

CORRESPONDENCE

SUBCONJUNCTIVAL *AB EXTERNO* APPROACH IN GLAUCOMA

To the Editors of the BRITISH JOURNAL OF OPHTHALMOLOGY

DEAR SIRS—In pursuance of Mr. Eugene Wolff's article on "The Subconjunctival *ab externo* Approach in Glaucoma" (*British Journal of Ophthalmology*, 33, 514, 1949), I feel that the following article published in Poland in 1932 by Dr. Adam Zamenhof may be of interest. I was one of his assistants and worked with him for many years. In presenting this translation I wish to pay homage to an outstanding ophthalmologist who lost his life during the last war.

Yours faithfully,

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SCLEROTOMY *AB EXTERNO* IN OPERATIONS FOR GLAUCOMA

By ADAM ZAMENHOF, translated and abridged from *Klinika Oczna*, 10, 146 (1932)
by M. I. Mantinband.

Sclerotomy *ab externo*, which is carried out more frequently now than in the past, is mainly used in cases of glaucoma.

When the anterior chamber is shallow the incision made by a Graefe knife is difficult to perform and the lens may easily be injured. In such cases Elschnig (1928) recommended an incision *ab externo* made by a special knife. Even in cases with a normal anterior chamber he used this method to avoid possible damage to the lens and iris. During this procedure the outflow of fluid is slower and more gradual, which is a very important point because in glaucomatous eyes the sudden change of tension may cause severe haemorrhages. Zirm (1925, 1929) and Kapusćinski held the same opinion. Salzmann (1930) examined many excised eyes and arrived at the conclusion that the main cause of unsuccessful results in iridectomy lay in the damage done to the anterior capsule. He tried to incise the sclera above the margin of the cornea; this resulted in the prolapse of the iris, so that it was not necessary to enter the anterior chamber with instruments. Then he used to seize the iris with forceps and cut it away. Terson may be mentioned among the French followers of this method. Weekers (1931) makes a perpendicular incision for iridencleisis.

Experience shows that if the knife is inserted only a little more than 1.25 mm. the ciliary body will be injured. This risk is obviated by a special instrument invented by Dr. Adam Zamenhof. A Gillette razor blade is encased in an oblong metal frame. When both sides of this frame are closed, the edge of the blade protrudes only 1.2 mm. and it is thus impossible for the incision to go any deeper. This instrument is very cheap to make and the razor blade easy to obtain.