Letter to the Editor

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Mass blindness has shifted from infection (onchocerciasis, trachoma, corneal ulcers) to cataract. Similarly, blindness from malnutrition-keratomalacia is disappearing in the more affluent developing nations.

As a result of lack of effective international organisation, in the poor areas of the world, the numbers – in the millions – of blind cataract victims continue to increase, despite the great medical advances when normal vision can be restored at low cost to all blind cataract patients. This unnecessary socio-economic agony and human misery in a spectacular era of our civilization must be stopped. Eye surgeons are now essential in the control of mass blindness. Once in a century, a unique historical opportunity arises, the opportunity for eye surgeons of the world to contribute their skills to mankind. Like many medical advances, resistance to change can be intense and frightening: we can recall in history the numerous opposition to change and progress in medicine.

As life span increases, in some reports, cataract now accounts for up to 80% of mass blindness today. In the past, intracapsular cataract extraction (ICCE) was used in eye camps. Unfortunately, this method only restores limited vision. For a number of reasons, ICCE is still usually the main procedure, although it is now clear that extracapsular cataract extraction (ECCE) and posterior chamber implant (PCI) can restore normal vision to thousands of victims of cataracts in communities where conditions are appropriate.

There are of course problems with ECCE and PCI in many developing nations, but unless the leaders are determined to introduce ECCE and PCI these problems will remain. A successful approach is to establish training centres. In 1986, such a centre was proposed. In 1989, the International Intraocular Implant Training Centre (IIITC) in People’s Republic of China was established in Tianjin. This centre has already successfully restored normal vision to 10,000 cataract patients treated at the centre and 60,000 more in the rural areas of China. An ambitious plan was launched to perform 250,000 implants successfully with other centres in the country.

The success of the Tianjin Centre should be carefully studied as this approach can be a model for the developing nations to control mass blindness from cataract in the world.

Resistance to change remains. It is sad that some leaders directing the battle against mass cataract blindness in Asia continue to choose the comfort of cozy stagnation and avoid the exciting challenge of introducing low-cost ECCE and PCI in countries where it is appropriate. The answer lies in human organisation. Our success will depend on international cooperation. I believe that this will be a unique opportunity for eye surgeons to utilise their skills for the benefit of mankind. It is a demanding challenge to eye surgeons around the world. Let us, the eye surgeons of the world unite to achieve a global move to contain world blindness from cataract. I will continue to press for action, for change.

Yours sincerely