

The exhibit of the 1920s consulting room shows artifacts from this era of diagnosis and treatment as well as the outstanding contributors of the time







Ophthalmology in 1920s embraced the new era of diagnosis, enabling precise observation with the invention of -

Gullstrand slit lamp (1911) Reflex free ophthalmoscope (1911) Nordensen fundus camera (1927)





Allvar Gullstrand (1862 – 1930)



Swedish Ophthalmologist Self-educated expert on focal illumination Developed slit lamp and reflex-free ophthalmoscope in 1911 Nobel Laureate in 1911 for Dioptrics of the Eye

Gullstrand Slit Lamp

Early versions used a Nitra lamp to illuminate with the light source on a separate axis to the corneal microscope



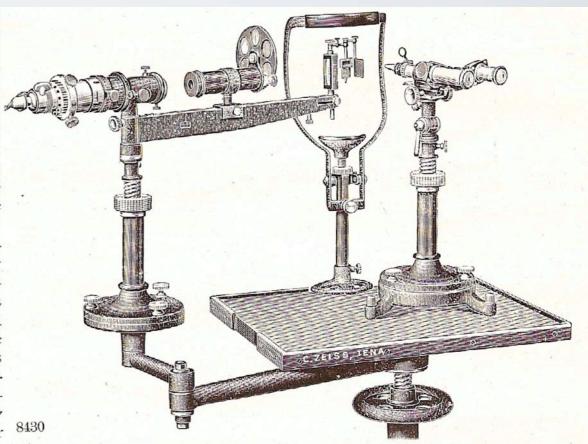


Fig. 2. Complete set of apparatus for eye hospitals: Slit Nitra lamp with Koeppe diaphragm tube, polariser, revolving coloured glass wheel and non-spherical aplanatic Vogt slit lamp lens with adjustable Koeppe silvered mirror, and Koppe eye microscope with single objective, analyser and binocular attachment for ultramicroscopic and micro-polariscopic observations. Above this: A Vogt slit arc lamp (interchangeable with the Nitra lamp) with cooling cell, Koeppe diaphragm tube with polariser, and double revolving wheel with smoked glasses and coloured glasses, with non-spherical aplanatic Vogt slit lamp lens and adjustable Koeppe silvered mirror (about ½ act. size).

Herman Snellen (1834 – 1908)

- Dutch Ophthalmologist
- Developed the Snellen optotype in 1852
 - Based on a 5x5 grid with 1minute separation rather than standard fonts

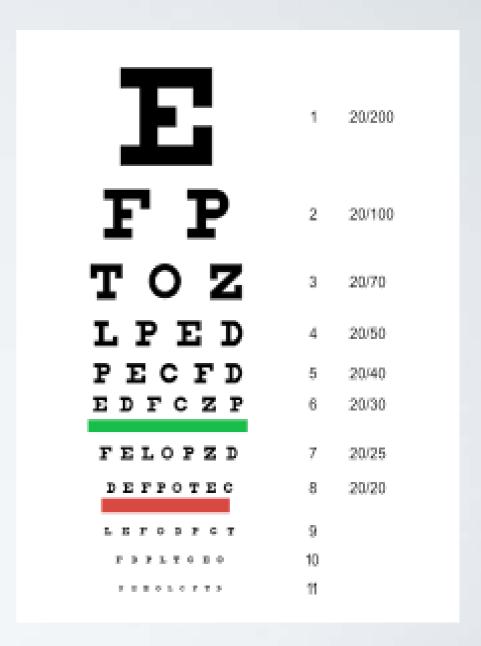


Snellen Chart

Eleven lines of block letters (optotypes)

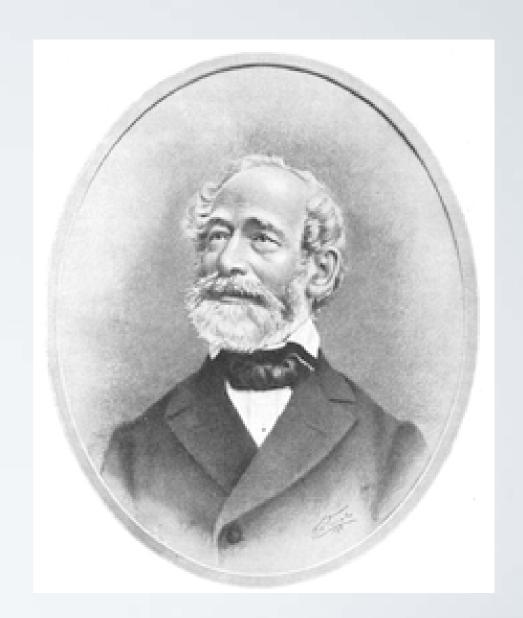
Thickness of the lines equals the thickness of the white spaces between lines, and the thickness of the gap in the letter "C"

Height and width of the optotype is five times the thickness of the line



Carl Zeiss (1816 – 1888)

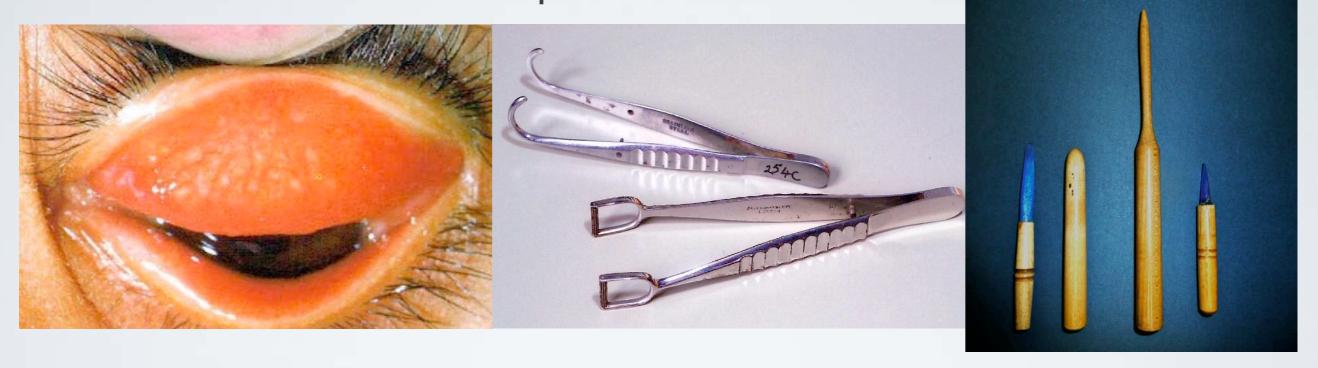
- German manufacturer of optical instruments
- Studied mathematics, physics, mineralogy and optics at University of Jena, Germany
- Partnership with physicist Ernst Abbe and glass chemist Otto Schott enabled further development of highquality optical instruments



Trachoma in the 1920s

• The aetiology of trachoma awaited discovery.

Treatments were often painful and ineffective.



Surgery aimed to crush or excise follicles and scarring

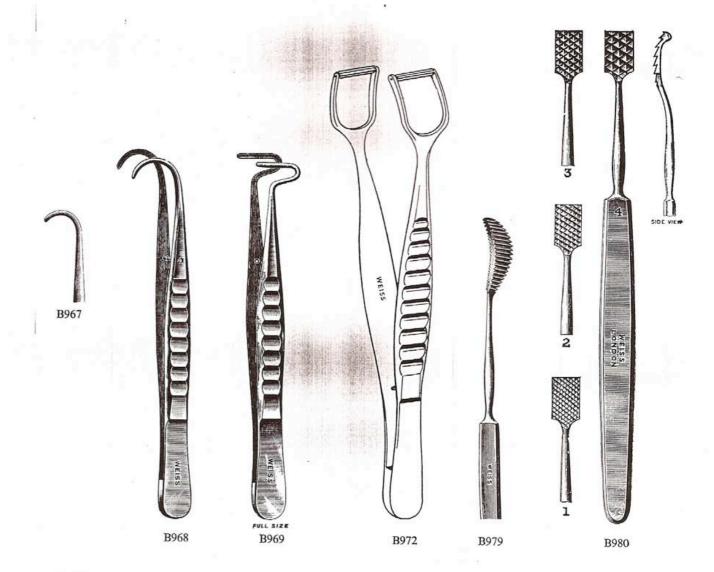
17 WIGMORE STREET, LONDON, W.1

The scourge of trachoma

"Thus Darier advocates the following under Chloroform anaethesia: Enlargement of the palpebral fissure; exposure of the entire sac by everting the lids; scarification of the conjunctiva by deep incisions parallel to the margin of the lids; scraping with a Volkmann's spoon, and brushing in with a hard brush a solution of Corrosive Sublimate; Schneller excises the fornix of the conjunctiva with the view of preventing extensive cicatricial ====...=contraction."



FORCEPS AND RASPS.



	B967. Trachoma Forceps, 2 sizes, Graddy's stainless steel								
j	B969.	Ditto	for angle of lid, Ty	/rrell's	• •			do.	
	B972.	Ditto	roller, Knapp's, sta	ainless s	teel wi	th Nicl	kel Sil	ver rollers	
B979. Trachoma Rasp, Dohnberg's ste								stainless steel	
	B980. \\ 1-2-3-4 \}	Trachoma Rasps,	Jameson's: 4 sizes	•				do.	

Knapps and Grady's forceps

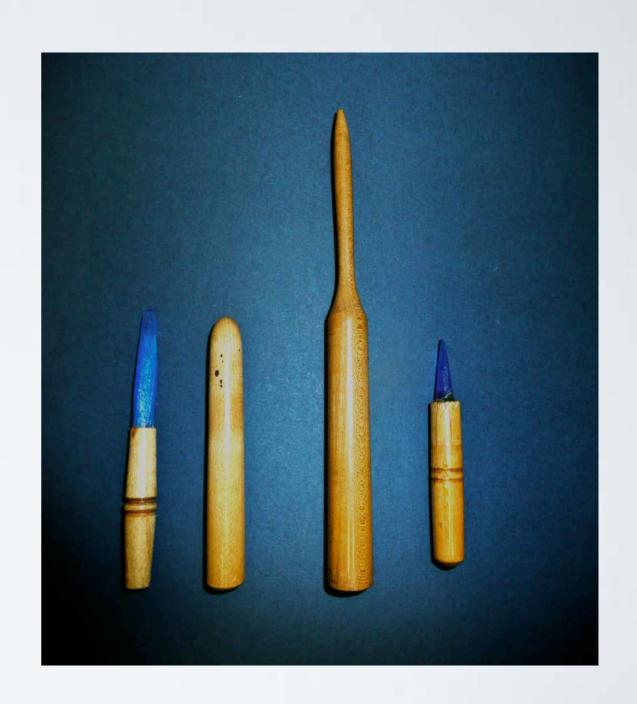
used for crushing trachoma follicles

"If the follicles in the lids are large and numerous, they should be expressed under cocaine with Grady's forceps after a preliminary light scarification of the conjunctiva with a sharp knife."



Copper sulphate

- Copper sulphate crystal was used to chemically cauterize tarsal trachoma follicles.
- Tapered end was used to evert upper lid.



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Prescription for trachoma granuloma: Boric acid, cocaine, zinc sulphate

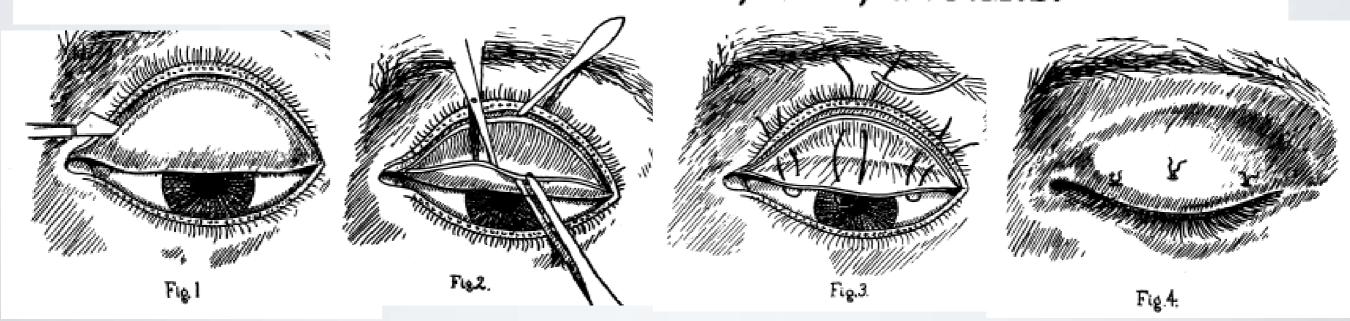
Surgical treatments were often radical to remove the follicles

186 The British Journal of Ophthalmology

EXCISION OF THE SUPERIOR TARSUS AND CONJUNCTIVA IN THE TREATMENT OF TRACHOMA

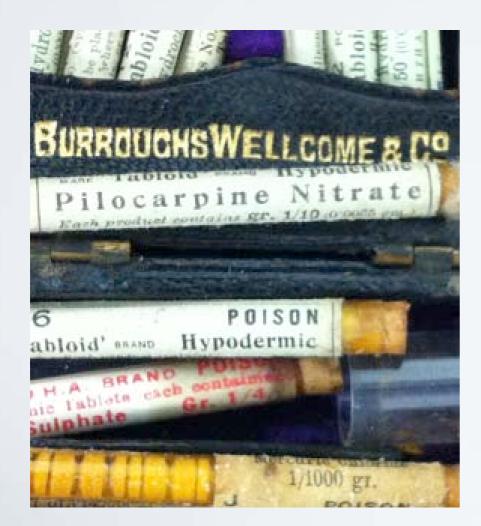
BY

G. Freeman Heal. M.D., C.M., D.O.M.S.



Ophthalmic medicines in the 1920s

- Pocket case dispensaries
- Drugs in tablet form with mixing beaker, glass rod and camel hair brush







Metaphen ointment

Popular for sterilising corneal ulcers in the pre-antibiotics era

Carbolic acid

Used to cauterize corneal ulcers

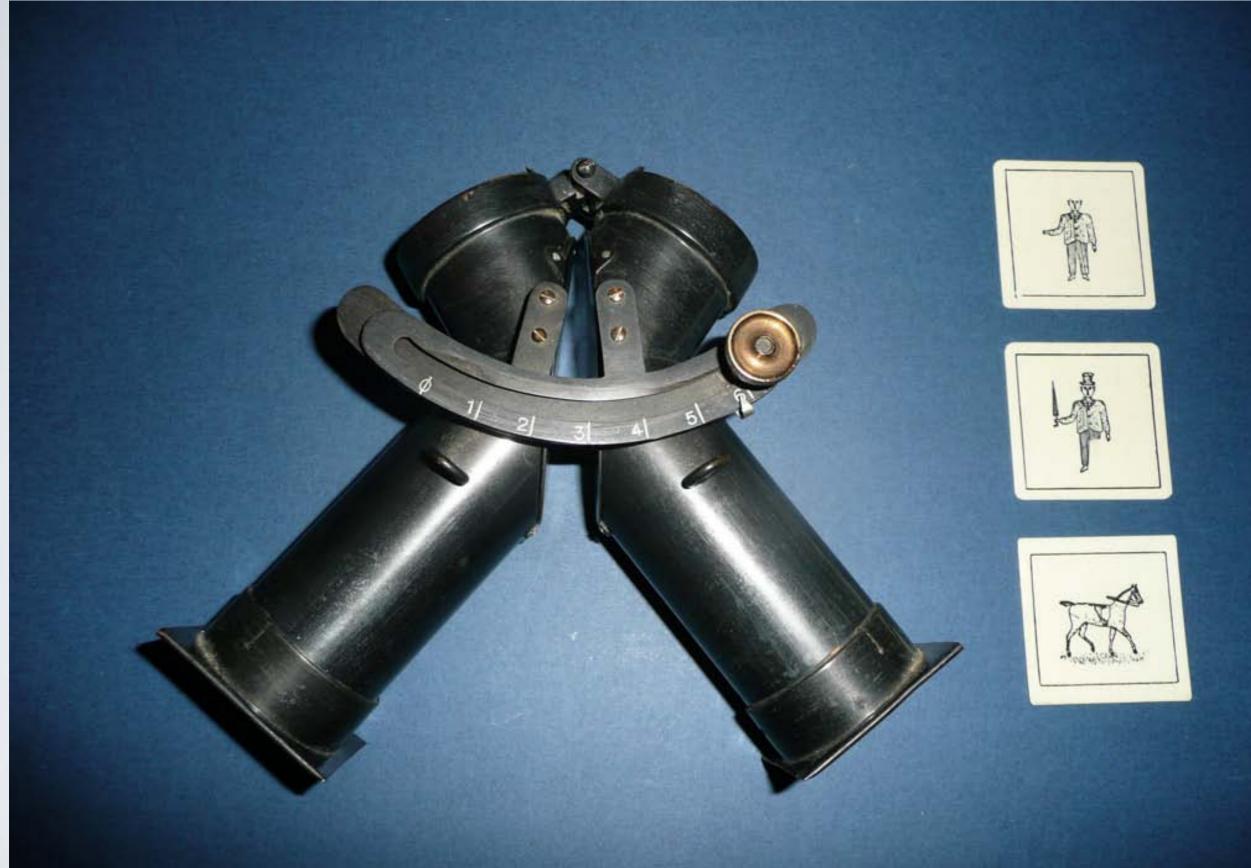
 Applied with sharpened orange stick after anaesthetizing cornea with cocaine



Moorfields pharmacopeia

annotated by Dr Walter Counsell

10 GENERAL FORMULÆ. argyrol Guttæ Physostigminæ. (Synonym: -Guttæ Eserinæ). Neo · Silvol Take of Physostigmine Sulphate Sterilised Water ... $\dots \frac{1}{2}$, 1, 2 or 4 grains. to 1 fluid ounce. Dissolve. Guttæ Pilocarpinæ. Take of Pilocarpine Nitrate ... 1, 2 or 4 grains. Sterilised Water ... to 1 fluid ounce. Guttæ Zinci Chloridi. Central retiral ouscular spasm of pelocarpine releved by Take of Zinc Chloride ... 1 or 2 grains. Sterilised Water ... to 1 fluid ounce. Dissolve. Guttæ Zinci Sulphatis. Take of Zinc Sulphate ... 1 or 2 grains. Sterilised Water ... to 1 fluid ounce. Dissolve. 1x Avdi bebor gr iii ag camp ad 3 11 Guttæ Zinci Sulphatis cum Adrenalini. Take of Boric Acid 10 grains. Zinc Sulphate ... 1, 1 or 2 grains. Solution of Adrenalin Chloride 1 fluid drachm. Sterilised Water ... to 1 fluid ounce. Dissolve and mix.



Worths Amblyoscope



Practicing certificate for Dr Darcy Williams Royal Prince Alfred Hospital Sydney, 1922

McLean Tonometer 1919





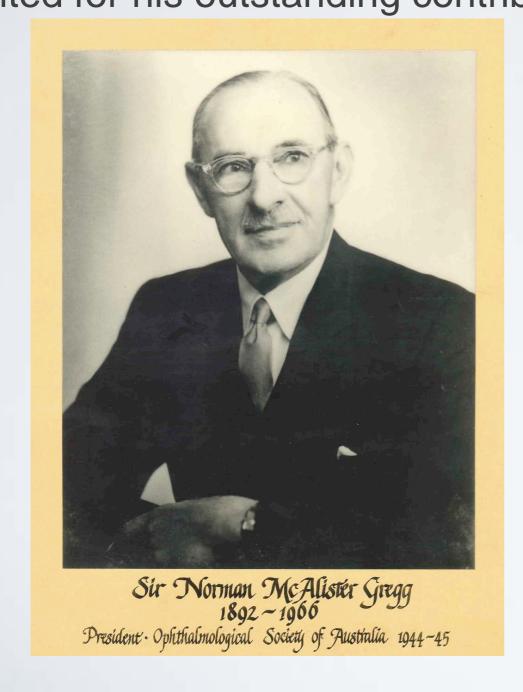
Trial set owned by Dr Archie Anderson, prominent Melbourne ophthalmologist

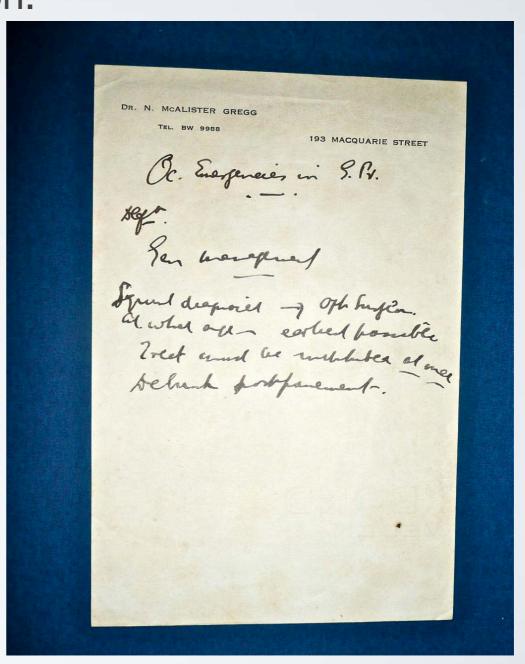
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Notes from Dr Norman McAlister Gregg of Sydney

Discovered the link between maternal rubella and cataract.

•His thesis was greeted initially with skepticism but was eventually knighted for his outstanding contribution.





Indirect Fundoscopy



Indirect monocular fundoscopy using an ophthalmic bracket light with Hamblin globe

Refracting ophthalmoscopes

- Edmond Landolt developed an ophthalmoscope in 1876 for ophthalmoscopy and objective refraction.
- It included half diopter increments, a slit to determine axis of astigmatism and plane and concave mirrors.
- Removal of the mirror converted it to a small phoropter for subjective refraction.







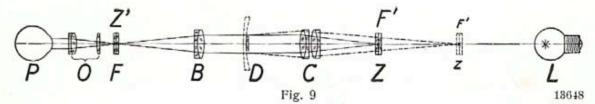
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SMALL VERTEX REFRACTIONOMETER

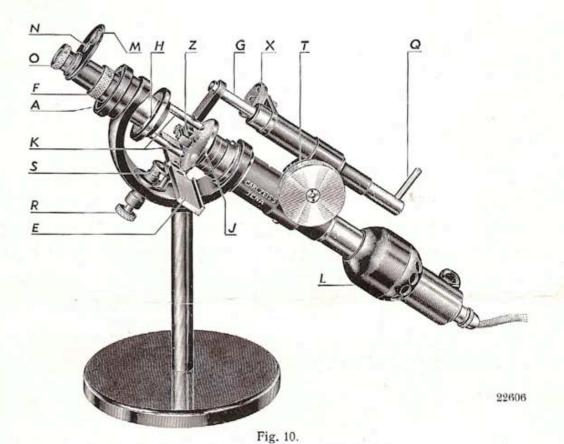


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Section through the Vertex Refractionometer. P eye, O eyepiece, F cross-lines, F' image of cross-lines on the test object, B objective, D spectacle lens, C objective, Z test object, Z' image of test object in plane of cross-lines, L lamp bulb.



The Small Vertex Refractionometer. O eyepiece, N reading magnifier for Tabo scale and M for dioptre scale, F rotating knurled ring (cross-line focusing), A Tabo scale of degrees, with index, H disc with direction marks K lens holder, J white direction marks, E flat rest with adjusting screw R and scale S, T focusing drum with dioptre scale and index, Z marking device with guide rod G, handle G0 and inking pad G1. Lamp housing.

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