

## An Early History of UKISCRS

*"Lens Implantation has come of age"* – so wrote Robert Drews as he headed his guest editorial for the first issue of any major eye journal devoted entirely to lens implantation<sup>1</sup> - and yet, we hadn't even started! That issue had published papers from the 1976 Joint Meeting of the International Intraocular Implant Club (IIIC) and the American Intra-Ocular Implant Society (AIOIS), when 59 papers were presented before 1200 intensely interested ophthalmic surgeons who had gathered together from all over the world. And that was the occasion, amid a fever of excitement and buzz in the corridors, that a small group from England first floated the idea of having our own implant society.

2 October 1976:

It was in the cocktail lounge of the Century Plaza Hotel, Los Angeles. Alan Ridgway, Hung Cheng and Piers Percival were meeting informally before dinner. Peter Choyce, pioneer of the anterior chamber implant, and Cornelius (Cees) Binkhorst were already there and soon joined by Eric Arnott. Peter says "We should have our own society with Neil Dallas as the first president." Binkhorst, who had recently started the Netherlands Society, gave his encouragement, particularly to Piers. One reason was that the IIIC had limited its numbers to 100 so that with 40% of the membership being American, individual countries could not be represented in any number. Another was that surgeons at home working in this field, needed some form of national support against a markedly hostile peer group.



Peter Choyce of Southend, Atlanta 1981.

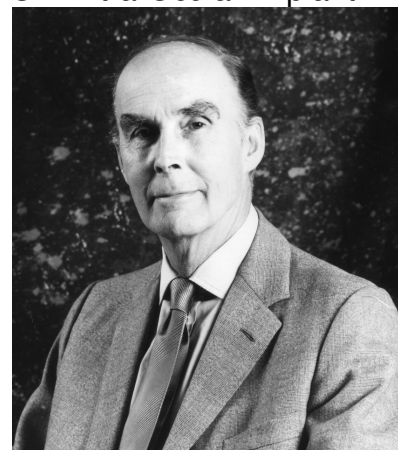


John Pearce of Bromsgrove  
Piers Percival of Scarborough,  
San Francisco 1979.

On return to England, Piers made telephone calls to John Pearce, the leading pioneer of posterior chamber implants in association with a return to extra-capsular extraction,<sup>2</sup> Neil Dallas, who in fact had both the widest and (apart from Peter) the longest experience with lens implants and Walter Rich, another leader in the field. John also had a lengthy discussion with Michael Roper-Hall, who apart from being involved with implants and having a particular interest in keratoprotheses, had been at the head of teaching microsurgery in the country with an international respect for his progressive thinking. And so it was that the ideas first formulated at Los Angeles were soon to come to fruition.

12 December 1976:

John Pearce, whose entrepreneurial enthusiasm knew no bounds, invited all those interested to his home at Bromsgrove for a buffet lunch. It was then that the U K Intra-Ocular Implant Society (UKIOIS) was set up, with Neil as President, John as Secretary, Piers as Treasurer and Eric, Hung, Peter, Walter, Alan and Michael as Regional Council Members. Ernest Ford of Rayner Intra-ocular Lenses Ltd was to represent the industry. It may be remembered that when Harold Ridley invented the lens implant, it was Rayner's that manufactured the lens using ICI plastic, so we had an entirely English product on all three counts, a fact of which we remain extremely proud. At this time only 10% of consultant surgeons in the UK were practising lens implantation and because of the peer opposition, very few on a regular basis: the objects of the Society would be advancement of intraocular lens implantation nationally and consideration of matters of policy. The meeting continued with discussion on membership, honorary and ordinary, and rules for the Society.



Neil Dallas of Bristol  
on retirement in 1992.

Concerning the need for a prestige lecture, Neil would write formally to ask Harold Ridley whether he would be pleased to give his name to this. It was also decided to hold the first public meeting of the Society in association with the Oxford Congress in July, to be followed by a surgical workshop at Bromsgrove in October.

3 July 1977:

On this auspicious Sunday afternoon in the Junior Common Room at Balliol College, Oxford, the Society was officially launched. A circular (Appendix 1) had been sent from John to Ophthalmologists throughout the country, and all those attending would become Founder Members. The annual subscription was to be £15. Further discussions ensued both concerning problem cases and policy and it emerged that another reason for membership would be support in case of litigation, knowing the extreme reluctance to endorse lens implantation that existed at Moorfields. Regarding the prestige lecture, Neil reported that Harold "would be far more interested in being associated with the international group", so it was decided to name it the Rayner Foundation Lecture and Ernest Ford agreed that his company would afford the necessary expenses for it. It was also agreed to ask Paddy Condon to join the council as a regional member to represent the country of Ireland. Further plans for the society's activities are shown in Appendix 2.

5-7 October 1977:

At Bromsgrove General hospital we now held our first Surgical Workshop; this was to precede the Midland O S meeting at Birmingham when Michael was due to present the Middlemore Lecture (Appendices 2, 3 & 6). Various members of Council would demonstrate their own technique of implant surgery. On the second evening, Neil was able to show the new Presidential badge, which he had donated to the Society. It had been designed by John's daughter and cast in 18 carat gold by his anaesthetist with a quartz lens insert. The 2<sup>nd</sup> Surgical Workshop took place at Bristol 20-21 April 1978. These Workshops mediated by CCTV would become increasingly popular, not only for the dissemination of implantology knowhow, but also for the theatre produced when watching unforeseen difficulties encountered by the operating surgeon!



Presidential badge.

12-13 October 1978:

Another milestone in the history of the Society came with the inaugural Rayner Foundation Lecture by Prof Miles Galin, during the 3<sup>rd</sup> Surgical Workshop held at Birmingham. We also held our first AGM and UKIOIS was formally contracted to UKIIS. There were now 55 ordinary members from the UK and Ireland; the front page of the membership card that included the Society rules is shown in Appendix 4. In those days vociferous peer opposition to implantation especially from establishment surgeons, was as strong as ever and the life of implanters would not be made easier by complications that occurred sooner or later for everyone.<sup>3</sup> Another problem was sterilisation, as shown by the letter in Appendix 5, which was circulated by John to all members.

14-15 June 1979:



John Pearce assisting Dr Hardenberg at Scarborough.

The 4<sup>th</sup> Surgical Workshop was organised by Piers at Scarborough in conjunction with the summer meeting of the North of England O S. Live surgery was demonstrated by Peter Choyce, Neil Dallas, Firmon Hardenberg (USA), John Pearce, Piers Percival, Leo Amar (France), Eric Arnott (London), Cees Binkhorst and Alan Ridgway. 58 registrants were recorded including surgeons from Australia, Belgium, France, Germany, Holland, Spain, United States and Yugoslavia. In that year Peter had been elected President of IIC. Alan was already the Secretary / Treasurer; he and Eric now stepped down from Council and were replaced by Gordon Catford and Stephen Haworth.



1980:

Camaraderie was always evident and in January John organised a ski meeting in Flaine, sponsored by certain members of the trade. We tended to ski all day and have a semi-serious scientific session for an hour in the evening while the girls were having their baths. It was a great family event and was followed by a similar one the following year.



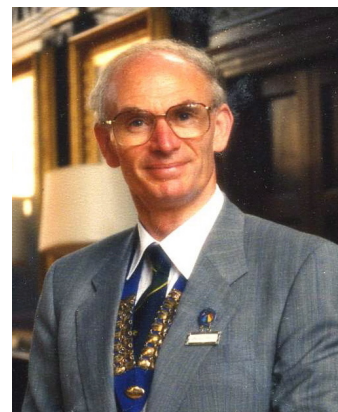
In April of 1980, Eric organised a joint meeting with the IIIC, having a Surgical Workshop at Charing Cross Hospital

followed by a large international event at Brighton. His principle guest was Charlie Kelman (USA, the inventor of phaco) and together they demonstrated both phacoemulsification and their modified implants for this. One famous occasion was when ferrying eight of the world's more influential lens implanters in a seven seater Citroen Familiale that included Bob Drews (USA), Akio Yamanaka (Japan) with Jan Worst (Netherlands) crammed into the boot, Charlie Kelman turned and asked "what would happen to world ophthalmology if your car had an accident!"



Cees Binkhorst with Hung Cheng  
Scarborough 1979.

In October, Walter organised a meeting at Mortonhampstead on Dartmoor. His international guests included Jan Worst, Jan Kiewiet de Jonge (Netherlands) and Leo Amar. Video recordings and 16mm film were shown instead of live surgery and Neil gave the 2<sup>nd</sup> Rayner Lecture. Another memory was that Jan Worst, as flamboyant as ever, had arrived late but then to his horror, saw film of his beloved lobster claw (iris fixated) implant being mangled by the projector!!



Walter Rich of Exeter,  
Oxford, 1991.

1981:

Peter as President had set up his eponymous medal lecture; he gave the first at his symposium in Southend.<sup>4</sup> The guest speaker then was Bill Simcoe (USA), who noted that although Harold Ridley had invented the implant, it was Peter who had "kept implants alive". The Rayner lecture would continue biennially and so alternate with the Choyce lecture. Sodium hyaluronate also became available this year, markedly enhancing the safety of lens implantation. After clinical trials at Scarborough that included a programme of measuring endothelial cell density by specular microscopy, it was launched at the IIIC Congress in Singapore that January. Most auspiciously, 1981 was the Chinese year of the rooster.<sup>5</sup>



Alan Ridgway of Manchester,  
Cannes 1979.

By now we had affiliation with OSUK with facilities for publishing in 'Transactions' and lens implantation was generally becoming an accepted practice. Also to counteract dominance by AIOIS, the European Intraocular Implantlens Council inspired by Jan Kiewiet de Jonge, was formed and staged its first congress at The Hague in the autumn of 1982.



Stephen Haworth of Nottingham,  
Scarborough 1979.

By April 1983 the UKIIS membership included nearly a third of consultant ophthalmologists practising in England. In 1984 at Harrogate, we staged the 3<sup>rd</sup> EIIC congress, the only occasion for it to be held in this country.<sup>4</sup>

1994:

With the advent of laser refractive surgery in 1992, UKIIS soon broadened its ambit to cover refractive surgery at its meetings, beginning at Goodwood in 1994. At the same time, UKIIS incorporated Irish colleagues into its name and to reflect these changes became UKISCRS, a limited company by guarantee on 22 June 1995. UKISCRS' inaugural Meeting on the Management of the Difficult Cataract was held on Monday 22 May 1995 in Birmingham.

*In writing these notes, Piers Percival wishes to record an immense debt of gratitude to archivist Gordon Catford, who alone is the only member to have kept original documents: some of these are now displayed in appendices 1-5; he is also grateful to Michael Roper-Hall for his help in providing selected excerpts from the 1977 lecture "Progress and Prejudice", which appear in appendix 6.*

Gordon Catford of St George's, London,  
at the inaugural EIIC meeting,  
The Hague, 1982.



#### References and Notes

1. Ophthalmic Surgery 1977, 8: 29.
2. Trans OSUK 1976, 96: 6-10.
3. For some detail concerning controversy, prejudice and reasons for caution that existed at this time, excerpts from Michael's Middlemore lecture "Progress and Prejudice" are shown in appendix 6.
4. See also group photographs that follow Appendix 6.
5. The original source of this visco-elastic was from the cock's combs of roosters.

#### Appendix 1.

The first letter to be circulated (with application form) by John Pearce to interested consultants. We did not at this stage have any headed notepaper.

Enclosed is an application form for membership of the U.K.I.O.I.S. The first meeting of the Society is to be held on the afternoon of Sunday, 3<sup>rd</sup> July, 1977 at Oxford and should prove fruitful both to beginners in implant surgery and also to those with several years of experience. There will be a Surgical Workshop course in October at Bromsgrove (limited to 20 U.K. members) and the course will be repeated in different regions on a biannual basis.

In order to reduce administrative costs it is requested that you complete and return the enclosed Bankers Order with your application form. The annual subscription is £15.00. In the top left hand corner please insert the address of your bank under Branch Title and the name of your bank if it is not Barclays. Do not alter the inscriptions in the upper centre boxes. Insert your name under "by order", the name of your account under "debit to" (e.g. current or business), your address and signature.

Your election will follow receipt of the application form and subscription and you will then be sent a membership card and details of the society's activities.

Yours sincerely,

*JP* JOHN L. PEARCE *CP*  
Hon. Secretary



Appendix 2.  
Plans for the first two meetings of UKIOIS circulated by John Pearce

The first meeting of the U.K.I.O.I.S. will be held on Sunday, 3rd July, 1977 at 4.0pm. in the Junior Common Room at Balliol College, Oxford by kind permission of the Bursar, Brigadier Jackson. The meeting will start off with a round-table panel discussion where it is hoped there will be an interchange of ideas and problems take place. Facilities will be available for projection of slides.

I would be grateful if members, or prospective members, coming to this meeting would let me know if they have any questions they wish to raise on any aspect of implant surgery or whether they intend to show slides. We have not asked for the presentation of formal papers but are keeping the meeting to problem case discussion. There will be a Business Meeting of the Society after the panel discussion followed by a Cocktail Party at 7.0pm.

There will be a Surgical Workshop at Bromsgrove General Hospital on Wednesday, 5th October, Thursday, 6th October and Friday, 7th October, 1977 which will comprise of live implant surgery with closed circuit television on the mornings of Wednesday, Thursday and Friday and a panel discussion in the afternoons of Wednesday and Thursday. There will be a Cocktail Party on Wednesday evening and an informal Dinner on Thursday evening. It is suggested that on Friday afternoon participants will attend the meeting of the Midland Ophthalmological Society at Birmingham Eye Hospital when it is hoped to some degree the meeting will be implant orientated. In addition Mr. Roper-Hall will be giving the Middlemore Lecture.

The implant surgery will be performed by Mr. Hung Cheng, Mr. Neil Dallas, Mr. John Pearce, Mr. Piers Percival, Mr. Walter Rich, Mr. Alan Ridgway and Mr. Michael Roper-Hall. Each Surgeon will demonstrate his own technique of implant surgery.

As members will be strictly limited this will enable participants to go into the theatre during lists. In addition implant cases will be shown in the afternoon in various stages of recovery.

The cost of the proceedings has not yet been fully worked out but will be kept as low as possible so that Ophthalmologists of Senior Registrar and Consultant status should be able to attend. Preference will be given to the applicants who are members of the U.K.I.O.I.S.

### Appendix 3.

Surgical workshop at Bromsgrove General Hospital 5-7 October 1977 as circulated by John Pearce, with additional sheet distributed on the final morning.

The cost of the meeting will be a nominal £10.00, plus £6.50 for the Dinner on the Thursday evening. I would be grateful if you could indicate how many tickets you require for the Dinner and send me your remittance for the Conference plus the Dinner.

A Buffet Lunch will be provided each morning of the Conference by kind invitation of the Bromsgrove General Hospital and Hereford & Worcester District Health Authority. Refreshments for the Thursday Dinner, including wines, will be provided by courtesy of Steriseal Limited (Needle Industries) Redditch. We are keeping the cost of the Meeting to a minimum as we are not setting out to make any profit and would like all interested Ophthalmologists to attend without being put off by prohibitive fees.

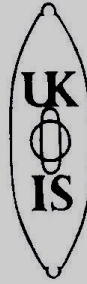
We hope that this meeting will promote free interchange of ideas, and will be the forerunner of bi-annual Surgical Workshops in other areas.

The programme for this morning is as previously mentioned. In addition, the patients who have already been operated on - that is, those who are ambulant - can be seen on a slit lamp in Outpatients, starting from 11 o'clock. Professor Jacobi is going to show his 16 mm. film at 12 o'clock in the Television Hall. Lunch will be at the usual time, between 1 o'clock and 2 o'clock, and the Birmingham Eye Hospital meeting starts at 2 o'clock, for those who are going, and Mr. Roper-Hall's Middlemore Lecture is at 4 o'clock. Sherry at the Royal Angus Hotel is at 6.30., followed by the Society dinner, for those members who are going.

Those who were present last night will have noticed the Presidential Badge of Office that Neil Dallas was wearing. Neil has very kindly donated this to the Society, for which we are all grateful. It was designed by my daughter, cast in 18 carat gold with a quartz lens by my anaesthetist, Dr. Geoff Seddon. It has the Jubilee hall mark, and the President's name.

I would like to thank once again the Hereford and Worcester Area Health Authority for helping us to stage this meeting and for their financial support, Mr. Chester and his administrative staff, the hospital catering staff, the nursing staff both in theatre and in the wards, the porters and, indeed, everybody in the hospital who has made this meeting possible, not least my consultant colleagues in other disciplines who have put up with the inconvenience of operating in another hospital during the meeting. I would like to thank Dr. Wynne Davies for allowing us to use the Postgraduate Centre. Finally, we certainly could not have staged this meeting without the invaluable help of my secretary, Christine Payne, and the services of Jasmin Walden, Jeanette Youl, and Ann Shergold.

# United Kingdom Intraocular Implant Society



President: Mr. Neil L. Dallas  
Bristol Eye Hospital  
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Secretary:  
Mr. John L. Pearce  
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Treasurer:  
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Scarborough Hospital  
Scarborough  
N. Yorks. YO12 6QL

Council Members: Mr. Eric Arnott  
Mr. Hung Cheng  
Mr. Peter Choyce  
Mr. Patrick Condon  
Mr. Walter Rich  
Mr. Alan Ridgway  
Mr. Michael Roper-Hall

MEMBER'S NAME .....

## RULES

1. Objects of the Society shall be the advancement of intraocular implantation and consideration of matters of policy relating to this discipline.
2. The Society shall consist of ordinary and honorary members practicing whose qualifications are acceptable to the Council.
3. Ordinary membership shall be open to any person who is supported by two members, one of whom must be a council member.
4. Honorary membership shall carry membership for life and may be conferred on a distinguished member of the profession, over the age of 60, who the Council shall deem fit to honour in this manner.
5. The Council shall consist of a President (in office for three years), a President-Elect, Treasurer, Secretary, Immediate Past President and six regional members including one from Ireland.
6. Members of the Council will normally be elected tri-annually, but in the first instance two regional members will retire at two years, and the rest after three years. The President of the Society holding office for three years. Members of the Council will not normally be eligible for immediate re-election.
7. On election, each ordinary member shall pay an annual subscription of £15.00. If the annual subscription lapses for more than twelve months, after two reminders, then the person shall no longer be considered as a member of the Society, and if wishing re-election will be liable to pay any entrance fee and annual subscription.
8. The accounts shall be audited yearly and presented to the Society at the Annual General Meeting.
9. The Council shall meet at least yearly, prior to the Annual General Meeting. The presence of four Council members shall form a quorum.
10. Any member of the medical profession may attend the meeting of the Society on payment of the registration fee.



Appendix 5.

A letter to the Department of Health and Social Security dated 4.7.1978  
and circulated to members.

Dear Mr. Beard,

Sterilisation of Intraocular Lenses

I would refer you to the correspondence that we have had concerning the sterilisation of intraocular lenses on 15th October and 8th November, 1976 and 5th January, 1977.

At our recent meeting of the above Society at the Bristol Eye Hospital on 20th and 21st April, 1978 I was asked to write to you concerning the question of the proposed ethylene oxide sterilisation of intraocular lenses by the main suppliers of intraocular lenses used in this country, Messrs Rayner & Keeler.

Once again we would inform you that the Ridley sodium hydroxide method of sterilisation as performed by Messrs. Rayners has a track record of over twenty years in this country without any cases of intraocular infection directly ascribable to this method of sterilisation. We now gather that due to pressure from your department that ethylene oxide sterilisation of intraocular lenses will be the only approved sterilisation method available to us, despite the fact that ethylene oxide sterilisation of intraocular lenses has only been used for three years and current American literature on intraocular lens has reported some disastrous complications after the insertion of such sterilised lenses, these include, intraocular inflammation, hypopyon, uveitis, recurrent hyphaema and glaucoma. While some of these problems of American manufactured lenses may be due to faulty manufacture and the use of moulded lens there is no definite proof that some others have not been due to the method of sterilisation.

As a Society consisting of the majority of intraocular lens users in this country we cannot emphasize too strongly that we are happy with the existing Ridley method of sterilisation as practised by Messrs. Rayner & Keeler.

We had been promised by your department full consultation concerning any proposed changes in sterilisation or changes in techniques but this has not taken place. So, that if in the future it is shown that either by slow leaking out of ethylene oxide from the surface or substance of the intraocular lens, or by chemical changes in the actual plastic due to ethylene oxide giving rise to such post-operative problems as mentioned in a previous paragraph (i.e. intraocular inflammation, hypopyon, uveitis, recurrent hyphaema and glaucoma) then we shall expect your department to take full responsibility for any affect on patients eyes due to the ethylene oxide form of sterilisation, as we feel that your department, as the prime motivator behind this change, has forced this upon us.

Yours sincerely,

JCEN L. PEARCE  
Hon. Secretary



## Appendix 6.

Excerpts from “*Progress and Prejudice*”, the Middlemore Lecture given before the Midland Ophthalmological Society meeting on Friday 7<sup>th</sup> October 1977.

(By kind permission of Michael Roper-Hall FRCS, FRCOphth)

‘It is the encouragement or condemnation of the use of the intraocular lens in which the to and fro of controversy has excited the most strength of feeling. With intraocular lenses there is no easy way of taking the middle course and opinions have to be held one way or the other.’

‘The method of sterilization introduced by Frederick Ridley has proved effective, but is a chemical method and subject to many theoretical objections. It is a pity that the method should be threatened when other available methods undoubtedly effective in gaining sterility have serious disadvantages in practice.



Michael Roper-Hall of Birmingham.

Materials which appeared to be the same as that used by Rayner for Harold Ridley were not produced in the same way. ICI polymethylmethacrylate was fully cured by a repeated heat process until it reached clinical quality (Perspex CQ). Other manufacturers were not using the same material. Scores of additives were used with polymethylmethacrylate for various purposes and not all were sufficiently inert for clinical use. An otherwise inert material could be contaminated and made dangerous by additives used in manufacture, agents used in storage and in particular by methods of sterilisation. It is probably the method of sterilization used in different parts of the world which led to so many early disasters and it is easy to understand that men in high standing were bitterly disappointed by the failures which they experienced when they thought they were following the method pioneered by Harold Ridley. It is no wonder that they spoke out strongly against use of all intraocular lenses.’

‘When angle supported lenses were introduced I was influenced by enthusiastic reports and seeing some of the early post-operative results. The wide choice of different designs should have been a warning. This wide choice was partly because development was necessary but also because individual surgeons wanted their individual implant for prestige. The danger of the anterior chamber lens was and still is that it appears to be easier to insert than other implants. The main problem is endothelial corneal dystrophy (ECD).’

‘In 1965 Binkhorst lengthened the anterior loops of his 4-loop iris supported lens from 8 to 9mm. This was intended to reduce the problem of dislocation. The result was a considerable increase of ECD. It took nearly five years for the cause to be appreciated and the lens loops shortened to 7.5 mm. Many of these repercussions would have been avoided if, instead of increasing the size of the loops, dislocation had been prevented by suturing a loop to the iris. John Pearce had begun to use Binkhorst lenses and was encouraging me to change my mind; I told him of my doubts and suggested that an independent report would be of value. Binkhorst welcomed this and Pearce was able to examine a consecutive series of Binkhorst's cases, report his survey and I found this convincing.’

‘You will understand from this that the progress of intraocular lens development and use was subject to prejudice and influenced by the strongly expressed opinion of well known ophthalmic surgeons. You may also have noticed that my own opinion had swung from for to against on two occasions. I hope you will appreciate why I remained prejudiced against intraocular lenses until 1970. If I had not been exposed to the earlier disappointments, I would almost certainly have started using the pupillary lenses earlier. Implant surgeons have been exhorted to change on many occasions. Two to three years ago there was pressure to use intraocular lenses with platinum-iridium loops. Not to do so was being behind the times. Now these lenses have been withdrawn because of the complications due to their excessive weight.’

‘Sales of the Mark VIII Choyce lens by many manufacturers have shown the most remarkable rise during the past eighteen months. Practically all this increase has been from the

United States. But it is difficult to believe how some of the ideas were given any acceptance. How could a fixed length of 13mm. be suitable for all anterior chamber lenses? It was at this time that many surgeons were horrified by the complications and took up their attitude of uncompromising criticism.'

'There seem to be good and bad reasons for the proliferation of lenses. Among the bad reasons are ambition and commercial interest. An ambitious surgeon may want his name to be associated with new developments; a commercial firm may wish to take on a share of the market, particularly when demand seems to exceed supply. Resulting from this, faults in design may be introduced, materials may be unsuitable, and methods of manufacture inadequate. We are in the situation where changes are made too frequently. At a recent cataract symposium one surgeon was to demonstrate his posterior chamber implant; at that time very few in his audience knew of its existence. In the event he demonstrated a new design of anterior chamber, angle supported lens which he claimed was giving better results. This lens could hardly have been 6 months old, otherwise the printed programme would have referred to it, so how could he talk legitimately of good results?'

'The advantages gained by successful intraocular lens surgery are substantial compared with standard procedures. The rehabilitation of the patient is easier and most see quite well without additional correction, since the depth of focus with current lenses seems to be greater than with the normal lens in place.'

'There is a tendency among those who are critical of the use of intraocular lenses to point to specific complications which they say condemn the method. Inadequate wound closure and shallow or absent anterior chamber may not seem to be a serious complication in ordinary cataract surgery but in intraocular lens surgery it will prove disastrous to the corneal endothelium. Cystoid macular oedema (CMO) was occurring before intraocular lens surgery, but excited little attention until it was assumed that the incidence was due to the use of the intraocular lens.

To fail to advance with progress would be wrong; nevertheless to make a change for the sake of poorly founded theory or to keep in fashion would be equally wrong. The long-term results with modern lenses and the more refined microsurgery of recent years has been encouraging to the extent that I do not see sufficient reason to make radical changes, such as a complete swing to the use of extracapsular techniques. Intraocular lenses are not shown to be an overwhelming cause of ECD or CMO. We still have to be careful before we make any changes in our management and any change should be carefully monitored. With such provisions and proper safeguards, intraocular lens surgery should now be an established part of our specialty. Of course we all have our prejudices but our efforts are constantly needed to combat them and to keep an open mind.'



## GROUP PHOTOGRAPHS

UKIIS meeting in May 1981 at Southend.



*Front row: Leonard Lurie\*, Hung Cheng, Piers Percival, Harold Ridley\*, Peter Choyce\*, Bill Simcoe.  
\* Founder Members of IIC*

IIC gathering in November 1979 at San Francisco, to mark the 30<sup>th</sup> anniversary of the first lens implantation and showing the respect and honour held in the USA towards two remarkable Englishmen.



*From left: John Alpar (USA), Slava Fyoderov (Russia), Leo Bores (USA), Michael and Sheila Roper-Hall (UK), Piers Percival (UK), Anneke Worst (Netherlands), Hemchandra Mehta (UK), Kenneth Hoffer (USA), Ralph Anderson (USA), Norman Jaffe (USA), Leo Amar (France), Marvin Kwitko (Canada), Cees Binkhorst (Netherlands), Firmon Hardenberg (USA), John and Judy Pearce (UK), ? , Jan Worst (Netherlands), Clare Anderson (USA);  
Seated: Diana and Peter Choyce, Harold and Elizabeth Ridley.*



IIIC gathering in September 1984 at Harrogate, during the joint meeting of UKIIS and EIIC.



*Back row from left:* Paul Leonard (Belgium), Jerre Freeman (USA), Christophe Huber (Switzerland), Hung Cheng (UK), Hemchandra Mehta (UK), Ernest Ford (UK), Eric Arnott (UK), Jan Worst (Holland), Rudi Tjan (Netherlands), Jeff Hilman (UK), ?; *2<sup>nd</sup> row:* Harold Stein (Canada), Jose Menezo (Spain), John Pearce (UK), John Alpar (USA), Renardel de Lavalette (Netherlands), Hans Otto (Netherlands), Fabio Dossi (Italy), Leo Amar (France) ?, Pier Gallenga (Italy), Akio Yamanaka (Japan), Alan Ridgway (UK), Alex Maserati (UK), Richard Lindstrom (USA); *3<sup>rd</sup> row:* Richard Perritt (USA), William Harris (USA), Piers Percival (UK), Michael Roper-Hall (UK), Sonia Boberg-Ans (Denmark), Arthur Steele (UK), Dermot Pierse (UK), Edward Epstein (SA), Richard Keates (USA); *Front row:* B Lecaillon-Thibon (France), Robert Drews (USA), Cees Binkhorst (Netherlands), Harold Ridley (UK), Peter Choyce (UK), Karl Jacobi (Germany), Michael Blumenthal (Israel), Geoffrey Maxwell Stubbs (Australia).