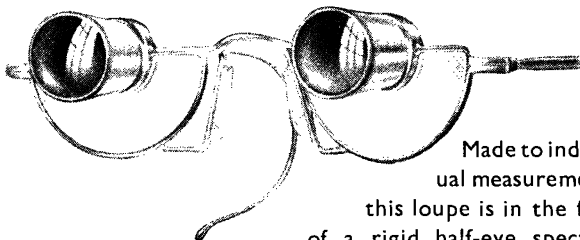
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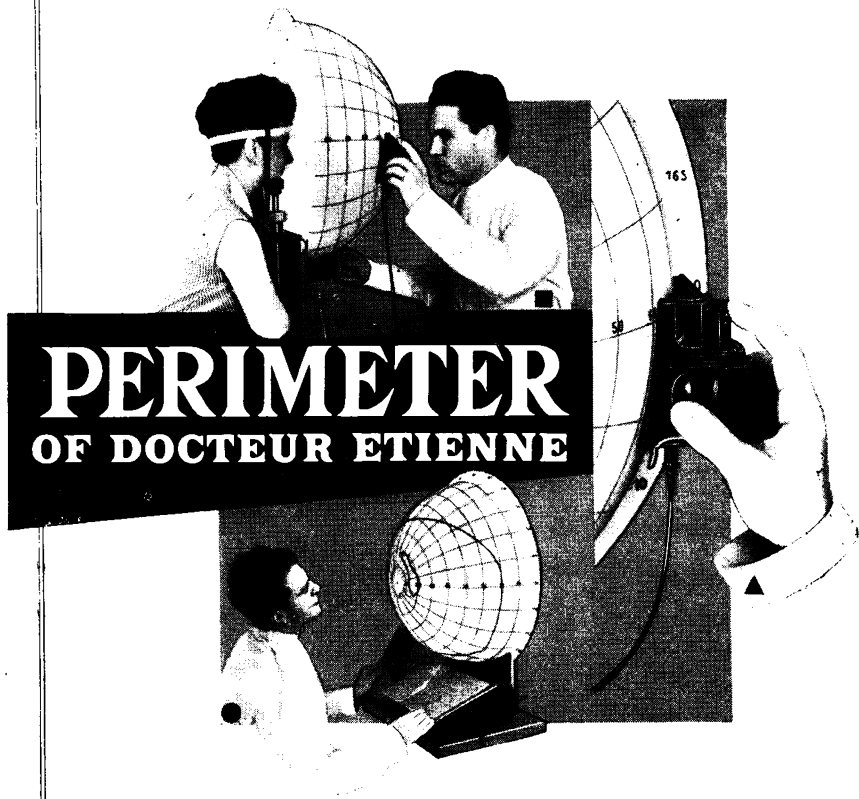


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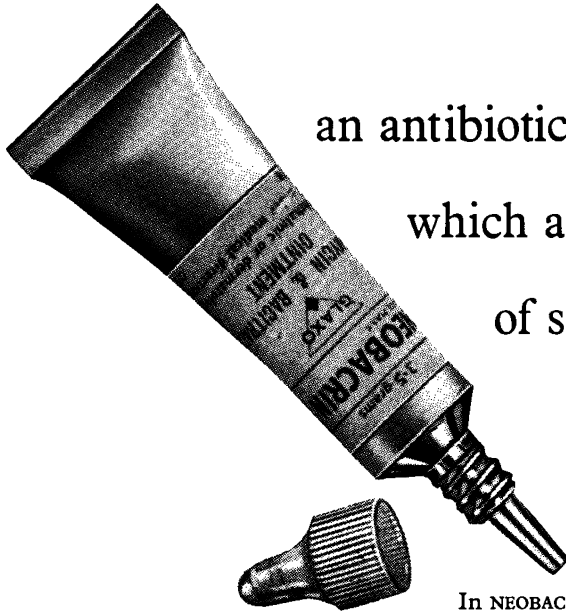
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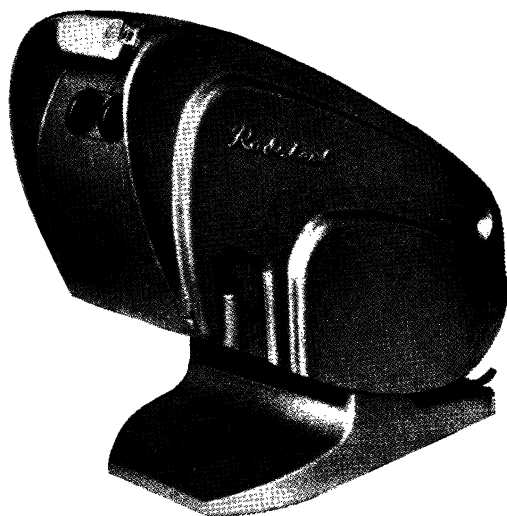


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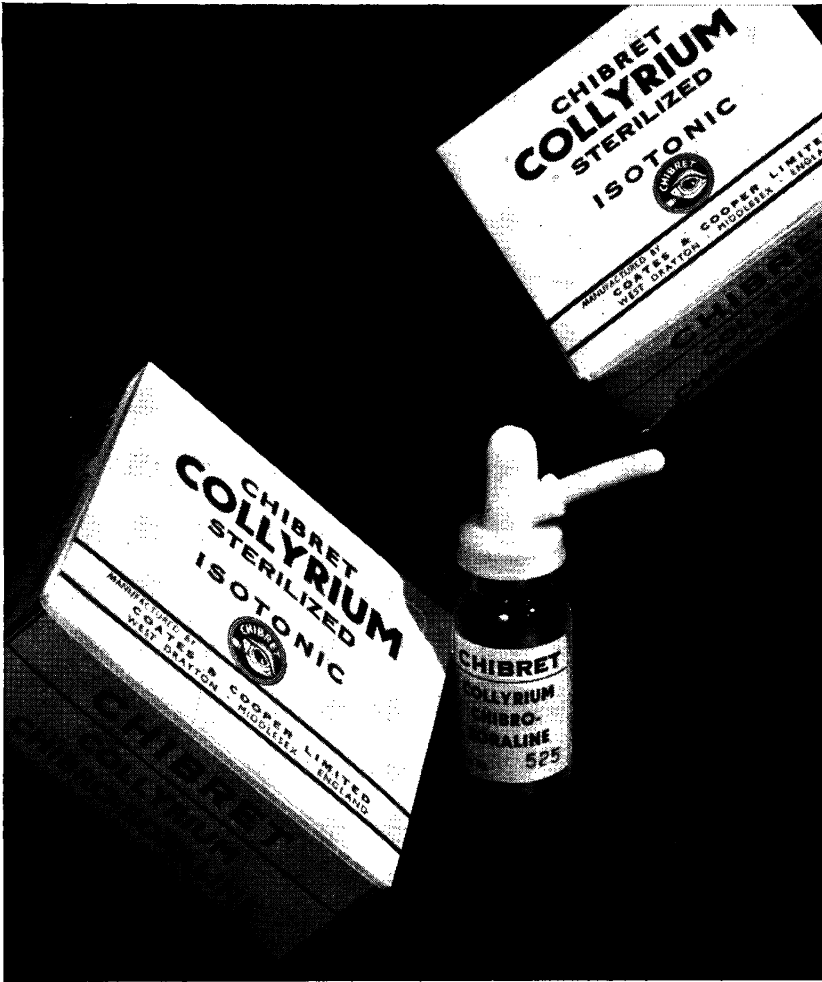
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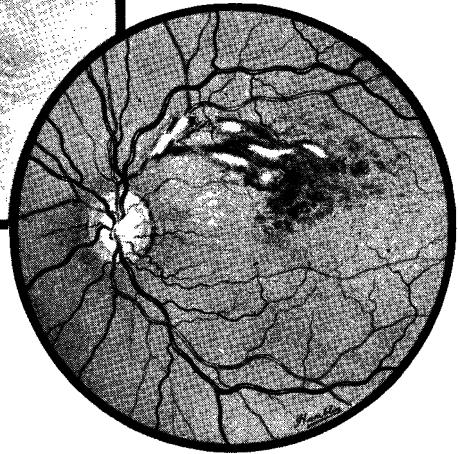
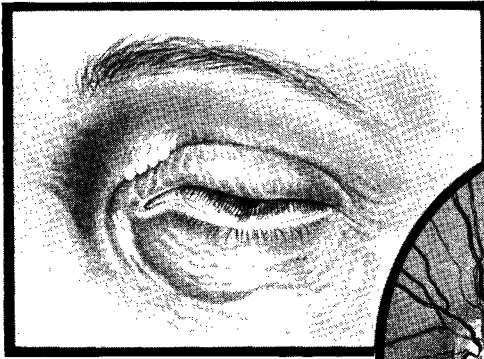
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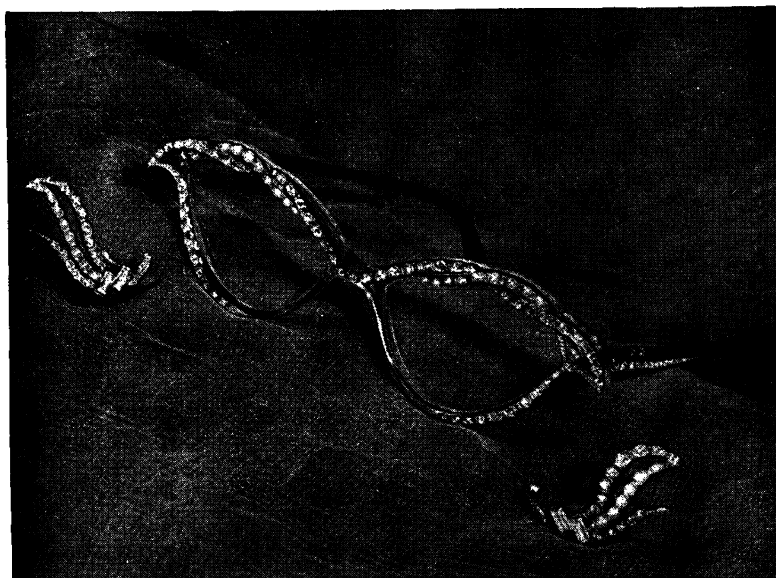


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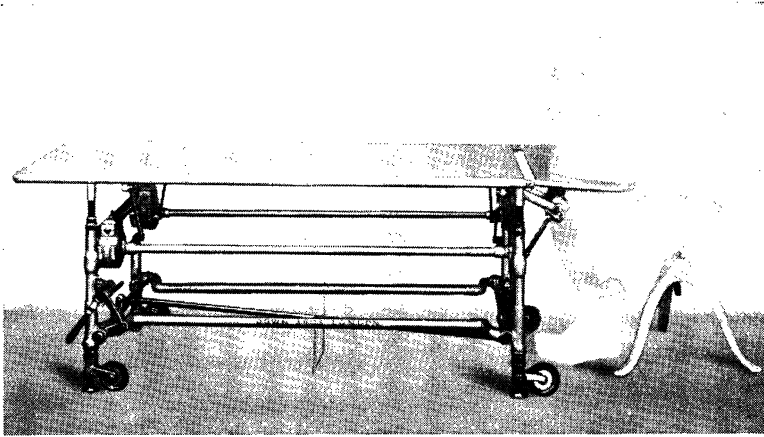
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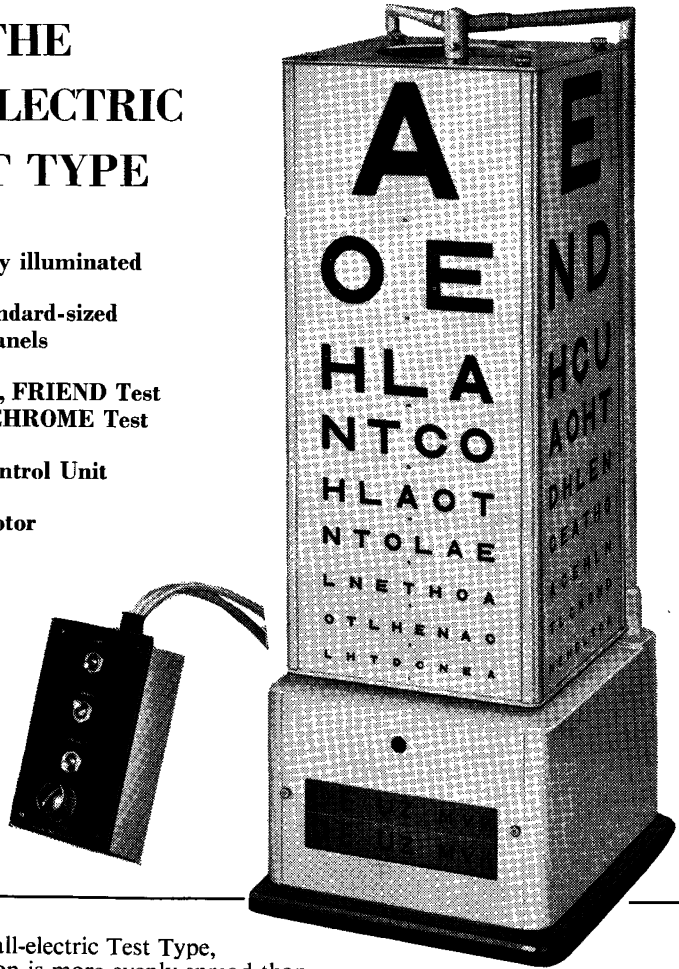
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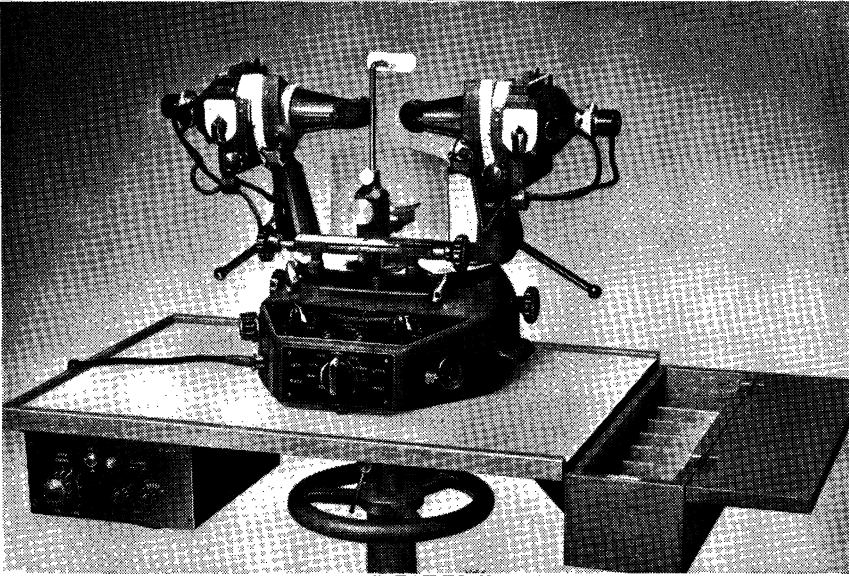


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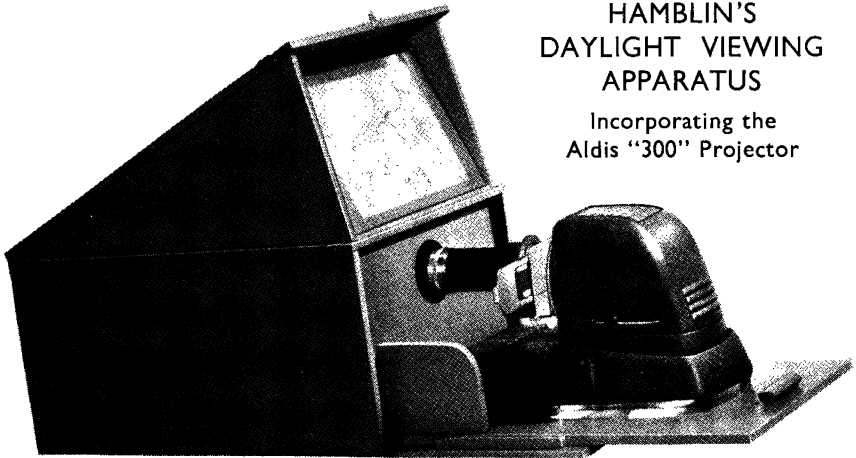
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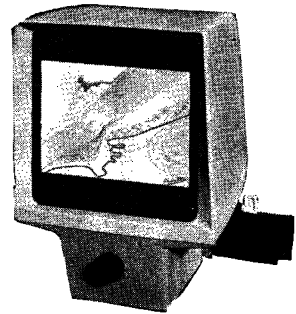


When it is inconvenient to darken an Outpatient Department for teaching purposes, Hamblin Miniature Slides may be admirably demonstrated by means of this back-projection equipment. Set on a table beside the surgeon, its special screen is very well placed for him to point out notable features of the pictures which he projects. Out of use, the device is closed to form its own carrying case, containing and protecting the lantern and set of slides.

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For teaching small groups and for informal lectures, miniature slides, 5 cms. square, are ideal. Hamblin Miniature Lantern Slides, mostly in full colour are available in a range of typical fundus and external ocular appearances especially selected for teaching. The slides available are enumerated below.

The slides are photographic reproductions of master paintings, made under the guidance of ophthalmologists. Special slides, to individual requirements, can be made to order.

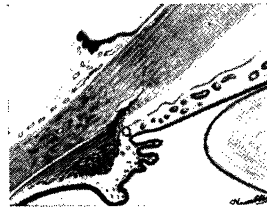
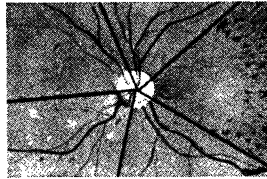
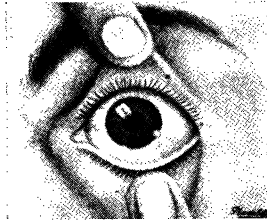
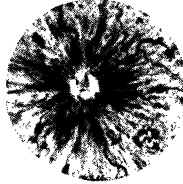
A selection of lantern slides of standard size (3¼ ins. square) is also available.

### FUNDUS

<i>Miniature No.</i>	<i>Condition.</i>
MF 1.	Blonde Fundus.
MF 3.	Medium British Fundus.
MF 2.	Tigroid Fundus.
M4 4.	Negro Fundus.
MF 5.	Physiological Cupping.
MF 6.	Myopic Atrophy of Choroid.
MF 7.	Opaque Nerve Fibres.
MF 8.	Pseudo-Papilloedema.
MF 9.	Glaucomatous Cupping.
MF 10.	Primary Optic Atrophy.
MF 11.	Secondary " "
MF 12.	Retinitis Pigmentosa.
MF 13.	Papilloedema.
MF 14.	Myopic Detachment.
MF 15.	Melanomatous Detachment.
MF 16.	Haematogenous Haemorrhages.
MF 17.	Embolism of Central Artery.
MF 18.	Thrombosis of Central Vein.
MF 19.	Acute Choroiditis.
MF 20.	(Tays) Colloid Deposits at Macula.
MF 21.	Old Choroiditis.
MF 22.	Diabetic Retinitis.
MF 23.	Albuminuric Retinitis.
MF 24.	Advanced Arterio-sclerosis.
MF 25.	Miliary Tuberculosis.
MF 26.	Diabetic Lipaemia.
MF 27.	Albinotic Fundus.
MF 28.	Rupture of the Choroid.

The John Foster Comparative Pictures of Fundus Changes of General Diagnostic Significance.

<i>Miniature No.</i>	<i>Condition.</i>
MF 29.	Normal Abnormalities.
MF 30.	Pigmentary Variations.
MF 31.	Disc Changes.
MF 32.	Haemorrhages.
MF 33.	Detachments, Choroiditis
MF 34.	Disc Changes.
MF 35.	Disc Changes.



The above illustrations are full size.

Other slides will be added from time to time.

### EXTERNAL APPEARANCES

<i>Miniature No.</i>	<i>Condition.</i>
ME 1.	Rosacea Keratitis.
ME 2.	Amaurosis from Glioma.
ME 3.	Angular Conjunctivitis.
ME 4.	Blepharitis.
ME 5.	Cuneiform Cataract.
ME 6.	Congenital Lamellar Cataract.
ME 7.	Chalazion.
ME 8.	Ophthalmic Neonatorum.
ME 9.	Dendritic Ulcer.
ME 10.	Phlyctenular Ulcer.
ME 11.	Hypopyon Ulcer.
ME 12.	Prolapse of Iris (traumatic).
ME 13.	Cyclitis, K.P., occlusio.
ME 14.	Dacryocystitis, acute.
ME 15.	Dislocation of Lens (posterior).
ME 16.	Epicanthus.
ME 17.	Episcleritis.
ME 18.	Acute congestive glaucoma.
ME 19.	Interstitial Keratitis.
ME 20.	Pterygium.
ME 21.	Ectropion.
ME 22.	Entropion and Trichiasis.
ME 23.	Trachoma.
ME 24.	Spring Catarrh.
ME 25.	Disciform Keratitis.
ME 26.	Follicular Conjunctivitis.
ME 27.	Pinguecula.
ME 28.	Coronary Cataract.
ME 29.	Hordeolum.
ME 30.	Iritis/Glaucoma (J. Foster).
MD 1.	Section through angle of anterior chamber.
MD 2.	Tear Cycle. Drawing slide.

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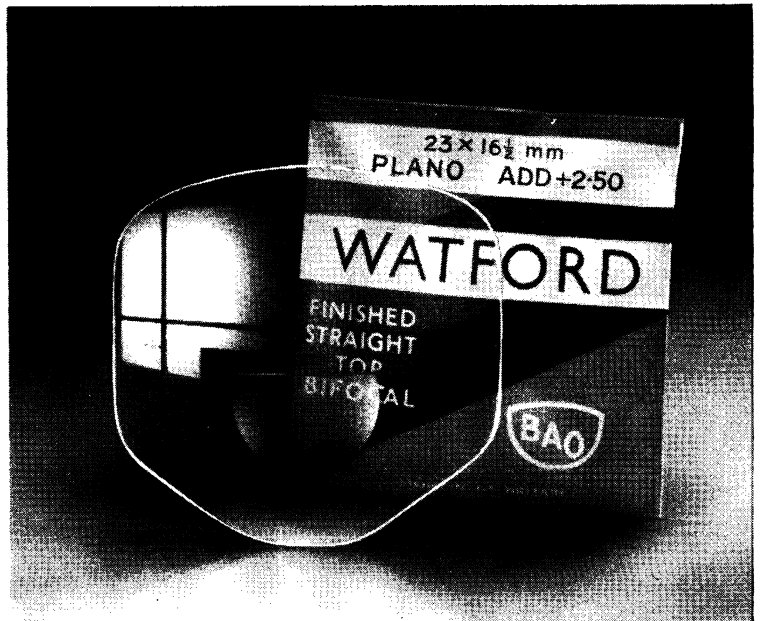
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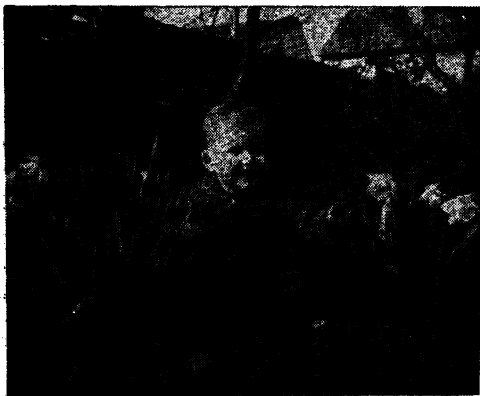
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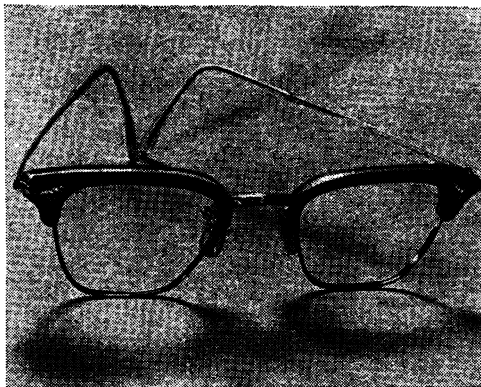
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