

EDITORIAL

The surgery of cataract, the subject of our major symposium in this issue, is steadily increasing in volume the world over. This is partly due to an increase in the aged population but, at least for the western world, the increase is partly due to the improved methods of treatment, and the use of lens implants so that treatment results in a genuine improvement and not the replacement of one disability by another. The extent of the increase is illustrated by figures from the FDA, that nigh on 1 million operations per annum are carried out in the USA.

While rich countries can cope with the increased demand, developing countries may not be able to bridge the widening gap between the need for treatment and the capacity to deliver. Even for countries with well developed medical services like the United Kingdom, the increased demand is already straining resources. A look at statistics collected by the College of Health shows that an unacceptably high proportion of Health Districts have patients who need to wait over a year for non-urgent treatment.

While the surgical treatment of cataract yields great satisfaction to both practitioner and patient the new challenge must be to delay or prevent its formation. Increased understanding of the epidemiology and the pathogenesis of cataract at the molecular level in the last decade has given hope that at least some forms may be avoided or retarded. On reviewing the mechanism of cataractogenesis and experimental models available to influence the pathology, Bron and co-workers have in this issue pointed a way to the next logical step in treatment. Perhaps the best understood mechanism centres on the use of aldose reductase inhibitors to prevent sugar cataract and this work has already reached the stage of clinical trials.

The ageing-related cataract is more complex but even here claims are being made for agents which may have beneficial influence in retarding cataract formation and for which a metabolic basis can be found.

Besides the prevention by the elimination of risk factors, the protective role of aspirin and its related compounds has been confirmed by Harding and co-workers who have reported an epidemiologic study. They have further postulated that by acetylation, aspirin prevents the binding of cyanate to crystallins as a possible mechanism of action. If this finding is confirmed, another role will be added to its claim as panacea.

While these are tentative early steps they are taken in the right direction towards achieving a state which has been prescribed by the profession's sternest critic as "that society which can reduce professional intervention to the minimum will provide the best condition for health" (Illich).

Hung Cheng