

A Tribute to Those Who Came Before Us

Welcome to this special European Society of Cataract and Refractive Surgeons (ESCRS) issue, highlighting the evolution and history of cataract surgery in a variety of European countries. We are very grateful and appreciative of the perspectives provided by the authors who were — and still are — right there in the thick of change, both observing and contributing to modern cataract surgery. In this issue, we have a wide geographical and historical perspective dating from the intracapsular and extracapsular eras and continuing through to the time of early implants. Birthing pains of phacoemulsification were certainly felt by patient and surgeon, and in this issue, we explore its temporary setback and then major resurgence.

This collection of articles has been wonderful to read, reminding me of my own first Kelman phacoemulsification procedure as a resident in New York in 1990. I used the Alcon 10,000 machine and acknowledge that the commitment of Charles D. Kelman, MD, along with many supportive surgeons in developing the phaco technique and technology enabled me to commence successfully without a major mishap (all right, I confess it took ages doing the chip-and-flip). Further development has continued, and the ramifications of this development have culminated as smaller and sutureless incisions along with the delight of topical anesthesia. Both have made our surgical life less noisy and more simplified, although not necessarily less complex.

All of these advances are now taken for granted, and it is highly appropriate that we be reminded of the evolution and history of cataract surgery, which has become the amazing procedure it is today.



Much of this development would not have been possible without the tenacity of the father of the IOL, Sir Harold Ridley. What a struggle this man went through! As is evident from a couple of the articles we feature within these pages, ophthalmologists had so much to contend with in terms of local politics and the acceptance of new technology, but none more than Sir Harold Ridley. Dealing with the establishment must not have been easy; in spite of all efforts against, good ultimately prevailed, and the battle for the IOL won. During my training, my older mentors recalled the days when telling a patient they had a cataract was like telling them they had cancer. The operation was miserable, and if successful, the patient was doomed to impaired vision along with dependency on awful pebble spectacles, jack-in-the-box phenomena and more. The IOL not only made life better for patients, but it also gave

a new breath of life to ophthalmology and in particular the specialty of cataract surgery.

We pay tribute to Sir Harold Ridley, Charles D. Kelman and so many others who have had the courage and conviction to persevere.

All those involved in making cataract surgery what it is today, and those who continue to develop the procedure further, please take a bow!

We hope you enjoy this issue, and we look forward to welcoming you to London for the annual congress of the ESCRS. ■

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