Correspondence

Quantitative trabeculectomy

SIR, I read with great interest the article¹ by Drs. Robert David and Uriel Sachs. I presented a similar paper before the All India Ophthalmological Society in January 1980. This paper which is to be published in the *Proceedings of the All India Ophthalmic Society*, is entitled 'Control of filtering bleb in trabeculectomy.'

My paper essentially reports a direct relationship between scleral flap thickness and resulting intraocular pressure. This conclusion was based on clinical studies concerning 3 groups of patients who had undergone trabeculectomy (54 eyes of 42 patients) with varying thicknesses of scleral flaps. In groups I and II the scleral flaps consisted of 2/3 and 1/2 thickness respectively, and in group III the scleral flap was 1/3 thickness.

There was evidence of subconjunctival drainage in 95% of the eyes. In 77% trabeculectomy alone achieved the desired levels of intraocular pressure and 20% of eyes needed additional pressure-lowering medication. One eye had to be reoperated on. In group III the bleb was more obvious, and postoperative intraocular pressure was between 9 and 13 mmHg. In groups I and II the blebs were less obvious and intraocular pressures were between 14 and 18 mmHg.

My study suggests that, by altering the thickness of scleral flap during the trabeculectomy operation, one can achieve the desired level of intraocular pressure in most cases. A thin scleral flap was advised in patients with extensive glaucomatous damage.

I would also like to point out that H. Saul Sugar should be recognised for his pioneering work in this area. He was the first to describe this subject in 1961.²

V. K. RAJU
School of Medicine,
Medical Center,
Morgantown,
West Virginia 26506,
USA

References

- 1 David R, Sachs U. Quantitative trabeculectomy. *Br J Ophthalmol* 1981; **65**: 457-9.
- 2 Sugar HS. Experimental trabeculectomy in glaucoma. *Am J Ophthalmol* 1961; **51**: 523-7.

SIR, In their recent paper David and Sachs¹ suggest that adjusting the thickness of sclerocorneal tissue excised at trabeculectomy allows graded reduction in the intraocular pressure. They do not, however, offer any control operations for comparison, and they have overlooked recent evidence that a standard ungraduated trabeculectomy operation reduces the intraocular pressure to the physiological range irrespective of the preoperative pressure.² It therefore seems that the pressure control is not related to

the graduated dissection, and this proposed modification introduces a spurious and unnecessary complexity.

Tennent Institute of Ophthalmology, JEFFREY L. JAY
Western Infirmary,
Glasgow G11 6NT.

References

- 1 David R, Sachs U. Quantitative trabeculectomy. *Br J Ophthalmol* 1981; **65**: 457-9.
- 2 Jay JL, Murray SB. Characteristics of reduction of intraocular pressure after trabeculectomy. *Br J Ophthalmol* 1980; **64**: 432-5.

SIR, Our paper, entitled 'Quantitative trabeculectomy,' deals with a surgical technique, while Jay and Murray's publication deals with intraocular pressure (IOP) reduction. There seems to be no major contradiction between our results, the question remaining whether the operating technique used on the 98 eyes in their series was identical. This is unlikely, as the procedure was performed by several members of the surgical staff, both juniors and seniors. As quantitative trabeculectomy is performed under high magnification, it is not unlikely that a certain amount of variation in the thickness of the sclerocorneal tissue removed did occur in their series too.

In 11 of our cases the preoperative IOP was more than 40 mmHg, and an average reduction in IOP at the 16-20 mmHg range as found by Jay and Murray should have been satisfactory. A higher reduction was obtained in these patients by removing 4/5th of the corneoscleral tissue thickness.

We disagree with the suggestion that 'control operations for comparison' should be performed. These would aim for improper reduction in the IOP, which of course is medically unjustifiable.

ROBERT DAVID
Soroka Medical Center,
Beer-Sheba,
Israel.

Obituary

Air Marshal Sir Philip Clermont Livingston, KBE, CB, AFC, FRCS

Air Marshal Sir Philip Clermont Livingston, known to all his friends as P.C., died on 13 February 1982 at his home in Canada at the age of 88. He was an outstanding individual—not only because of his splendid physique but because he was endowed with a personality that was at once individual, attractive, kind, sympathetic, and above all enthusiastic.

Born in Vancouver on 2 March 1893 of British parents, he came to the UK on the death of his father and became an undergraduate at Jesus College, Cambridge, where in 1914 he gained a rowing blue. He rowed number 3 in the winning Cambridge University crew in March 1914. After passing his second MB he joined the RNVR, and from 1914 to 1917