

THE FIRST 40 YEARS



1971 – 2010

Ted Arnold, Eric Glen, Norman Zinner

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PREFACE

Assisting in the compilation of this book has been highly rewarding, recalling years of exciting personal experiences in the founding of ICS, and reviewing subsequent developments. Exposure to such a variety of individuals, disciplines and cultures, including researching features such as Puna Manawanui, the Maori Greenstone gifted to ICS by Ted Arnold, of which more later, has afforded me great pleasure and satisfaction both in an official capacity and for the last 26 years or so as an interested spectator. I am grateful to have been given this opportunity.

Having been invited to contribute this Preface as the Honorary Secretary for the first 15 years of our Society, I cannot resist passing on some personal views regarding the past, present and future, while recognising that it is easy to float ideas when not having the responsibility of making changes.

An early lesson I would like to share with trainees, is that the truly great leaders are more approachable than they may seem, and respond supportively to young colleagues who show enthusiasm and dedication. Many such leaders are featured in this history. Do not be afraid to make the approach. You have little to lose, and potentially much to gain. However, also heed the advice given by Yates in Appendix 4: "It is important to doubt conventional wisdom", and "Dare to use your own intelligence" to quote the title of a 2008 BMJ editorial. If you are convinced that you are on to something, do not give up too easily. Even the most eminent expert can be wrong, and find it hard to surrender old concepts.

Discussion and interchange of ideas provide the seedbed for development and innovation. The Society is to be commended for preserving so much time for discussion despite the difficulties imposed by increasingly large numbers of delegates. The initial intention was that contributions would be circulated in advance, the conference being devoted to discussion. However, for many years this has not been possible. The annual meetings are now huge:- 3,528 delegates in Toronto, 1374 papers submitted, 1253 accepted in a variety of forms, of which 298 were podium presentations. The fact that abstracts were available at the conference and on USB sticks for future reference was extremely impressive, as was the continuing provision of Webcasts immediately following the conference. Developing this further, once the scientific committee has made its selection, would it be possible to pre-circulate full papers online? Perhaps even newer forms of communication will become available. Contributors would not present their papers at the meeting, but would be available for questions and discussion. Utopia awaits. In the meantime, the increased use of poster presentations is invaluable, facilitating the presentation of an enormous volume of work while reducing the problem of communication for those who do not have English as their first language.

The direction of the Society has changed, covering a wide range of educational activities. There are many pre-meeting workshops, some devoted to specific disciplines such as the Nurses Forum, the Physiotherapy Round Table, ICS School of Urodynamics, and a wide range of specialist topics, for example Sacral Neuromodulation for Dysfunctional Voiders, and many more, as well as "Meet the Experts" sessions, excellently presented in the Toronto meeting.

In the early years, there was a view that it would be useful to have self-funded national groups affiliated to ICS. The intention was that such groups would provide a forum for trainees and others to gain experience in presenting their work in a local environment before progressing to the larger international audience at the annual ICS meetings, as well as facilitating a multidisciplinary gathering for those experiencing difficulty in attending ICS due to geography or other limitations. Thus was established the Japanese Chapter. In recent years, the emphasis has changed. There is increasing emphasis on involving the public, and focussing on meeting their needs. ICS now organises world wide courses and provides educational support to many organisations, supplying numerous expert speakers and course leaders. This is laudable but expensive, and ethical sponsorship is the subject of close scrutiny by the Trustees. I do not envy them the task of managing this, a much more complex situation than that experienced in the early years.

There is an increasing awareness of the need for team work. In the bad old days, specialists protected what they regarded as their territory – gynaecologists did not communicate with urologists, and neither communicated much with nurses or physiotherapists, and far less with pharmacologists or bioengineers. By and large, in both clinical practice and the field of research, segregation has gone, and ICS can take much of the credit. During informal conversation in Toronto, Harold Drutz made the case for the creation of teams to deal with problems of pelvic structures and abdominal organs, each member being able to draw on the expertise of the others. There are a few such teams, but there is a great need to expand this type of cooperation. To paraphrase Harold's comments, he promotes the concept of "Programmatic Medicine" where the traditional departments of e.g. Urology, Gynaecology, Colorectal Surgery etc., must work collegially and collaboratively to promote total pelvic health. Note the word "Medicine" –surgery constitutes only one arm of the problem-solving equation. Physicians, continence advisors, physiotherapists, neurophysiologists, bioengineers, pharmacologists and others are involved, as will be evident within the contents of this History. Training may require changes. For example, urogynaecologists could benefit from greater exposure to urological procedures, and vice versa for urologists. Richard Turner Warwick promoted the concept that who does what is not the question, but who does anything should be a person who really understands the issues. Internationally, there is wide variation in the width of training on offer, an issue that perhaps ICS could address.

Now a prediction: In recent years there has been an increased interest in neurophysiology, as evidenced by the number of papers presented. Techniques and their refinement for examining activity within the brain have proliferated. In 2006, Prof. Kevin Warwick, Professor of Cybernetics at Reading University, gave a lecture to the Royal Philosophical Society of Glasgow entitled "Combining human and machine brains". While not relating to bladder or bowel disorders, it gave a fascinating insight into the detection, modification and application of neural signals. The potential seems enormous. Whether this can be applied to areas of interest to ICS remains to be seen, but the work of neurophysiologists opens exciting possibilities.

There have been enormous changes in the administration of ICS activities, and in the organisation of the annual meetings. The role of the ICS office and its staff is featured in chapter 6. In the early years, there was no office support, as will be described. This presented increasing difficulties due to the steady growth in membership. The establishment of an office was a great step forward. ICS has

been very fortunate to have acquired such talented and dedicated staff. The next major step forward in administration was the appointment of Kenes International, as the long-term Professional Congress Organisers (PCO). Professional assistance became necessary due to the numbers involved. The logistics of organising accommodation for the conference, hotels and venues for the social events had become extremely complex. For example, how to provide speedy, efficient registration and distribution of conference material on delegates arrival? The answer has been supplied by the combined efforts of ICS Office staff and Kenes. Delegates on paying the registration fee, receive documentation bearing a bar code. On scanning this on arrival, delegates obtain appropriate tickets for the various events. The bar code has other purposes, for example being scanned to ensure that only paid-up members are allowed to attend the AGM.

ICS has always enjoyed the individual flavour provided by the local organising committee, and Trustees have made it clear that this should continue, aided by the experienced PCO. This individual flavour is to be cherished.

Allow me the final indulgence of railing against the continued abuse of slide presentations. Repeatedly, speakers apologise for what they describe as “busy slides”. What they really mean is slides containing so much information that it is impossible to read it. ICS produced guidelines for the production of slides – please adhere to them!

Returning to the Green Stone mentioned at the beginning of this preface:

I think we may have found an aspirational motto, or in management-speak, "mission statement" for ICS, thanks to Ted Arnold's gift to the ICS of the Maori Pounamu (greenstone), at the 40th ICS Meeting in Toronto.

There is no single translation or equivalent of the significance of the Pounamu in the Maori culture, as you will find if **you** explore this in the internet. My preference is for the statement that it denotes status, authority, and peace making. It is "mana huaanga", an emblem of authority derived from a wealth of resources to gift to others to bind them into reciprocal obligations.

What better aspiration than that?

Eric Glen

September 2010.

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FOREWORD

To write an illustrated history of a scientific society made up of busy physicians and other health professionals; to chronicle the deeds of a close-knit group of esteemed individuals... who would rise to such a challenge? Year after year, consecutive trustee boards have expressed great enthusiasm for the idea. Everyone was convinced of the importance of the task, but few members volunteered to undertake such a complicated project.

We have been extremely fortunate to garner a group of three brave-hearted individuals who have been active members of the society for long enough to validate the information gleaned from other members and who have found in their busy lives the enormous time required for such an endeavor. The ICS will be eternally indebted to Ted Arnold, Eric Glen and Norman Zinner for the precise and erudite memoir that they are offering today and for tomorrow to our lively society.

Humanity's ingenuity is manifest in the creativity demonstrated by its myriad forms of art and academic niches. Advancements in the fields of music and the visual arts, remarkable feats of engineering and architecture, and philosophical explorations of the human condition all point to our vast, collective potential. The human brain, however, in which all of these exquisite wonders find their origin, is gripped by an imperfect memory. Obviously, all is not forgotten: we are able to work and to educate our children following traditional societal models; we remember places, names, significant events, and, at least as often, trivial ones. Yet, despite this, we have a deeply rooted tendency to forget history or, worse, to distort it.

In many groups, newcomers believe that they can do better than their predecessors. It is also a characteristic of such newcomers to neglect learning about their community's history—to refer to it only when they want to implement change, to offer visions of the future, or to instill new inspiration and direction in the group. We should never forget that the present and the future exist only in union with the past, and that they are thus tied inextricably to the annals of history.

Until now, any of us could have derived security from the ICS's unwritten history, claiming that legitimate facts could be defined only by the experiences of choice individuals who participated in particular events, decisions, or meetings. We had then to accept the bias of the deliverer of the information. Now there are no more excuses; the history is written—well written—and it is validated by, at the very least, three editors of diverse backgrounds, together having consulted hundreds of individuals who participated in the cultivation of the society from the days of its infancy, when it was still called the "Continence Club", to the present.

I am honored to have been invited to foreword this essential and beautiful work. I would like to warmly thank Ted, Eric, and Norman for offering to our society this invaluable material, which will survive us and which will hopefully be updated in the future by our younger colleagues. I am sure that every member will deem this a truly outstanding contribution to the International Continence Society.

Jacques Corcos MD
General Secretary, ICS 2008-2011

INTRODUCTION

The history of the ICS over its first 40 years can be defined by an account of the memorable events that have occurred, shaped by the members who are its foundation and its strength. The following account is produced from the memories and records of many, too many to be named here. With the passage of time, some records have been lost and individuals have passed on. However, much has survived and is recorded here with the usual disclaimer that some of the views expressed are those of the contributors and not of the editors.

The editors have enjoyed revisiting the past and hope that the reader will have similar pleasure and find it of interest.

1. GOALS OF ICS

The Continent Club was established in Exeter, England in 1971, and the AGM that year changed its name to the International Continence Society, as it was considered a more expansive title indicating its aspirations. At its inaugural meeting the purpose was stated as:

To provide a link for the interchange of ideas and results for clinicians and physicists interested in Urodynamic Studies of the lower urinary tract and in the electrical stimulators employed in treating related disorders.

The focus widened over the years to include the study of pelvic floor dysfunction and ano-rectal disorders, and the range of treatments available. Interest grew in the neurophysiology of pelvic dysfunction. The role of ICS in public education and encouragement of help-seeking among those with continence problems steadily grew with the establishment and activity of the ICS Continence Promotion Committee. ICS fostered both the education of Health Professionals and developments in measuring and improving quality of life of patients with these disorders. These have been significant factors in supporting the charitable aims and status of the Society, and are recognised as such by the UK Charity Commission.

2. WHY WOULD THE ICS WANT ITS HISTORY RECORDED NOW?

It is important that a History should be as complete as possible. Many of the people involved are still alive and have vivid recollections of events that were important in their professional and social lives. Some past office bearers retained extensive records and memories, some of which will feature in this history, the remainder being lodged in the ICS archives. By the nature of things, recall is a diminishing resource. With age, memories fade, and inevitably records disappear as individuals depart, or move house. ICS established a dedicated Office in 1999, and since then records have been kept centrally. It is important to learn lessons from the past and set guidelines for future directions. History is the embodiment of corporate knowledge. Perhaps some of the problems and conflicts facing the world at present could have been avoided if politicians and planners had shown more interest in events of the past.

The belief that we have come from somewhere is closely linked to the belief that we are going somewhere. Perhaps this is why people get more interested in History as they themselves age.

It also provides an opportunity to show respect for the past. Much of what was discovered and understood about central control of micturition almost a century ago by earlier workers like Sherrington, Barrington, Denny Brown and Robertson and many others, with unsophisticated equipment, is still cogent today with our very much more elaborate and expensive equipment systems and recorders.

In similar vein a *History of the ICS* can show respect for the founders of ICS, for their wisdom and foresight, and respect for those who have followed in establishing and developing the Society to

what it is today, and for those who continue to direct its future in cooperation with the membership, in open and frank discussion.

3. THE GOAL OF THIS HISTORICAL REVIEW

This account of the History of the ICS aims to look at the background from which the Society emerged, the goals of the founding members, the extent to which these goals have been achieved, and the role of members who have contributed. It will go on to document the scientific and educational meetings, and to select some of the themes that have arisen since the inception ICS and how these have been driven and by whom up to the end of 2010. This is the first 40 years of ICS. It will review what was happening before ICS was founded in 1971, and will explore the aspirations of the founders and analyse to what extent these goals have been achieved between its inception in 1971, and 2010.

This is not a scientific paper. It does not attempt to record the detail of every research endeavour in the field of functional disorders of the pelvic floor, nor does it presume that the ICS was responsible for all these advances. It is the clinicians and scientists who made the discoveries and ICS simply provided a place to nurture and discuss ideas, research and new concepts with other clinicians and scientists in the field.

The Society developed as a focus group of clinicians mainly urologists and gynaecologists, physicists and engineers applying their background knowledge and understanding to the physiology and pathophysiology of continence and incontinence including dysfunctions of bowel and urinary systems. This led on to investigating various treatments, and how they might help. Nurses and physiotherapists came later and added new and valued dimensions. Other medical specialties were represented including geriatricians, paediatricians, neurologists and others, and later statisticians to keep us all honest, and to improve the quality of the research. The interest of basic scientists has added real strength to the Society, as cellular and subcellular mechanisms are being discovered almost exponentially and their roles elucidated.

This history attempts to focus on the role of the ICS and its members in encouraging better care for patients with bladder and bowel dysfunction by scientific methodology, enriched by an interdisciplinary approach. ICS has assumed the important role of informing members of the public about advances in care and in continence promotion. These are the specific strengths of the ICS. This History will also document the ways in which the Society has managed its affairs and governance, adapting to new challenges as they arose.

4. METHODS TO DOCUMENT THE HISTORY

Our 'History of ICS' depends on the published literature, on the records we have been able to find from the ICS office and from members, and to a considerable extent, on the personal memories of ICS members. Now that there is an efficient, well established ICS office with dedicated staff, it is to be expected that future records with material gathered for this project including the photos will be stored in its entirety as the Archives of the Society. The archives will be available at the ICS office for perusal by any interested member. The book will incorporate the events, but also look at the themes and directions which the ICS and its members have followed, since its inception in 1971. The editors are all clinicians and ICS members and do not purport to be historians, but have tried to be as accurate as is possible in recording the events, which have been generously forwarded to us by the members. We thank the many members and friends, who have helped in providing data and photos, and for all their support in this endeavour.

5. THE EDITORS: WHY US?

Why us, indeed! On the steps of the historic Palace of Versailles in Paris during the 2004 combined meeting of ICS and IUGA (International Urogynaecology Association), Walter Artibani the then General Secretary of ICS, indicated that the Executive committee had decided to compile a historical record of the ICS since its inception. He made the request that Norman Zinner, an enthusiastic researcher and talented contributor from well before ICS was established and continuing since then, and I (Ted Arnold), might be prepared to take on this task. We were very pleased to be joined by Eric Glen, a major founding member of ICS and its first Honorary Secretary. We did not resist the challenge, although we had not been prepared for the volume of work nor for the length of its gestation!

5. ACKNOWLEDGEMENTS

Accounts of the history of ICS have been presented by Eric Glen by invitation at ICS in 1977 Portoroz, and again in 1995 at the ICS in Sydney on the occasion of the 25th anniversary of the founding of ICS, and in Cairo in 2008 (Reproduced as Appendix 6). A paper by Paul Abrams outlined the history of urodynamics and of ICS (1993). He contributed a chapter on the History of ICS in Female Incontinence in 1981, following the Los Angeles Joint Meeting with the Urodynamic Society in 1980. The other two editors acknowledge the valuable assistance of co-editor Eric Glen, the instigator and one of the founders of The Continent Club and hence of ICS, and its General Secretary for 15 years.

It is acknowledged that a great many people contributed to the ICS, too numerous to detail here, but who nevertheless added much in the way of depth of knowledge, experience, and friendship. It is quite impractical to include everyone who has contributed. A different set of editors might have chosen different selections of people. To those not mentioned, we apologise in advance. However we do acknowledge specifically the contributions of Douglas James a founding member from the internationally renowned Centre in Exeter, explaining the background of the work there that made Exeter the obvious location for the Continent Club to meet, leading to the formation of ICS. Doug provided an extensive account of the Continent Club and the early history of the Society.

We also acknowledge the significant contributions made by Richard Turner Warwick, David Rowan and Patrick Bates and many other members who have been subjected to a barrage of requests from us forever more information. We have asked many individuals for comment and requested contributions via ICS Newsletters from the Membership at large. Not all have been able to respond but to those who have, we are most grateful. Responses have been incorporated in whole or in part, with bulkier text being placed in the Archives, along with all photographic material, to become a resource for the future. The editors extend thanks to all who responded, on your behalf as well as their own.

Finally we wish to thank Walter Artibani, and the Executive Committee of the time for asking us to undertake this task, and the current Board of Trustees, for entrusting us with the privilege of documenting its history, and for supporting its progress. Our thanks are due also to Jerzy Gajewski and the Publications Committee, and to Avicia Burchill, Dominic Turner and the ICS office staff for their willing assistance.

The Editors

Ted Arnold, Eric Glen, Norman Zinner

2011

CHAPTER 1

THE BEGINNINGS

1. THE SCENE FROM WHICH ICS EMERGED

While considerable advances have been made since the 1970's when the ICS was formed, it is important to acknowledge the earlier contributions made by pioneers in the field often with little of the sophisticated equipment available to current research. During the first 70 years of the 20th century before ICS, there was a huge amount of activity and thought going on in Europe and North America concerning the lower urinary tract and its anatomy, function and dysfunction. It was against this background that the founding members of ICS decided to create a forum to share their research efforts and findings, and to communicate better with colleagues all over the world.

This section will outline some of the activity which formed the backdrop for the formation of the ICS, and its emphasis on a multidisciplinary international approach in investigation, treatment and control.

.1 ANATOMY AND NERVE SUPPLY

Central reflexes in the cat were investigated by Sherrington in the early decades of the twentieth century, and slightly later by Denny Brown and Robertson (1933) and by Barrington (1933). They demonstrated that the main control of the micturition reflex was sited in the pons where both inhibitory and excitatory centres could be demonstrated. Contractions were recorded using levers on rotating smoked drums called kymographs, in contrast to the sophisticated electronic equipment available today. Yet many of their findings have been confirmed in recent years with modern techniques using functional MRI and PET scanning technology, and electron microscopy.

Nathan and Smith in 1958 showed that the descending reticulo-spinal tracts were inhibitory to the excitability of the sacral reflex. This work was continued by Kuru, and later Bradley and co-workers (1968), who looked at reflex amplification, and at the peripheral innervation.

Intramural parasympathetic ganglion cells in the detrusor were shown to be surrounded by a pericellular plexus of sympathetic nerve endings which would allow peripheral interaction between sympathetic and parasympathetic systems. (Elbadawi and Schenk 1968)

Non-adrenergic non-cholinergic (NANC) receptors in bladder muscle were documented by several workers including Ambache and Zar in 1970. They were studied intensively in the laboratory by Bulbring and Brading in Oxford, and Burnstock in London, other groups in Japan and many others centres.

Discussions about the peripheral innervation of the external urethral sphincter and pelvic floor were led by Hinman and others (1968) who considered it was mainly the pudendal nerve, while Gil Vernet and subsequently Donker from embryological studies, considered some of the innervation came direct from branches of the pelvic plexus.

Interest in the mechanisms of peripheral control of micturition using cine-radiographic methods had been growing also in UK. Caine and Edwards (1958).

Tanagho and colleagues (1968) considered that the trigone contracts just ahead of the detrusor pressure rising. He considered this would allow closure of the ureteric openings so reflux would not occur. His group in San Francisco demonstrated the presence of small slow twitch fibres in the striated external sphincter, which were capable of prolonged contraction and were fatigue-resistant, and hence of considerable importance in the maintenance of continence by prolonged contraction and closure of the urethra.

Further functional studies were undertaken by Tanagho and colleagues to elucidate views on the components of the urethral resistance. Tanagho et al(1969)

.2 FLOW AND PRESSURE MEASUREMENTS

For an excellent account of the history of urodynamics the reader is referred to the paper on this topic by Perez and Webster(1992).

Bladder storage and voiding has been of personal interest to boys and young men since time immemorial, enjoying competing to see who could pee highest against the wall, but proceeded more objectively with Dubois in 1876, and subsequently Mosso and Pellicani in 1882, who were able to record bladder pressures. The observation of a change in the cast distance is often what draws attention to the individual patient that something is not quite right. Ballinger (1932) interpreted this as a sign of prostatic obstruction, although he did not consider that cast distance is mainly controlled by the meatus diameter. It was subsequently agreed that reduction in flow rate might result from proximal urethral obstruction, rather than distal, unless the lumen were severely obstructed.

Combined pressure and flow studies were first recorded in 1933 by Denny Brown and Robertson and this was developed further by Langworthy et al (1940).

Electromanometric measurement was introduced clinically by Bodo von Garrelts from Stockholm (1957a) and applied to a large number of patients. He was a major pioneer in the field of urodynamics and published widely.



Bodo Von Garrelts

He demonstrated distinctions in pressures and flow patterns in patients with strictures (1957b) and with benign prostatic hypertrophy (1958), as was also observed later by Zinner. He was an inspiration to Martin Claridge from St Thomas's Hospital and Joe Smith from University College, London, who studied pressure and flow while working in London during the late 1950's. Joe Smith (1968) modified the Claridge formula of urethral resistance from P/Q , to P/Q^2 to allow for the effects of turbulence on flow. Later he became a Urologist in Oxford. His interest in clinical research later led to the very fruitful liaison with basic scientist Prof Alison Brading from the Department of Pharmacology at Oxford. Gleason and Lattimer (1962) used computerized techniques to measure urethral resistance. Many investigative Units were productive because of collaboration between clinicians and basic scientists and physicists.

Development in sophistication of electronic strain gauges and weighing transducers for measuring pressure was a great advance.

Warrell and co-workers developed a radio pill and an air probe to measure pressures non-invasively. (1963). Later a solid state transducer was developed and mounted at the catheter tip. While reasonably accurate they were rather expensive and fragile. (Miller HD 1973)

Between 1959 and 1961 Norman Zinner and colleagues studied function in the bladder and urethra, and published extensively on urinary stream energy loss during voiding. (Zinner et al 1963) In his

review of techniques to evaluate micturition performance, Norman Zinner (1985) drew attention to a meeting in Aachen in 1971 hosted by Lutzeyer, at which pressure, flow and deduced resistance were the focus of discussion. This included work done by Paquin, Zinner, and Ritter. (Zinner et al 1963; Ritter et al 1964)

A variety of mechanical devices had been developed to measure maximum flow rate. One popular method used a transducer connected to a side-arm at the base of a cylinder into which the patient voided, relying on a strain gauge to measure the volume. Differentiation of this against time gave the flow rate (von Garrelts 1957a). Other methods used air displacement, anaesthetic gas rotameter, electromagnetic and ultrasound techniques. Some techniques added a record of the pattern of voiding as well as the maximum rate.

The spinning disc method measured the change in current required to maintain a flat disc with raised perimeter, to spin at constant speed while the centrifugal force of the flowing urine tended to slow it. This was developed by Tammen in 1971 and was used successfully for many years.

While most workers used a urethral catheter to measure bladder pressures there were some who preferred to use a suprapubic cannula, to avoid possible artifacts due to the presence of a foreign body within the urethra. Glen (1981)

Transducers with radio transmitting devices that could be inserted into the bladder without any external wires emerging along the urethra were developed as a way of reducing the degree of interference with the patient, but its size and artifacts and difficulty removing the device meant it did not survive. (Gleason et al 1965)

The relationships between pressure and flow were used by Gleason and Lattimer (1962a, 1962b), to define obstruction and contractility. Initially this required manual calculation, but with the advent of digital recording computer analysis became possible. Discussion about contractility and assumptions from pressure flow data, have continued to exercise the minds of members and scientists since then.

Urodynamics

The term 'urodynamics' was first used by David M Davis in 1953, as reported in his book on Mechanisms of Urological Diseases. Davis and his co-worker Paul Zimskind, another highly respected urologist initially applied the term in studies of the upper urinary tracts. In 1960 Zinner started work in Virginia on measurements of bladder and urethra. He noted: "While in the lab one day I noticed work down the hall and asked what they were doing. They said, 'we're doing cardiovascular dynamics'. I said, 'if you're doing cardiovascular dynamics, then we're doing urodynamics' ". Zinner and Paquin published a paper on *Clinical Urodynamics I. Studies of intravesical pressures in normal female subjects* in 1963, and another in 1964 (Ritter et al 1964). The term became popular and in 1972 the Journal of Urology established a section on Urodynamics.

Detrusor overactivity

Such spontaneous contractions during the filling phase had been variously termed hypertonic detrusor, detrusor hyper-reflexia or dyssynergic detrusor dysfunction. Overactive detrusor contractions had been recognised by Hodgkinson in 1963 in some women who complained of urge incontinence. Although Talbot (1948) was probably the first to use the terms 'stable' and 'unstable' detrusor, Bates popularised the term 'detrusor instability' for these involuntary detrusor contractions (1972). The term has since been changed to 'Detrusor Overactivity' as seen during the filling phase of a urodynamic study. It has been further categorized into neurogenic detrusor overactivity if there is a known neurological disorder present, or otherwise idiopathic detrusor overactivity.

Urethral pressure profiles

Enhorning and co-workers (1964) further developed the urethral pressure profile and used recordings from multi-channel catheters from the bladder, urethra, and another in the rectum. It was recognised as important that detrusor pressures should be monitored during urethral pressure measurements.

Using techniques similar to those used by Zinner and colleagues (1963) measurement of a urethral pressure profile at rest and during coughing and straining was further developed by Brown and Wickham (1969), who measured the resistance to perfusion of a slow fluid flow through a side hole in a fluid-filled catheter.

Modifications using multiple catheters with staggered side-holes allowed synchronous measurement along the length of the urethra, and around its internal circumference. Membrane catheter techniques using a fluid filled line, with the sensor opening covered by a thin membrane were utilised by Tanagho and others. They reviewed the various components of urethral resistance. Tanagho et al. (1966, 1969a, 1969b, 1973).

Synchronous pressure/flow video cystourethrography

These techniques were used in several centres in the USA for specific conditions on a research basis. Cine-radiography was used in San Francisco to study urethral closure (Hinman et al 1954). Synchronous pressure flow cystourethrography was introduced by the San Francisco group. Goran Enhorning from Von Garrelts' Unit in Sweden joined them. (Enhorning et al 1964; Miller et al 1967). They developed the system of using a cine-camera and an image mixing facility to have the X-ray screening and the pressure flow recordings visible together, so that the significance of any narrow area seen on Xray could be determined by its effect on the physiological parameters.

Don Gleason used a camera beneath a plexiglass toilet into which young female volunteers voided and showed how difficult [if not nearly impossible] it is to obtain a clean catch urine specimen from females, something urologists and others were emphasizing as the only way to go. He also found the only way to get a female "clean catch" is if she sits on her hands to hold the labia apart; but then, who holds the cup?

Von Garrelts had estimated intra-abdominal pressure from pressures recorded from an intra-gastric tube whereas later workers used intra-rectal pressure catheters for this purpose.

Frank Hinman observed:

"The use of two lines of data recorded simultaneously on 2 channels of a polygraph allowed recording of not only the absolute values of the pressures in two related organs (bladder and rectum; bladder and urethra etc) but the differences between the two by direct inspection. This permitted determination of pressure gradients directly and immediately. Without this technique, analysis of the data was an almost impossible task; with it, evaluation became a simple chore." (Hinman 1979). A whole issue of the Urological Clinics of North America was devoted to 'Clinical urodynamics' (Turner Warwick and Hinman 1979)

This technique was adopted at the Middlesex Hospital in London from 1964, where it became routine in 1968 for the clinical studies of bladder dysfunction undertaken at the Middlesex (Bates et al 1971). Richard Turner Warwick, Graham Whiteside a South African Rhodes Scholar, who trained in Radiology in UK, and Patrick Bates, the first Middlesex Urology Research Fellow, applied these techniques in a variety of clinical contexts. At first, fluoroscopy was used, but when image intensification was introduced, the dose of radiation was reduced significantly.

Earlier studies were recorded on cine film, but the advent of video recording was a further very useful advance and far less cumbersome. That Unit studied a large number of patients with functional problems of the urinary tract. (Whiteside 1972)

Subsequent use of digital recording techniques became wide-spread and are now the most widely used. With the assistance of engineers from the BBC, mixing of the images was achieved at the Middlesex Hospital so that on the same record one could review the pressure flow and video image of the bladder/urethra. The slight delay between events seen while recording the bladder pressure, and the flow hitting the flow meter, was adjusted electronically. A microphone to record sound was added and by this means it was clearer about what the patient was sensing and what the patient understood they had been asked to do. For example a cough could be heard, and if the person was instructed to hold on rather than void, any contrast in the urethra could be considered 'involuntary'. A polygraph with hot wire pen recording onto special paper was used in the pre-computer era. At the Middlesex Unit, 6 channels recorded infused volume, intravesical pressure, abdominal (rectal) pressure, electronically subtracted detrusor pressure, flow rate, and voided volume.

In Latin the term, 'video' means 'I see' and 'non-video' means 'I do not see'. This was pointed out by Richard Turner Warwick, with his well known emphasis on words and their meaning, both obvious and implied. Here he emphasised the added value of synchronous videocystography with the pressure flow recordings.

These studies were pivotal to understanding the significance of abnormalities seen in the shape of the urethra. For example there had been a phase when 'hour-glass' urethra was interpreted as distal urethral stenosis, whereas the proximal dilatation of the urethra was shown later to be due to the bladder contracting and distending it, while the sphincter was attempting to remain closed. This had led to operations designed to dilate or augment the urethra, often with resulting incontinence from what had been a non-obstructed urethra.

Richard Turner Warwick has influenced very significantly, the thought and practice of Urologists and all others concerned in the diagnosis and care of patients with functional urological problems as well as many other aspects of Urology. This occurred both before the ICS was founded, and since then.

The above technique was used in many other centres, and remains relatively unchanged after the first decade of the 21st century.

.3 ELECTRICAL STIMULATION

That muscle can be artificially contracted in various ways, especially using electrical signals, was a concept familiar to the ancient Greeks who noted the numbness caused to humans coming into contact with the torpedo fish. Allegedly the Emperor Tiberius was accidentally or otherwise cured of his gout in this way. Dioscorides, the physician, found the fish important in treating prolapsus ani. The thought of electrical torpedoes in such a delicate position brings tears to the eye. It was in 1773 that John Hunter indicated a particular interest in "biological electricity". Caldwell (1967) acknowledged this when he delivered his Hunterian lecture to the Royal College of Surgeons of England in London on "Electrical stimulation in treating incontinence". Electrical stimulation of the external sphincter had been tried in animal experiments by Tanagho, while observing the changes in striated muscle which followed chronic stimulation.

A major reason for the formation of The Continent Club in 1971 was the interest in a novel method of treating incontinence by electrical stimulation of the striated sphincter and pelvic floor using implanted electrodes, and the need to explore techniques to assess criteria for implantation. The first implant developed by Peter Caldwell and his team was reported in 1963. The idea came to Peter, a General Surgeon with an interest in Urology, when he became aware of the large number of incontinent patients attending physiotherapy departments for pelvic floor electrical stimulation using "faradism" on a regular basis. It occurred to him that this method of treatment could

potentially be more beneficial if the appropriate muscles were continuously stimulated by an implanted electrode, rather than spasmodically trained.

This new initiative led to the formation of the Exeter "Sphincter Research Unit" (Doug James recalls that it was affectionately by some and erroneously by others, referred to as the Spinster Research Unit!), funded by the Medical Research Council of UK. This was a joint venture between the hospital and Exeter University with initially Peter Caldwell and Douglas James at the hospital and Fred Flack at the university. Derek Griffiths, a theoretical physicist at the university also joined the team. He had a particular interest in the mechanisms that control urinary flow rate, urethral elasticity and micturition hydrodynamics. He travelled to London frequently to study and analyse the data from the Middlesex Hospital group from 1972-3.

Attempts to stimulate electrically using implanted electrodes in the external urethral sphincter for patients with incontinence were pursued by the Exeter group with Peter Caldwell, Douglas James and Derek Griffiths, in Manchester with David Warrell, and in Glasgow with Eric Glen and David Rowan. The Glasgow group considered the pelvic floor to be a major part of the sphincter mechanism, and concentrated on achieving contraction there rather than at the external sphincter with its perceived more rapid fatigue. There was success in some patients but problems with electrolysis, movement of implanted electrodes which were usually insulated wires bared at the tip, and the clinical problem of pain produced by the stimulation, and withdrawal of commercial interest in making the implants, meant that the attempts were eventually abandoned. This made way for the increased use of surface electrical stimulation using intra-anal or intra-vaginal electrode plugs.

Bladder stimulation

Direct electrical stimulation of the detrusor in patients with atonic bladders was attempted by Dan Merrill and the Mentor Company, and by Glen, Alexander and Rowan but similar problems were encountered with pain, and electrolysis. When Glen and Rowan observed that the contractions that were achieved in the bladder were not coordinated with relaxation of the sphincter and pelvic floor, they abandoned the procedure. Glen (1975)

.4 SURGICAL DENERVATIONS

Ingelman-Sundberg reported 66 cases of partial bladder denervation by a vaginal approach, for neurogenic detrusor overactivity, mixed incontinence, bladder hypersensitivity and even interstitial cystitis, and was able to help the symptoms in a proportion. Recurrence occurred in one series in 15% after a year. (1959)

Sussett (1974) attempted to surgically denervate the bladder through a presacral pararectal approach to the pelvic plexus in patients with Multiple Sclerosis and detrusor overactivity, while avoiding the somatic fibres to the sphincter and from the perineum. This achieved some initial success but often the nerves would regenerate or alternative connections would develop, and the condition would return. It has been explained on the basis of neuroplasticity and changes in sympathetic nerves which accompany parasympathetic denervation (Sundin et al 1977)

Sacral posterior root rhizotomies had been undertaken in several centres most often for paraplegic patients. (Nagib et al 1966). It has been used to achieve continence by abolishing reflex contractions. A review of bladder denervation procedures was published by Torrens and Hald in (1979). Sacral root deafferentation was an important as a method to achieve continence during the bladder storage phase used with Sacral Anterior Root Stimulation to achieve bladder emptying as developed by Brindley.

.5 PHARMACOLOGY

There was a growing interest in the pharmacology of adrenergic and cholinergic receptors that could modify the contractility of bladder and urethral smooth muscle.

.6 STANDARDISATION OF TERMINOLOGY AND TECHNIQUES

The need for standardisation of techniques and terminology was identified by Zinner in 1968 at a meeting chaired by Frank Hinman Jr in Iowa and was recorded in the resulting book "Hydrodynamics of Micturition". This was an international meeting with Gamelgaard, Karl-Axel Backman, Hans Marberger, Bischoff, and Tage Hald in attendance. Hinman (1968). Zinner observed that: "although a great meeting in many ways we were talking past each other".

The need for achieving agreement on terminology was clear at The Continent Club meeting in Exeter. Zinner's ideas were shared by Tage Hald and subsequently led to the formation of the ICS Standardisation Committee under the chairmanship of Hald in 1972.

In 1971 Lutzeier convened a meeting in Aachen entitled The First International Meeting on Urodynamics. Pieter Donker and Norman Zinner met there and Pieter invited Norman to go to Leiden as the Boerhaave Professor for the year in 1972. The Proceedings were published in a book "Urodynamics: upper and lower urinary tract" in 1973 (Springer-Verlag).

There were approaches on numerous fronts to understand the basic physiology and anatomy and treatment for incontinence. There were many others involved at the time. There was a real need to have an international multidisciplinary forum in which these issues could be discussed, and through which some standardisation of nomenclature could be agreed so as to enable exchange of ideas. Engaging for the first time, urologists, gynaecologists, bioengineers, scientific researchers in universities and commercial researchers and developers in a multidisciplinary approach, was the exciting background in which the ICS developed.

.2 AIMS OF THE FOUNDING MEMBERS

The ICS was founded against a background of the work alluded to in the previous section, in order to bring together a diverse group of interested clinician/scientists with basic scientists in fields related to shared professional interests so that the diversity of knowledge would provide opportunities to go further than each group might reach when working alone. It was hoped that exchanges of dialogue and networking would lead to a level of creativity not possible before.

The aims of the founding members included the establishment of an interdisciplinary and international forum for the exchange of ideas, to broaden horizons of thought through travel and by extending experience in other units, and above all to do it in the spirit of friendship, fun and conviviality.

Derek Griffiths recalls that "ICS was a 'club' of a few like-minded enthusiasts to start with and I think it was Tage Hald's concept (and execution) of the idea of a standardisation committee that put it on the map and set it on the way to becoming a professional body. The idea was to learn from each other and have a good time doing it. This was long before mission statements and 'visions' became popular- we just did it".

The founders Eric Glen, David Rowan and the Honorary Treasurer Patrick Bates deemed it important to keep the registration fees low so as to encourage others on lower incomes to join. Derek Griffiths recalls that ICS was and is in constant need of attracting younger people especially younger academic engineers and physicists- graduate students with truly low salaries and little in the way of expense accounts for travel or anything else. This also applied to nurses and physiotherapists. Attempts to avoid lavish meetings were rather lost sight of for many years as convenors sought to provide hospitality of similar level or even higher than the previous years in order to show welcome to colleagues. There needs to be a return to this philosophy of the founders and of many members since. The imperative to do this has increased in recent years with requirements from medical ethics and pharmaceutical company Guidelines.

i) To achieve an International and interdisciplinary exchange of ideas

The early meetings were characterised by frank and open discussion and exchange of ideas from all disciplines, including, bio-engineers, gynaecologists, urologists and many other medical specialties, and colleagues from the medical industry. The international exchanges were invaluable not only to the individuals concerned but also to their colleagues and patients. It meant exchange of ideas, opportunities for subsequent collaboration and what's more, good fun. This was well recognised by the founders of ICS. Driving forces rapidly expanded from the emphasis on basic sciences debate to include the prevention, treatment and control of incontinence - truly multidisciplinary.

Patrick Bates commented that the Society was a place to have great arguments and thus test new ideas the members might have, among a critical audience of like-minded people.

The training of specialists in Europe and particularly in the UK was considered incomplete until the person had furthered his/her clinical training by studying abroad. For those living in Europe this usually meant travelling to USA to gain one's colloquial qualification of BTA, 'Been to America'. This would put a person one step ahead in the fierce competition for the restricted number of good consultant posts. The international sharing of ideas had burgeoned after the Second World War. The same concept sometimes held sway for young surgeons living in America. Hence Norman Zinner from USA, in 1972 went to Leiden to work with Pieter Donker as Boerhaave Professor. Donker provided two other salaries and Art Sterling, an engineer joined Norman and later, and Rog Ritter for three months. All three were from Zinner's unit in the USA. Art remained in Leiden for 3 years before being appointed as Professor of Chemical Engineering at Louisiana State University in Baton Rouge. Travelling and the sharing of ideas was a very valuable stimulus to the standard of practice and research not only for the person travelling but also for the Unit visited. Such contacts made early in a person's career had continuing benefits throughout that person's professional and research life, with a ripple effect on his or her colleagues. This still applies today. It was also good fun and a special privilege to have friends and colleagues not only locally, but also nationally and internationally.

Within the UK National Health Service there were heavy workloads and few consultants. Many surgeons from USA, and from former commonwealth countries especially Australia, New Zealand, South Africa, India and Pakistan went to UK to further their clinical and operative experience. On the other hand in UK there were fewer opportunities for doing lab or clinical research in comparison to the USA, so the exchange of ideas and clinical experience was mutually beneficial. Opportunities for doing research in some centres in Europe were also great and many interchanges occurred between Scandinavia, The Netherlands, France, Germany, Italy and other parts of Europe with the United States.

ii) To provide a forum for communicating ideas

Communication of ideas was recognised as being very important to the founders. This led to two important decisions. The first was that the official language for ICS would be English. The second was that terminology should be agreed and standardised. The ICS set up its standardisation committee to further this goal.

The adoption of English as the official language of ICS from its inception was for expediency as most original members spoke it as their first language and all the others had learnt. ICS had decided not to use simultaneous translation as it was considered too intrusive and distracting. Using English as the only official language had some opponents. At the second ICS meeting in Paris in 1972, Norman Zinner presented some very interesting work on drop spectrometry as a non-invasive means to estimate the residual energy left in the urinary stream. From this it was proposed that certain deductions about the energy losses and hence obstruction higher up in the urethra, might be made. Jacques Susset from Sherbrooke had some opposing views and after a few sentences in English launched into his native French to make his point even more eloquently and vigorously. Pierre

Aboulker, the Chairman for the meeting, interrupted and demanded that Jacques return to English, but this was successful for only a few sentences before Jacques reverted to his native tongue, in which he could express himself more passionately. He had to be restrained forcibly in the end! Those whose first language is English owe a great deal of gratitude to those who persevere with it as a second language.

iii) To improve diagnosis and outcomes of treatment

A second goal of the ICS was to improve the accuracy of diagnosis and to understand how new technologies could work. This could only proceed satisfactorily if terminology was agreed. An early example of this was to understand the application of electrical stimulation of the pelvic floor and urethral sphincter in field of incontinence, and of the bladder for voiding dysfunction.

To some degree these goals have been achieved. The ICS is a robust international body. The scientific meetings and educational activities have gone from strength to strength, in numbers and quality of research. The society is outward looking and caring for patients with continence issues and promoting good public education to encourage help-seeking attitudes in the population for what can be a condition that is often concealed because of embarrassment. This work will never be completed.

.3 THE CONTINENT CLUB MEETING IN 1971

Background

Much of the progress in research activity and treatment referred to in the previous section, resulted from the increasing partnerships that were evolving between the medical professions on one hand and scientists and engineers on the other. The latter professions were increasingly presented with the opportunities to apply their skills and knowledge to new endeavours. In Exeter, for instance, this was the first formal link (a dedicated MRC funded Sphincter Research Unit) between the Royal Devon and Exeter Hospital (Peter Caldwell, surgeon, and Douglas James, Clinical Scientist) and the University of Exeter (initially Fred Flack and later Derek Griffiths, Physicists). Similarly, in Glasgow, surgeons Eric Glen and Shedden Alexander had established a working relationship with David Rowan, Clinical Scientist.

The stimulus for the formation of the Continent Club arose from a visit by Eric Glen to Professor Pierre Aboulker in Paris to obtain his views regarding the use of electronic implants. He teased Glen about the British love of club ties, suggesting that we should produce one for “implanters”. Glen replied that first we would need to form a club, and that triggered the establishment of the Continent Club. A club tie was never produced! Obtaining the encouragement and support of the 2 other Peters, Caldwell and Gammelgaard, and of Richard Turner Warwick, Glen wrote to internationally recognised workers in the field, receiving enthusiastic and speedy responses.

Wolfgang Lutzeyer had become Professor of Urology in Aachen (one of the oldest Urology Clinics in Germany) in 1967 and shortly after that was joined by Hansjorg Melchior who did his habilitation thesis on Ureteral Dynamics, simultaneous measurement of fluid pressure and velocity in the ureter to understand peristaltic flow.

Melchior in 1971 organized the first international urodynamics meeting in Aachen and invited all active groups, apparently unaware of the pending meeting in Exeter later in 1971. This Aachen meeting which preceded the Exeter meeting is summarized in the first Urodynamics book, edited by Lutzeyer and Melchior. (1973).

The Aachen group noted that all these famous groups had an engineer/physicist for example Sterling, and Bottaccini, - and the result was hiring engineer Werner Schaefer in 1972. A limited command of English was a problem for Lutzeyer and Melchior. That made them active in the SIU and EAU, as both groups at that time had simultaneous translation in some 5 languages.

The reputation of the Exeter Sphincter Research Unit funded by the UK Medical Research Council, and the personal relationship formed between Peter Caldwell and Eric Glen who shared a common interest in electrical stimulation, made Exeter the obvious choice for the first meeting.

Peter suggested the venue, the Royal Clarence Hotel, arranged a reception at the Exeter Guildhall, and held a generous final buffet lunch in the grounds of his home.

The meeting was organised by Eric Glen and David Rowan (Glasgow), Peter Caldwell, Fred Flack and Douglas James (Exeter), and was held in the Drake Lounge of the Royal Clarence Hotel, directly opposite the cathedral in Exeter city centre. This establishment was built in 1769 and is credited with being the first hostelry to be called a "hotel" in England. Originally it was actually named "The Hotel." It finally became known as the Royal Clarence after the Duchess of Clarence (wife of William IV) stayed there in 1827. Other notable clients included Lord Nelson when he received the freedom of the city after the Battle of the Nile and Franz Liszt when he performed one of his famous piano recitals. Probably not the first US visitors, but during World War II it billeted two well-known Hollywood stars: Clark Gable and Gary Cooper. They visited whilst serving in England with the US Air Force.

Standing as it does in ecclesiastical grounds, it is claimed that only the verger has the right to arrest drunks, with the police having no jurisdiction on the premises. There is nothing on record to suggest that this was put to the test during the Continent Club meeting. This is not to say that members stayed dry!



The Royal Clarence Hotel, Exeter

According to records 115 members joined the Continent Club, including 47 from UK, 21 from USA, 4 from Canada, 7 from each of Germany and the Netherlands, 5 from each of France, Sweden and Switzerland, 3 from Australia (Kennedy Burnside, David Kennedy, Alex Wood), 1 from NZ (Colin McRae), 3 from Scandinavia (Gammelgaard P, Palm L, Hald T), and 2 from Norway (Mathisen, Otnes) and 1 from each of Japan (Tsuchida), Austria (Madersbacher), Belgium (De Backer) and Spain (Ruiz) and 2 from Industry. This reflects a truly international membership right from the start. Amongst the UK delegates one was from the UK Department of Health and another from the National Research Development Corporation. This support demonstrated the high level of official recognition achieved by the fledgling organisation.

Finally 73 were actually able to register and attend the meeting, with Peter Caldwell nominated President, Shedden Alexander Vice-president and Eric Glen Organising Secretary. The meeting had been organised with the intention of bringing together those people actively engaged in this type of work. It was decided that the meeting should remain as informal as possible. All delegates were sent a number of papers in advance of the meeting to encourage general participation in the discussions. It was intended that this should be the policy for future meetings

It was during the course of the business meeting that it was decided to change the name to the International Continence Society, the original title of "Continent Club" being considered to lack gravitas. An initial suggestion for a name had been "International Incontinence Society". This was rejected overwhelmingly at the first General Meeting in 1971, reflecting the more positive approach of its members. Strictly speaking, therefore, the first meeting of the International Continence Society under its new name was actually held in Paris in 1972. The membership fee at the time of the Exeter meeting was £3 and additional income was obtained from a trade exhibition supported by six commercial companies, some of whose representatives registered for and attended the scientific meeting.

The purpose of the International Continence Society as stated in the minutes of the meeting is "to provide a link for the interchange of ideas and results for clinicians, physicists and biomedical engineers interested in urodynamic studies of the lower urinary tract and in the electrical stimulators employed in treating related disorders."

Delegates came from Belfast, Birmingham, Bristol, Buckingham, Cambridge, Edinburgh, Exeter, Glasgow, Hythe, London, Manchester, Newcastle-upon-Tyne, Sheffield and Sunderland, with overseas participants from Austria, Belgium, Denmark, France, West Germany, Holland, Norway and Switzerland. There were two delegates from North America. Judging by the rapid increase in the number of North American members following the Exeter meeting, the small number attending was due to the speed of organising that meeting. The names of the delegates are listed in the Appendix of this book, together with the titles of the presentations, and the names of the companies are also listed.

The Minutes of the meeting state that 55 attendees 9 countries were represented. However subsequent papers have confirmed there were actually 73 delegates including 10 Industry representatives. Some members were accompanied by wives. The meeting and the social events were all held at the Clarence Hotel which provided the friendly informality which is the aim of the Society, and members continued discussion out with the Conference room, as is the custom today. Long may this tradition continue!

A reception was held at the Exeter Guildhall, an historical building which has been the centre of Exeter civic life for over 800 years. Here, as recently as the 19th century, men were sentenced to death for offences as minor as stealing sheep or cows. Some were even assisted to live in Australia. How times have changed!

Eric and his wife, Patricia, visited the Royal Clarence Hotel and made the arrangements with the manager, including choosing the wine and menu for the excellent first annual dinner at the cost of £4 inclusive of wine!



Eric and Patricia Glen at a subsequent ICS function at the Guildhall, London in 1985.

Mrs Caldwell arranged an excellent social programme for accompanying guests, including a visit to Powderham Castle at a further cost of £1 including entrance fee and a Devonshire cream tea! A further garden party reception was held by the Caldwells in the grounds of their home.

Garden party at Peter Caldwell’s residence in Exeter, 1971



Douglas James

David Rowan

Fred Flack



Alain Rossier (centre), seated and behind him is Peter Caldwell standing

A visit was also made to the Sphincter Research Unit where demonstrations were given of the investigative techniques employed for measuring bladder and urethral pressure, electronic implants and methods used for locating electrodes during surgery.

At the Business Meeting the newly formed Steering Committee members were:-

- Professor Aboulker, Paris
- Mr Caldwell, Exeter
- Mr Glen, Glasgow (Organising Secretary)
- Mr Bates, London (Treasurer)
- Dr Flack, Exeter
- Dr Hald, Copenhagen
- Dr Ivanovici, Leiden
- Mr Turner Warwick, London
- It was decided to meet in Paris the following year, at the invitation of Prof Pierre Aboulker.

Dr E Douglas James

E. Douglas James and Peter Caldwell

Dr Douglas James, University Physicist and Chartered Engineer, was one of the founding members of ICS, and has provided much of the material for this Chapter on the First meeting of ICS. He has also written an appraisal of his aspirations at the time and his achievements since then. These are included in the Archives of the ICS. A biographical sketch is to be found in Chapter 2. The editors wish to express their gratitude for his assistance.



The Clarence Hotel, Exeter, in 2006

.4 LOGO OF THE ICS

The Logo was designed by the Danish organising committee for the Copenhagen meeting, then endorsed by the ICS Standardisation Committee, whose proposal that it be adopted was agreed at the subsequent ICS AGM. Patricia Glen took the photograph of the logo with the members of the Standardisation Committee in Copenhagen.

The logo represented a bladder and urethra in sagittal section, shaded in strips to represent its shape at various stages of emptying, or filling.



Logo at the Standardisation Committee meeting

Left to Right: Derek Griffiths, Hansjorg Melchior, Norman Zinner, Art Sterling, Tage Hald, Eric Glen, David Rowan, Patrick Bates

2. BIOGRAPHICAL SKETCHES

2.1 INTRODUCTION

There is properly no history; only biography

Emerson RW (1803-1882)

The history of any Society is basically about the people who were involved, and who contributed to making the Society what it is today. That means all the members. Each has contributed in different ways. As editors we salute each and all. The term 'society' is derived from the Latin *socius* and implies a group of friends with common goals.

A society is its people.

It is acknowledged that a great many people contributed to the ICS, too numerous to detail here, but who nevertheless added much in the way of depth, experience, and friendship.

In this Chapter the Honorary Members feature first, followed by a selection of other significant contributors. The convenors of annual meetings are mentioned within the summary about each annual meeting.

2.2 HONORARY MEMBERS OF ICS

The AGM in 1991, wished to reserve the honorary membership to those who had made a great contribution to the ICS. The membership asked that the elected officers should decide on any future proposals for honorary membership.

The Honorary Members are listed below according to the date when they received the honour.

2.2.1 PETER CALDWELL Honorary Member 1979

Peter Caldwell was one of the founders of the ICS and hosted its first meeting in Exeter in 1971.



Peter Caldwell (left) and Richard Turner Warwick. Exeter 1971.



KPS Caldwell (left), and staff of the Sphincter Research Unit. Dr Fred Flack from the University Department of Physics is second from the right. On his right is Rosemary Sutton, the Unit's invaluable secretary.

Peter Caldwell was a pioneer general surgeon with an interest in urology. He established a team in Exeter to explore the place for electronic implants, techniques of related surgery, and a combination of simple and complex urodynamic investigations of practical value in the treatment of urinary and faecal incontinence. It was one such interest in Urology that led to the formation of the Exeter Sphincter Research Unit funded by the UK Medical Research Council. Peter Caldwell became aware of the large number of patients attending physiotherapy departments for pelvic floor "faradism" and introduced the concept of internalising electrical stimulation in order to better treat these patients.

This was a joint venture between the hospital and the university initially with Peter Caldwell and Douglas James at the hospital and Fred Flack at the Department of Physics at Exeter university.

He published extensively, including a book "Urinary Incontinence" (Caldwell 1975). At the request of Eric Glen he agreed to preside over and chair the meeting of The Continent Club in 1971. A reception was held in the Exeter Guild Hall, and he hosted a memorable lunch in the magnificent grounds of his home in Exeter.

Eric Glen notes that "during preparatory visits, he introduced me to the local culture of fantastic pub lunches; one venue being a favourite of the senior captain of Cunard's the major shipping line." He arranged the appointment of Eric Glen and David Rowan to a Department of Health working party exploring the development of devices for controlling incontinence.

On his retirement from surgical practice in 1979 he was appointed the first honorary Member of the ICS.

More detail is contained in the Section on The Continent Club. See Chapter 1.3

2.2.2 PIETER DONKER Honorary Member in 1982



Pieter Donker (1914-1999)

Pieter Donker was Professor of Urology in Rotterdam and then in Leiden from 1965 until his retirement in 1979. In an obituary written by Udo Jonas in his honor it is noted that he had served in the Dutch Royal Marines as a Medical Officer and worked as a surgeon in Jakarta. He was awarded a knighthood of Oranje-Nassau.

His contributions to urology were honored by his being made an honorary member of the ICS in 1982, as well as having previously received honorary membership into the Dutch Urological Society and the American Urological Association. He held honorary professorships in Antwerp and several Indonesian Universities. He was the President of the Société Internationale d'Urologie in 1973.

Norm Zinner wrote:

"Pieter had a way of recognizing the good qualities in people and in helping them. In 1971 we met in Aachen, Germany, at an international urodynamics meeting arranged by Professor Wolf Lutzeyer. Pieter was keen to bring urodynamics to Leiden and shortly afterwards offered me the Boerhaave Professorship for the following year. I told him that that while I may have been a good spokesman for the urodynamics work my team had produced, I was a urologist, not a mathematician, physicist, or engineer, and much of the material I presented was the result of work by others who were part of a team I created at the University of Washington. If I were to help develop a urodynamics program in Leiden, some of these associates would be needed. As a result, Pieter extended an invitation to Leiden for Art Sterling, a PhD Chemical Engineer (who went on to remain in Leiden for three years), Rog Ritter, a professor of physics who came for periodic visits, one of which was for three months, and a string of other professors of physics, mathematics, and engineering who each spent from weeks to months adding to this Urodynamic program. During this period, Pieter supported the development of a weekly three hour evening series of lectures and demonstrations given by these "guests" of his that were regularly attended by urologists from all over the Netherlands, Western Germany, and Northern Belgium. In doing this much of what was then modern urodynamics physical principles was introduced to this part of Europe.

“It was Pieter’s foresight to invite someone from outside The Netherlands to be in residence and start a urodynamics program in Leiden based on physical principles as they applied to the urinary tract.”

Pieter’s interests were quite broad: one of them concerned the innervation of the bladder and pelvis. By a coincidence Pieter met Prof Patrick Walsh, Professor of Urology at Johns Hopkins University at a meeting in the United States in 1977 and as a result, the following year, Pat invited one of Pieter’s residents, Jaab Zwartendijk to serve a one-year fellowship at Hopkins. Then, 4 years after their first meeting a remarkable chain of events occurred while Walsh was a visiting professor in Leiden. (Walsh PC 2007).

In this manuscript, Pat Walsh wrote:

“On February 13, 1981, my 43rd birthday, (at a meeting in Leiden, the Netherlands) my host Professor Udo Jonas offered a tour of Leiden, and because of my friendship with Pieter Donker he asked Pieter to be my guide. Had it not been for that dinner 4 years earlier we would have never met and this opportunity would have been missed.

“Pieter offered to show me the windmill museums, the canals and other local sights. However, I was interested in what he was doing now that he had retired, and when he told me that he was working in the anatomy laboratory I said that I would like to see what he was doing, without any idea of the connection between his work and my interest. In the basement of the anatomy building Pieter took out an infant cadaver, a dissecting microscope and his drawings. When I asked why he was dissecting out the nerves to the bladder, he stated that this had never been done successfully before, and when I asked why he was using the infant cadaver, he said that this was the best model, avoiding the (sic) complications with the use of adult cadavers. In studying his drawings I asked about the location of the branches to the corpora cavernosa. He stated that he had never looked. Three hours later both of us could see that the cavernous nerves were located outside the capsule and fascia of the prostate.” This shows “how important discoveries can have humble beginnings.”

“During the next year” Pat Walsh continues, “Pieter continued to perform dissections and I once again used the operating room as an anatomy laboratory. Based upon the findings in the infant cadaver we had a schematic diagram of where the nerves were located, but no landmarks to identify their location in the adult male pelvis. In the operating room I noticed that there was a cluster of vessels, the capsular arteries and veins of the prostate that traveled in this exact location. In March, 1982 I met with Pieter to review our results, and he agreed with my suggestion that these vessels provided the scaffolding for the nerves and that the neurovascular bundle could be used as the macroscopic landmark to identify them during surgery”

Norman Zinner wrote:

“By making these different experiences with others mean so much, by his ability to grow and learn from chance encounters, by being able to stimulate those around him, and by being able to influence the world of science and medicine in so many ways, Pieter Donker has played an important role in the development and growth of the International Continence Society and was elected as one of the relatively few Honorary Members of The ICS. He was a remarkable man. He had only one lung. He had had TB years earlier and this limited his endurance but he worked tirelessly nonetheless.”

Norman further writes: “I would like to tell one on Pieter that I know he would like. As an American I was used to informality. Those of us who worked together were all on a first name basis. This was not the case in The Netherlands. When first arriving in to Leiden I asked his secretary to tell me Professor Donker’s name and what did others call him. His secretary seemed astonished and said that she didn’t know. ‘No one calls him by his first name. He is a professor’, I responded by saying, ‘I am a professor too so please tell me his first name’. She said his name is Pieter and I called him

Pieter. He immediately took to that and during the course of this year in Leiden, everyone within his department became on a first name basis. This is, in a way, a tribute to Pieter's open-mindedness and capacity for change"

Obituaries by Udo Jonas and by J Zwartendyjk are held in the Society Archives.

2.2.3 PETER GAMMELGAARD Honorary Member in 1983.



Peter Gammelgaard established the first specialized department of urology in Denmark at Gentofte Hospital. He published on topics of cardiac embryology, blood group antigens and vascular disease, and endocrinology as well as urology. He traveled widely and the contacts made proved helpful to junior colleagues in their gaining positions and in collaborations.

He was an erudite genial and generous host, both in the run up to the Continent Club and at the 3rd ICS meeting in Copenhagen in 1973, for which he was convenor. It was obvious he held Tage Hald in high regard, and was very supportive throughout. During the early stages he and his wife entertained members of the organizing committee in his home, which had a delightful driveway, lined by candlelight in the early evening.

He is remembered as a great man with an international reputation for his personal knowledge and skills, wisdom and great warmth, and who gave considerable support to the formation and subsequent activities of the ICS.

2.2.4 ERIC GLEN Honorary Member 1985



Eric Glen practiced as a urologist in Glasgow and was the instigator and one of the significant founding members of ICS and its first Honorary Secretary. As will be seen in the section on the Beginnings of ICS, leading up to its formation he played a prominent role in stimulating interest in establishing the new Society. Eric had preliminary meetings with Pierre Aboulker in Paris, Peter Gammelgaard in Copenhagen and Peter Caldwell in Exeter in which he discussed the feasibility and desirability of creating "a Continent Club". With their support and encouragement Eric convened the first ICS Meeting in 1971. It is no surprise that the first three meetings were held in Exeter, Paris and Copenhagen.

In the early years, the "ICS Office" consisted of Eric and David Rowan with occasional input from Patrick Bates. They had little or no secretarial support. Their greatest expenditure was in giving their time and effort. Eric insisted that the membership subscription and meeting registration costs should be as low as possible to encourage young and low paid members. He recognised that young members were essential to the health of the Society and that having a broadly based multidisciplinary membership would enhance the quality of our annual meetings

Eric served as the Honorary Secretary for the first 15 years of the Society until 1985. Eric recalls that Saul Boyarsky said to him "Eric, don't you think you are too young to be an honorary?" This was in the early days when the designation of "honorary secretary", in the UK was in the sense of being unpaid. Obviously US terminology was different.

Eric had a unique style in managing the ICS from the back seat. He did not allow his ego to get in the way of listening to others; he avoided any criticism of seeking power or self aggrandisement. He "ruled" by not "ruling" – always letting others take the limelight, presiding quietly but firmly, and except when absolutely necessary, letting others have the floor. Everyone knew he was in charge but he reminded no one. And there was harmony. This is a true leader and I for one admire him greatly," said Norman Zinner.

When Eric announced to the Innsbruck meeting in 1984 his intention to retire, he was subjected to heavy pressure from all to reverse his decision. However, characteristically his decision had been fully considered and ultimately his decision was accepted with regret.

David Rowan wrote:

"I know that we were criticised in some quarters for our 'parsimonious organisation'. However no one can deny that Eric's approach clearly produced dividends. Each year our membership increased. Before he retired Eric ensured that the Society had a solid base consisting both of young and experienced members from a wide range of disciplines. I believe that it was only by establishing this strong foundation that the Society was able to expand into its present complex structure."

At the ICS meeting in London in 1985 when Eric retired as Hon General Secretary Stuart Stanton thanked Eric on behalf of ICS membership for all the work he had put in over the preceding 15 years and these remarks were echoed by the whole meeting.

Honorary membership of ICS was conferred on Eric Glen at the AGM in London in 1985 following a proposal by Helmut Madersbacher. This proposal was seconded and approved with a standing ovation to Eric, in recognition of all the splendid work he did in initiating the foundation of the ICS and in maintaining it afterwards. At the Annual Dinner in 1985, Richard Turner Warwick gave a heart-felt oration for Eric Glen prior to a presentation on behalf of the Society.

Eric noted: "The London meeting was spectacular and the farewell I was given as departing general Secretary at the Annual General Meeting in the Guildhall is vivid in my memory, especially Tage Hald's comments before inviting participants to stand to drink a toast to me."



A standing ovation

Eric Glen's retirement as Honorary Secretary of ICS, and the award to him of Honorary Membership

Left to right: Prof John Brocklehurst, Joan Whiteside, Eric Glen, Margaret Turner-Warwick, Paul Abrams

His inimitable Scottish style and wit together with honorary Treasurer Patrick Bates' rather nonchalant attitude served the Society well in its early years. Eric's pleasant and friendly disposition was welcoming to new members. Often the Minutes would record his open invitation to members visiting Glasgow where a warm welcome would await.

Paul Abrams noted in the newsletter in 1986 that throughout his tenure he guided the society, ensuring its continued informality, splendid social atmosphere and high standard of scientific presentation. His leadership has always been unobtrusive and Paul expressed his hope to be able to emulate Eric in this regard, during his tenure.

His term of office as Honorary Secretary has seen the Society develop from a small group of enthusiasts to a highly respected major international scientific society.

The Society owes Eric a huge debt of gratitude. He has been a major contributor to the production and documentation of this History of the ICS.



Eric Glen was given a handsome claret jug with silver top and handle, and an inscribed silver plate, when he became an Honorary member in 1985 in recognition of his services to ICS. Correct dates should read 1971-1985.



Activities outside the ICS:

Following a spell as a ship surgeon with the Royal Fleet Auxiliary, based in Singapore, publications included contributions in books, numerous papers on urodynamics, urology and computer applications. Former offices and activities: Director Continence Resource Centre and Helpline for Scotland, Honorary Senior Clinical Lecturer, University of Glasgow, member Panel of Examiners,

Royal College of Physicians and Surgeons of Glasgow, member of BA US Urological Audit Working Party, member of numerous local and national working parties on urology and promotion of continence. Contributor to the Scottish Clinical Resource Assessment Group (CRAG). Presented review of developments in urology to the Chief Scientist's Committee, Scotland. National panellist in Urology, Scotland. Chairman of Area Medical Committee, Greater Glasgow Health Board. Visiting lecturer Kuwait Department of Health. Presentations at McMaster University and Mayo Clinic. Principal participant in two TV and three Radio health promotion programmes, on UK National networks. Professore Visitore, Università degli Studi di Pavia.

2.2.5 AXEL INGELMAN-SUNDBERG



Stuart Stanton wrote the following commentary.

Axel Ingelman-Sundberg was Chairman of the Department of Obstetrics and Gynaecology at the Karolinska Institute, Sabbatsberg Hospital (Stockholm) and amongst his well known protégés were Ulf Ulmsten and Mogens Asmussen. He had many honours including an Honorary Fellowship in Chile, Peru and Brazil and Membership of the South African Society of Obstetrics and Gynaecology (1968) and Honorary Fellowship of the Royal College of Obstetricians and Gynaecologists (1970).

In 1975 at one of the triennial meetings of FIGO (Federation Internationale Gynaecology Obstetrics) in Mexico, he convened a meeting of interested parties to found the International Urogynaecological Association.

He wrote and co-authored many books including the first edition of *A Child Is Born*. He also wrote a chapter for the first edition of *Surgery Female Incontinence*, which Stuart Stanton edited with Emil Tanagho in 1980, on bladder denervation which was one of Axel's claims to fame and for a while was a standard operation for urge incontinence! Stuart wrote: "He was a delightful man without any airs and graces who was helpful and friendly and married to Mirjam Furuholm, a very entertaining lady endocrinologist."

He was active in organising the ICS meeting in Lund in 1981, with Torsten Sundin.

He died in 2010 at the age of 99.

2.2.6 DAVID ROWAN Honorary Member 1990



David Rowan, dressed for a carnival party.

David Rowan was a founder member of ICS and was Membership Secretary 1975 – 90. On his retirement in 1990 he was made an Honorary Member.

Around 1969-70, Eric Glen sought the help of the then Western Regional Department of Clinical Physics and Bioengineering to explore techniques to investigate the causes of incontinence and the effects of electrical stimulation in its treatment. This was the start of a close collaboration with David Rowan. Previously, David, a bioengineer, had worked with Shedden Alexander, a general surgeon in Glasgow, who for a time was interested in treating incontinence by stimulation.

David was an active member of the ICS, subsequently being elected to be Membership Secretary in 1975 at the AGM in Glasgow. Until then, Patrick Bates, Treasurer, was responsible for the Membership Records, but was finding this particular task increasingly burdensome. David held the post until 1990, when he handed over to Werner Schaefer. Throughout he was meticulous in maintaining an accurate membership list and in producing his audited subscription accounts, without secretarial or other clerical support. David's reports during his unbroken record of attending the many AGMs were clear, concise, and detailed. On occasion, he also presented the Treasurer's report when Patrick Bates was unable to stay for the AGM.

In 1985, as the membership numbers significantly increased, members at the AGM agreed to purchase a computer system for membership administration. David had developed software using in-house microcomputers, but was now enabled, without clerical assistance, to provide a comprehensive Membership Directory, a detailed record of subscriptions paid, a library of standardised form letters, a detailed statement of annual expenditure to the auditors, and a continuously updated Membership List for each Chairman to assist in the organisation of subsequent

Annual General Meetings. In July 1990, David transferred the computer system and its software to Werner Schaefer, spending two days with him in Aachen demonstrating how the system functioned. This provided a valuable seamless transfer of information.

For many years, David was an active and valued member of the Standardisation Committee. He and Eric Glen formed a close knit team both in the running of ICS, including being travelling companions to the many meetings, and in the establishment of the first specialist referral urodynamic service in Scotland.

Shortly after the inauguration of the ICS, Peter Caldwell arranged for David and Eric to be invited to join a Department of Health working party exploring the development of devices for the control of incontinence.

David produced regular bibliographies for ICS covering the years 1961-89, initially in the Incontinence Reporter published by Vitalograph, Buckingham, England, and subsequently in Uro-Lit published by Dantec, Copenhagen (1-9). These were a valuable resource and were sent to all ICS members.

He was quietly efficient and produced valuable guidelines on how to improve the quality of lecture slides to be used in ICS meetings, especially if dual projection was being employed. His humility was impressive and he never imposed his views on others.

David also revealed unsuspected skills on the dance floor at several ICS functions.

He was elected to honorary membership when he left office as Membership Secretary in 1990 at the 20th Annual General Meeting in Aarhus.

Altogether, a worthy holder of honorary membership of ICS.

2.2.7 PATRICK BATES Honorary member 2000

Patrick Bates was a founder member of the ICS and was its first Treasurer and held this office for 28 years from 1971 until 1999 when Jean-Jacques Wyndaele took over. His Treasurer's Report at the ICS AGM was always brief and usually only the bottom line was stated. So long as the books were in positive state and the fees remained unchanged, that was more than enough for most ICS members. Fees were kept low so as to encourage nurses and scientists to be able to come and learn and contribute.

Patrick was the first Urological Research Fellow in Richard Turner-Warwick's Unit at the Middlesex Hospital from 1969-1972. They used simultaneous subtraction of the abdominal pressure record from the total intravesical pressure to give a derived curve of the intrinsic detrusor pressure. This proved very useful in identifying the significance of rises in the total bladder pressure due to coughing, moving, or talking.

He introduced to clinical evaluations the mixing of images with pressure flow electronically with the assistance of a technician from the BBC. Initially the records were kept on cine film, but video was introduced in 1970 and this proved much more satisfactory.

The description of the techniques used at the Middlesex was published by Bates et al (1971).

The first mention of the terms stable and unstable detrusor was by Talbot in 1948 but Bates and the Middlesex group popularised the term 'unstable bladder, and detrusor instability' to refer to involuntary detrusor contractions during the filling stage of cystometry in the absence of

neurological disease. This term was in use until 2002, when the Standardisation Committee of the ICS changed the term to idiopathic detrusor overactivity.

Bates gave a Hunterian Lecture at the Royal College of Surgeons of England, on *Continence and Incontinence* summarising the results of his studies in 1970. Ann RCS Eng 49: 18-35.

Patrick went to Christchurch NZ in 1995 as a locum consultant urologist for 3 months. His English accent and demeanor, pipe smoking habit since relinquished, impressed our down to earth urology female receptionists and earned him the title of the "Squire of Nottingham".



He was appointed an Honorary Member in 2000.



Patrick Bates in his award-winning garden.

He is a very keen gardener and his garden in Nottingham was featured in the prestigious British magazine, *Country Life* and the national media during one of the national open days.

2.2.8 TAGE HALD Honorary Member 2000

A Tribute from Paul Abrams:

Excerpted from the proceedings of the 2nd ICI in Paris, in 2001, with permission.

“Even before his graduation he had an international reputation representing Denmark as a freestyle swimmer. He had spent a good deal of time studying languages to a high level. Indeed his appointment as Chairman of the Standardisation Committee of the International Continence Society owed much to the fact that he spoke and certainly wrote better grammatical English than most native English speakers!

After graduation from the University of Copenhagen, he spent a year as a research fellow at New York State University and in 1969 was awarded a Doctorate in Medical Science for his thesis on “Neurogenic dysfunction of the Urinary Bladder”. His collaborations with the late lamented Bill Bradley, an American Neurologist were recognised worldwide as of the highest quality and culminated in publishing of their book on Neurourology.

As chairman of urology and from 1985 as Professor of Surgery at the University of Copenhagen succeeding his mentor Prof Peter Gammelgaard, he developed a department of exceptional quality and with his colleagues put Scandinavian urology in general and Danish urology in particular, on the map.

His early interest in Neurourology brought him into the field of incontinence and urodynamics at its infancy in the late 1960's. His knowledge and authority led to him and his co-workers having a considerable influence during this important development phase of this new field of investigation and treatment. He was a founder member of the ICS when it met in Exeter in 1971. In urodynamics he worked with a small Danish company to build urodynamic equipment of the highest quality, now a leader in this field.

As the first Chairman of the Standardisation Committee of the ICS he provided the foundations on which a new method of investigation could develop quickly and become accepted worldwide within a relatively short time. Much was achieved by the combination of hard work, and convivial relaxation at many committee meetings in many places. He supervised the publication of the first

standardisation reports and remained chair until his protégé Jens Thorup Andersen succeeded him in 1986.

Tage Hald has been honoured many times in his own country and abroad. He has been President of both the Danish Urological Association (1978-82) and the Danish Surgical Society (1986-90). His eloquence as a speaker and his dexterity as a surgeon meant numerous visiting professorships worldwide, awards, and honorary membership of surgical and scientific societies.

Later he took a particular interest in the effects of ageing on the lower urinary tract and chaired a committee on that topic in the successive WHO consultations on BPH. With the ageing populations in all countries, this topic will assume increasing importance and it is typical of Tage Hald that he had the foresight to appreciate its significance more than 10 years earlier.

He was appropriately honored as the President of the 2nd International Consultation on Incontinence in 2001.

He retired in 1999 in order to devote more time to his family and to golf. Eric Glen recalls a game of golf. "During a committee meeting, a group of us including Art Sterling, David Rowan and Hansjorg Melchior, took time out for what was intended to be a round of golf at a links course called Gales - an appropriate name with a different spelling. On the first tee, our tees were inserted at an angle of 45 degrees, to allow the gale force wind to hold the ball in place. On reaching, and due to the wind, overshooting the green, we found that the driving rain and hail prevented us from seeing the ball. We beat a hasty retreat to the hotel where I had installed Tage in a suite appropriate to his status as chairman (an unusual luxury for the committee, but it was a special offer!). There we established a putting area in his room, much to the amusement of the Highland waitress who, delivering sandwiches, simply said "Ah, I see you are at the putting" as if this was the most natural thing in the world."

When he retired from the Chair of the standardisation committee in 1983, Eric Glen paid tribute to him for his sterling efforts over the years, and the hope was expressed that he would soon recover from the stresses imposed by his Committee, the arduous meetings and the aggressive discussions at the AGM. "His resilience was never in doubt!"

Eric Glen wrote later: I was saddened to hear about the death of Tage Hald. He and I went back a long way. We met in Copenhagen when we were both in our final stages of training. I was on a study tour of centres involved in the use of electrical stimulators in the management of incontinence. Arriving from a seminal visit to Professor Aboulker in Paris (whose comment about club ties triggered the establishment of the ICS (Abrams, P 1993), Tage and his chief, Professor Gammelgaard, gave me a warm welcome, typical of Denmark. Tage and I formed a relationship that was to last many years.

In their obituary about him, Jorgen Nordling and Jens-Thorup Andersen added:

"He was awarded the Gregoir Medal by European Association of Urology in 1999.

As a senior registrar he established a urodynamic laboratory in 1969, one of the first in the world. He was a warm and sometimes temperamental teacher and tutor loved and admired by his pupils for his enormous knowledge his never failing helpfulness and his constructive fantasy. His contribution to science and medical understanding was impressive. Today we all appreciate Tage Hald's rings, constructed to help in the understanding of 'clinical BPH', which was one of his numerous contributions to clarify our concepts and definitions in continuation of the work he started in the standardisation committee."



Tage Hald sharing a joke with Patrick Bates at a dinner



Tage Hald with the silver salver presented to him in Tampere in 2000 on the occasion of conferment of Honorary Membership of the ICS.

2.2.9 GUUS KRAMER Honorary Member 2007

During the Gala Dinner on August 23, 2007 Guus Kramer (engineer) was appointed as an honorary member of the ICS in recognition of his many important contributions over a long period of time.



Annual Scientific meetings

He played a crucial role in the organisation of 4 different ICS annual meetings, a record unlikely to be beaten:

1982 Leiden as the right hand man of Udo Jonas.

1991 Hanover (as the meeting chair), at short notice when the venue of the meeting had to change for political reasons.

2002 Heidelberg He was the scientific chairman for the meeting convened by Manfred Stohrer

2007 Rotterdam (as treasurer of the organising committee).



Guus Kramer

Member of ICS Committees

He has served on the Standardisation Committee of the ICS, and as non-clinical representative on the Scientific Committee. He played an important role as co-chairman of the *ad hoc* Constitutional Review Committee of ICS, 2006-8.

Scientific Facilitator to the Scientific Committee.

For 5 years 2004-2009 Guus held the inaugural position of scientific facilitator of the ICS scientific committee to cope with the expanding numbers of papers offered for presentation at the annual meetings. He played an important role in the logistics and the quality of the scientific committee meeting. In fact the person in this position was the only one who read all the abstracts that are submitted for the annual meeting to ensure compliance with guidelines and quality.



Left to right: Erik Schick, Guus Kramer, Scientific Facilitator, and Jacques Corcos at the Montreal ICS in 2005

Eric Glen recalled that "In addition to his major achievements, Guus showed a lighter touch during social events. For example, at one ICS dinner, entertainment was provided by an excellent cabaret singer, who incorporated in her song, comment about various senior members as she circled our table. However, Guus, who was smoking a cigar (still permitted in those days), teased her by blowing smoke at her each time she approached him. This talented girl enjoyed the challenge and kept returning to him, but eventually admitted defeat with an amused smile."



Guus Kramer during the singing of “Hey big spender”. ICS Leiden 1982

2.2.10 PAUL ABRAMS Honorary Member 2010 (To be conferred in 2011)



Prof Paul Abrams

Paul Abrams served energetically as General Secretary of ICS for 18 years from 1985-2003. He is well known by the majority of members, and for that time he was the central figure and spokesperson for the ICS.

His achievements are many.

Paul Abrams is considered one of the world's leading experts in the field of urology. He is currently Professor of Urology and Consultant Urological Surgeon at the Bristol Urological Institute, Southmead Hospital, Bristol.

Professor Abrams received his MB ChB in 1970 from Sheffield University Medical School, was appointed a Fellow of the Royal College of Surgeons in 1974, received his MD from Bristol in 1977

and was accredited in Urology in 1981. He was also a Nuffield Travelling Scholar to Hong Kong (1968), Education Officer for the British Medical Student Association (1968 – 1969) and President of the Sheffield Medical Society (1969 – 1970).

In addition to holding the Chair of Urology at the University of Bristol, he has been and remains one of the leading experts in the field of lower urinary tract function, and has contributed extensively in research in basic urodynamics, in medication trials, and in the development of instruments to measure quality of life. Under his leadership the School of urodynamics in ICS was established and this was aimed at education and the maintenance of high quality standards of urodynamic studies.

An invited speaker at meetings in over 30 countries, he has lectured and presented at all the major international urological symposia. He has contributed chapters to more than 30 academic books and has produced over 200 journal articles and published abstracts. The second edition of his book “Urodynamics” was published in 1997 and has been translated into several European languages and into Chinese.

He had been active in the standardisation efforts of the ICS.

He chaired the scientific committee for the ICS annual meeting in Bristol in 1987, and has attended most ICS Annual Scientific Meetings since the beginning.

He serves on the Editorial Board of the Neurourology and Urodynamics Journal, which is the official organ of the ICS, and on editorial boards of several other journals. He was involved in the establishment and organisation of the Bristol Urology Institute, and of the Section of Female and Reconstructive Urology of the British Association of Urological Surgeons. He is an active Board member of the European Association of Urology. He has served as advisor to National Institute for health and Clinical Excellence (NICE) Interventional Procedures Advisory Committee in UK, to the American Association for Healthcare Policy and Research, to the FDA in USA, and to many others.

He has co-chaired with Linda Cardozo, Said Khoury, and Alan Wein, four highly successful International Consultations on Incontinence, as a part of the International Consultation on Urological Diseases (ICUD), and sponsored by the Société Internationale d’Urologie. Each has chapters of in-depth topic reviews by a panel of experts and includes levels of evidence and what future research is needed to pursue these. The ICI-Research Society instigated by him and his colleagues above, was established in 2008 to progress these identified research initiatives.

He has traveled widely and held visiting professorships in many countries. He has a very significant international stature. His contributions to the ICS and its members are many and significant. The ICS owes him a great deal for his breadth of vision, ability to think on his feet and personal wisdom and generosity. These were of great benefit to the ICS over many years.

Paul achieved much during his 18 year stewardship of the ICS. He was and remains a leader in urodynamics and will be long remembered for his accomplishments.

His wife Kirsten is the daughter of Bjorn Klevmark, Professor of Urology in Oslo: a pioneer in urodynamics in his own right, and an active member of ICS for many years.



Paul Abrams and his wife Kirsten Klevmark

Paul will be the first recipient of the Life-time Achievement Award of the ICS 2010, to be conferred at the annual meeting in Glasgow in 2011.

2.2.11 WALTER ARTIBANI Honorary member of ICS 2010 (to be conferred in 2011)



Prof Walter Artibani

Professor Walter Artibani was the General Secretary of ICS from 2003-2007

He is the Professor of Urology and head of the Department at the University of Padova, Italy. His interests are in functional urology (urinary incontinence, pelvic floor disorders and outflow obstruction) and reconstructive surgery (urinary diversion and pelvic floor surgery).

He is particularly interested in urological applications of evidence based medicine, quality control and continuous professional development.

He is member of several scientific societies: European Urological Association, International Continence Society, Urodynamics Society, Société Internationale d'Urologie, American Urological Association (corresponding member), Italian Urological Society, Italian Urodynamics Society.

He was President of the Italian Urodynamics Society twice from 1989 to 1994.

He is Editor-in-chief of the journal "Urologica, Neurourology, Continence and pelvic floor".

He was President of the European Board of Urology (2002-2004).

He was member of the Scientific Committee of the European Urological Association (1994-2000) and of the board of the European School of Urology (2000-2003). Since 2004 he has been chairman of the Regulatory Affairs Office of the European Association of Urology.

He convened the very successful ICS meeting in Florence in 2003. He served on several ICS committees in particular the Scientific Committee for 3 years.

In Christchurch in 2006 the membership accepted his proposal to establish an *ad hoc* Constitutional Review Committee under the co-leadership of Ted Arnold and Guus Kramer, in order to address political issues that had arisen within the previous few years. See Chapter 5.6. This unrest within ICS proved a difficult challenge for all concerned. Walter resigned as General Secretary in 2007. He went on to become Adjunct Secretary-General of the European Association of Urology, later that year.

The interest in documenting the History of ICS was first initiated by Walter, and communicated to the editors on the steps of the Palais de Versailles, while sipping pre-dinner drinks before the Gala Dinner in the Orangerie at the ICS/IUGA meeting in Paris in 2004. Who could resist under such circumstances?

2.3 OTHER MAJOR CONTRIBUTORS

Some other major contributors to ICS over the years are listed below, in alphabetical order.

.1 TED ARNOLD



Walter Artibani, the prime instigator of the ICS History project,
and Ted Arnold at ICS in Christchurch 2006

A graduate of the University of New Zealand in 1960, Ted's first contribution to ICS activities was in 1972, when he gave a paper "Cystometry: The Influence of Posture" at the Paris Meeting. He was working at the Middlesex Hospital at that time as a Urology Research Fellow with Richard Turner Warwick (RTW), an association that has lasted to this day. His experience at the Middlesex, St. Paul's Hospital and the Institute of Urology culminated in the attainment of a PhD from the University of London on bladder responses to outlet obstruction. He had the novel experience of the interview examination being held in a hotel room during the Los Angeles meeting in 1980, conducted by his prior mentor RTW and former colleague and lasting friend, Patrick Bates. Truly an internationalist!

Ted joined the ICS in 1972, attending 10 of the first 19 meetings, and all meetings since 1990, an impressive 30 of the first 40 meetings despite the considerable logistics of travel from New Zealand.

Returning to New Zealand in 1973 as Associate Professor of Urology at the University of Otago, Ted established the first urodynamic unit in New Zealand. He travels widely as an invited speaker, particularly in Japan. He has had a close connection with the Japanese Neurogenic Bladder Society, the International Consultation on Interstitial Cystitis in Japan, and with the Taiwan Continence Society. He has also spent 5 years as a part-time Surgical Tutor at the Fiji School of Medicine in Suva.

Activities within ICS:

Chair of the Scientific Committee 1995, and a member of that committee 1994 - 96.

Convenor of ICS Meeting in Christchurch 2006.

Member of ICS Advisory Board 2004 - 2008.

Co-chair with Guus Kramer of the ad hoc Constitution Review Committee 2006 - 2008. When in 2005 - 06, an internal discussion about structure and governance of the ICS led to some growing dispute, Ted with his authority and international experience was the obvious choice to chair the ad hoc Constitution Review Committee 2006 - 2008, with co-chair Guus Kramer. Ted's experience with a variety of societies and charities around the globe, the deep trust of all sides in his balanced views and consensual approach, combined with diplomacy, formed the foundation of the new constitution, leading towards resolution of the previous difficulties.

Member of Ethics Committee 2003 - 2008.

Trustee of ICS elected for 3 years from 2008.

Ted was Lead Editor of this History of ICS, with co-editors Eric Glen and Norm Zinner.

Other positions held include:

Chairman of the Board of Urology of the Royal Australasian College of Surgeons, and Examiner in Urology.

President of the Urological Society of Australasia 1995, subsequently appointed Fellow.

Executive Member of New Zealand Continence Association.

Member Editorial Board, British Journal of Urology for several years, and member of the Editorial Board of LUTS Journal.

Honorary Member, British Association of Urological Surgeons.

Holder of the BAUS St Paul's Medal.

Ted classifies himself as "semi-retired, but not very good at it". His continuing workload and range of activities would exhaust many much younger colleagues.

He relishes the renewing friendship and camaraderie of ICS meetings, and enjoys the company of so many experts from such a wide range of disciplines; a convivial and much travelled fellow who

continues to give much to the ICS. Well known, well respected, and very much liked in the ICS, he still manages to keep himself always in the background.

.2 LINDA CARDOZO



Jerzy Gajewski, Ron van Mastrigt, John Downie, Linda Cardozo

Linda did her initial research and training in urogynaecology with Stuart Stanton at St George's hospital in London, from which she obtained an MD in 1979. She has been a prolific contributor to the ICS meetings since she first joined in 1977.

She established a research urogynaecology Unit at King's College, London and has attracted a large number of post-graduate students who undertook theses under her tutelage. She has had a significant interest in medication trials, developed the well known and widely used King's College Health Questionnaire relating to women with incontinence. She has been a co-convenor on the highly successful International Consultations on Incontinence with Paul Abrams, Alan Wein and Saad Khoury.

She is a Trustee of the Bladder and Bowel Foundation UK. She is on the Editorial Board of several international journals, and has published over 330 papers in the world literature on urogynaecology, and contributed in 122 chapters of textbooks on urogynaecology topics.

She has contributed enormously to the running of the ICS being a Trustee, and member of the Executive committee. She also initiated the ICS Education Committee and served as its inaugural Chair for 6 years. She has an international reputation and been a visiting professor in several countries. She has no second as a public speaker.

As a result of political issues in 2005-2007 she withdrew from much of the affairs of the Society while continuing her dedication to her clinical work and research, and to contributing to the scientific endeavours of ICS. She made significant contributions in time, energy and vision to ICS over many years.



Paul Abrams and Linda Cardozo at the ICS in Portoroz in 1977

.3 CHRIS CHAPPLE

Professor Christopher Chapple is a Consultant Urological Surgeon at Sheffield Teaching Hospitals and visiting professor at Sheffield Hallam University. He has a particular interest in Functional Reconstruction of the Lower Urinary Tract and the underlying pharmacological control mechanisms. He is Past Director of the European School of Urology and an Adjunct Secretary General to the European Association of Urology.



Prof Chris Chapple

Chris Chapple trained in Urology at the Middlesex Hospital with Richard Turner Warwick, and was Senior Registrar and then the Urology Research Fellow there, where he completed his doctorate thesis on Pharmacological Control Mechanisms in the Lower Urinary Tract. His sub-specialist training was at the Middlesex Hospital and Institute of Urology in London. He provides a tertiary service in lower urinary tract reconstructive surgery. His interests include functional and reconstructive surgery, and smooth muscle receptors and transmitters.

A urologist with an international reputation, he is an active member of many international urological associations and societies including the British Association of Urological Surgeons, the European Association of Urology, the International Continence Society, the Royal Society of Medicine, The British Medical Association and the Association of Academic European Urologists and the American Association of Genitourinary Surgeons. He was the first Chair of the Publications Committee of ICS established in 2004, until he relinquished this post to become Editor-in-Chief of the journal *Neurourology and Urodynamics* in 2006. He also serves on the editorial board of several journals including the *British Journal of Urology*, *European Urology*, *Surgery* and *Current Opinion in Urology*.

Professor Chapple has co-authored over 300 articles in peer-reviewed Journals and has written several books and a number of book chapters.

.4 JACQUES CORCOS



General Secretary: 2008-2011.

Jacques Corcos is the General Secretary of ICS at the time of writing this Book, having been elected in 2008. He was born in France and educated in Montpellier. As a volunteer he assisted in training programs in Morocco, Mexico, Cambodia and China before moving to Canada where he is Professor of Urology at McGill University and the Jewish General Hospital, Montreal.

He has travelled widely, has an international reputation particularly in the area of neurogenic bladder dysfunction, and has written many articles and books on this topic and its management.

He has served on the scientific committee of ICS, and was a member of the ICS Advisory Board since 2001, Chair of the Neuro-urology Committee and a member of the ICS ethics committee and of the Constitution Review Committee (CRC). During this time the committee established an ICS Neurourology promotion fellowship and his department hosted the first of the Fellows. He has been active in promoting education and research in developing countries.

He was the Convenor of the ICS meeting in Montreal in 2005, which was a large and successful meeting in terms of the science and the funding support.

He serves on the editorial Board of the ICS official journal, *Neurourology and Urodynamics*, and several other journals.

As General Secretary he has overseen the constitutional changes needed following some political unrest in the Society. He proposed a 3 year Strategic plan for the future of ICS and the Board is working through this at the time of writing. He established taskforces in Governance, Meetings, Scientific Quality, Industry Relations, and Fellowships and Awards, to advise the Board of Trustees.

.5 DEREK GRIFFITHS



Derek Griffiths receiving the prize from General Secretary Walter Artibani for the best scientific paper at ICS in 2006

Derek earned his PhD in physics at the University of Exeter, and regularly commuted to the Middlesex Hospital in London in the early 1970's, where he analysed many urodynamic studies and collaborated with the Urology Research Fellows Patrick Bates and subsequently, Ted Arnold.

Derek established a productive cooperation with Paul Abrams in Bristol.

He studied pressure and flow in elastic tubes and wrote a book on the '*Urodynamics: the mechanics and hydrodynamics of the lower urinary tract*' (1980)

He helped to refine the urethral resistance into concepts relating to the urethra and the bladder: the Urethral Resistance Relation and the Bladder Output Relation to describe the biomechanical balance during voiding. In collaboration with Paul Abrams they developed the well-known Abrams-Griffiths nomogram, in defining whether a slow flow rate indicated obstruction or poor detrusor contractility.

He moved to the Erasmus Hospital in Rotterdam to the Clinical Physics Department working with Ron Van Mastrigt and others, before moving again, to Edmonton, Canada. He held joint appointments there and in Pittsburgh latterly working in the brain imaging field.

From 1977 to 1987, while working in the Academic Hospital and the Erasmus University in Rotterdam, he made important contributions to basic and clinical urodynamics. When he moved to Rotterdam he already was well known for his description of the principle of the "collapsible tube"

which is crucial for the understanding of “subvesical obstruction”. He developed the bladder contractility parameter $W_{(max)}$ and the urethral resistance parameter URA. These parameters could be expressed on a continuous scale, unlike the categorical Abrams-Griffiths nomogram and the Schäfer-grades.

Derek Griffiths and Roel Scholtmeijer, a pediatric urologist from Rotterdam, described the association between detrusor instability (overactivity) and vesico-ureteric reflux (VUR) in children. VUR could now be categorized in two entities: active and passive reflux. This had important implications for the choice of treatment.

Derek Griffiths served on several ICS standardization committees and as a basic scientist on the scientific committee on several occasions.

He has clarity of thought and could explain difficult physics concepts to clinicians- not an easy task. He has taught regularly in courses aimed to improve the standard of urodynamic studies all around the world. Through an interest in children with enuresis and voiding dysfunction and subsequently with geriatric patients and incontinence, he went on to focus on central neuro-physiological tests and in particular functional MRI studies, in patients with lower urinary tract symptoms.

He has been a regular contributor at ICS meetings.

Doug James recalls that Derek used to make cine films for recording the urinary flow in male patients using an 8.5 mm movie camera. The film was sent to Kodak for developing. On one occasion a film was returned which was of someone’s family outing. The peeing cine film must have come as a surprise to a family sitting down for a night’s viewing!

His contribution to understanding and to the ICS has been enormous.

The editors are grateful to Ruud Bosch who contributed to developing this abstract.

.6 E DOUGLAS JAMES



Douglas James explaining the compact measuring and investigation trolley.

Exeter 1971

Douglas James was a founder member of ICS.

Doug joined the Sphincter Research Unit in Exeter in 1965 for a 3-year research project. In the event, the three years turned into a career spanning 37 years!

His initial brief was to develop a radio frequency controlled implant aimed at continuously stimulating the relevant pelvic floor musculature, the anal sphincter and, in men, the external urethral sphincter as a means of controlling incontinence. In a few children it was also intended to stimulate a gracilis muscle flap wrapped around the urethra. Douglas comments: "A successful outcome was achieved in an encouraging number of patients. Even before the days of intense airport security, on more than one occasion we had to provide evidence to the authorities that the "suspicious devices" found on them were, in fact, being used for therapeutic purposes. The national press reported that patients living in nearby Exmouth were often responsible for alerting the local lifeboat with their radio frequency devices!"

In order to investigate the effects of daily living on normal as well as abnormal bladder behaviour, methods of making measurements and obtaining reliable data under "ambulatory" conditions, were sought. As liquid-filled catheters were totally inappropriate for such investigations due to the inevitable associated artefacts, he first used the Millar solid state catheter-tip transducer (developed elsewhere for cardiac investigations) and soon afterwards the air-filled balloon catheter.

To quantify the amount of leakage James developed the Exeter "electronic diaper," capable of measuring not only the total loss of urine over a period of time but also the individual losses contributing to this total. This was used to relate such losses to physical activity such as coughing, running, etc. or to episodes of detrusor instability.

He also designed the dipstick urine flow meter that became commercially available, and which relied on the electronic bridge principle as urine contains the electrolyte, sodium.

His other interests included measuring pressure within the vagina as perineometry had proven relatively inaccurate in his view.

His role became one of a clinical scientist to the Unit in Exeter not just being involved in the development of new techniques but, where appropriate, in conjunction with medical colleagues, in their actual application at diagnostic and therapeutic level. He became Co-director with Peter Caldwell, of the Incontinence/Urodynamics Clinic in 1982, and subsequently a Department of Clinical Measurements providing a referral service of investigations.

There was a strong link with the University of Exeter, and together there were the facilities to continue their own research as well as helping others maintain and develop diagnostic and therapeutic services and supervise postgraduate students.

Doug related "The University also had a strong input into veterinary research, particularly involving race horses and show jumpers, and over a pint of beer with one of the local vets I somehow agreed to conduct a urodynamic investigation on a valuable pony that, embarrassingly, suffered from incontinence whilst jumping! The results were duly published in the Equine Veterinary Journal (the first and possibly the only publication of its type!)"



Douglas James

Surgeon Peter Caldwell and engineer Doug James developed a fruitful collaboration extending over a very long period of time.

Further information about Doug and his career and contributions is held in the ICS Archives.

.7 UDO JONAS



Prof Udo Jonas, Mainz

Udo Jonas was another main-stay of ICS, and a significant contributor.

Early in his career he worked in the laboratory with Emil Tanagho in San Francisco before returning to Germany. There he did research on physiology of the bladder and urethra and also developed an interest in erectile dysfunction and worked on a prosthetic device for this condition, which bears his name. He was involved in research using electrical stimulation for neuromodulation.

He supported the organisation of the 4th ICS meeting in 1974 in Mainz, and was himself the convenor for the Meeting in Leiden in 1982.

Eric Glen recalled: "I remember Udo Jonas showed a number of us his launch parked on a canal at the foot of his garden, describing the pleasure of cruising on the canal network. I remember a magnificent buffet dinner and an old-fashioned traditional organ playing outside."

.8 BJORN KLEVMARK



The editors have relied in part on material written by Jensen D and colleagues and published in the Scandinavian Journal of Urology and Nephrology, in honour of his 70th birthday Sept 16, 1996. Reproduced with permission. (Jensen et al 1996)

After an illustrious college education he studied medicine at the University of Oslo, and did postgraduate studies in general surgery before qualifying in Urology in 1976 at Ullevaal hospital in Oslo. He wrote a thesis on "Motility of the urinary bladder in the cat during filling at physiological rates", a topic which continued to interest him in clinical studies. In 1985 he was appointed Professor of Urology at the Rikshospitalet in Oslo, with a special interest in disorders of the lower urinary tract, fertility and erectile dysfunction.

In 1988 he was the convenor of the ICS meeting in Oslo, arranged in conjunction with the local Urodynamic Discussion Group in Oslo. This was memorable for its science but also for being the wettest weather for an ICS meeting to that time, a record that has not been broken since!

The ICS meeting in 1988 was organized by The Urodynamic Discussion Group in Oslo (UDYDIG), a cross-disciplinary group of mainly urologists, neurologists and gynaecologists. In spite of reasonable registration fee etc. a financial surplus resulted and provided the economic basis of the later Oslo Biennial Symposium of Lower Urinary Tract Physiology and Pathophysiology (OBSLUT) at Holmenkollen (Oslo) 1993-2003. Speakers of international reputation were invited to these very

highly regarded symposia, and the proceedings were published as supplements to the Scandinavian Journal of Urology and Nephrology. (Suppl. 175, 184, 201, 207, 210 and 215)

He was a regular attendee at ICS meetings and always contributed in discussion. The unphysiological aspects of bladder filling rates during urodynamics, was a particular interest, and he emphasised the value and importance of bladder diaries in clinical practice. His definitions of physiological and non-physiological filling rates were accepted by the ICS committee for Standardization of Terminology of Lower Urinary Tract Function (2002).

Bjorn was the first to describe diagnostic patterns of the frequency-volume chart, altogether four (1987). At the ICS meeting in 1988 he presented his “combined test” – the advantage of relating 24 hours pad-weighting test to the frequency-volume chart. In 1996 he and Paul Abrams described altogether six diagnostic patterns (“the Abrams-Klevmark classification”).

He has a warm and generous personality and a good friend to many in ICS. His daughter Kirsten is married to Paul Abrams.

In 1995 he was elected an honorary member of the Norwegian Urological Association.

Bjorn died on 11th February, 2011.



Bjorn and Hemsedal Klevmark

.9 JO LAYCOCK and the increasing Physiotherapist input to ICS



At the first Physiotherapy Round Table in Heidelberg 2002:

Left: Jo Laycock, and Petra van Nierop

Right: (upper) Marijke Slieker ten Hove,
(lower) Jeanette Haslam with Fetske Hogen Esch

History of physiotherapist involvement in ICS.

Dorothy Mandelstam had led the way as being the first physio member of ICS. Dr Jo Laycock was one of the first physios to join the ICS in 1985 and she together with Jeannete Haslam, Marijke Slieker ten Hove, Kari Bo and others encouraged the participation of many other physiotherapists. Marijke was awarded the best clinical abstract for podium presentation in 2004 at the Joint ICS/IUGA in Paris. This was the first such award to a physiotherapist. The title was "Distribution of Pelvic Organ Prolapse (POP) in the general population; prevalence, severity, etiology and relation with the function of the pelvic floor muscles." The paper was co-authored by Mark Vierhout and Schoenmaker.



Marijke Slieker ten Hove and Mark Vierhout 2004

Jo Laycock, Kari Bo, together with Jeanette Haslam and Marijke were the trailblazers in academic pursuits in this field being awarded PhDs for their research - since which time many others have followed the academic pathway. Each has played a major part in stimulating friendship and co-operation of physiotherapists internationally, also raising educational standards regarding physiotherapy and continence management within the UK and world-wide. It is unlikely that this would have happened without the inspiration and thirst for knowledge engendered by being a member and attending many ICS conferences. See Chapter 4.8.

Jo Laycock wrote to the Editors:

"My first ICS was in London in 1985; memorable for me, as it was the year that Stan Plevnic introduced vaginal cones. I thought to myself - why didn't I think of that!! Anyway, it got me thinking and I used to return from every ICS meeting after that charged with ideas for research. I believe the only other physiotherapist in ICS in 1985 was Dorothy Mandelstam who has sadly died. I believe that there were no more than 5 papers relating to physiotherapy and pelvic floor re-education in 1985. Nowadays, there are many, many more. Ted Arnold, Angela Shepherd and Bob Freeman (and others) made me feel very welcome, and I tried in turn, to welcome all new physiotherapists in later years and introduce them around. The ICS can be very daunting. I remember that there were several nurses at the 1985 meeting.

My first presentation was in Oslo (1988) and I remember being very nervous.

"To help new physio members, the Physiotherapy Round Table was started. This was organised by Marijke Sliker ten Hove, and consisted of a half-day session before the workshops and conference. New members were encouraged to present research in a 'non-threatening' environment. Kari Bo was also involved in the early days. It was a great way to get to know people.



Kari Bo and Jacques Corcos at ICS in Montreal 2005

"I think that including physios and nurses within the multidisciplinary membership of ICS helped to give a wider appreciation of patient care. It also encouraged nurses and physios to do 'proper' research; previously, only audit was carried out.

"I co-chaired a workshop in Rome in 1993 with Bernhard Schussler and later contributed to a textbook (Schussler, Laycock, Norton and Stanton). A further workshop with Jean-Jacques Wyndaele on the overactive bladder also resulted in a short booklet.

“Many people have helped me on the road to fulfilling my aims as a physiotherapist and many of these I met at ICS’ meetings. I will be forever grateful for all their help and friendship. My final honour was to be asked by Ian Ramsay to be a Joint Honorary Chairman of the meeting with Eric Glen in Glasgow meeting and I look forward to meeting many 'old' friends at ICS in 2011.”

.10 CHRISTINE NORTON and the increasing role of nurses in ICS

By way of introduction, perhaps the first allied health professional to be committed to the care of those with incontinence was physiotherapist Dorothy Mandelstam. “Working in a Cinderella branch of medicine where the general public and fellow professionals expected nothing but quiet warehousing of destitute and discarded old people, she took a single-minded interest in the causes, alleviation and management of incontinence - long a taboo subject.”, said Dorothy Stewart in her obituary for Dorothy Mandelstam.

History of involvement of nurses in ICS

In 1981, at a meeting at Bedford College, the Association for Continence Advisers was formed, co-founded by Dorothy Mandelstam and Chris Norton. Chris became its first secretary. About 100 delegates attended the first meeting in Bedford; there were 17 nurses specialising in incontinence in the UK at that time. The ACA campaigned to have a specialist nurse continence advisor appointed to each health authority in UK. By the late 1980's there were about 300 continence advisers in the UK, but there were no formal links with the ICS and most nurses could not afford to travel to international conferences. In October 1996, the ACA Executive decided to establish a bursary fund for tertiary education of its members the Dorothy Mandelstam Educational Award.

It is not clear when nurses first attended ICS, but probably within the first 5 years of ICS. Norma Hyland, Janet Blannin who worked with Roger Feneley in Bristol and Annelie Hollo from Sweden were among the first to join. Chris Norton attended her first ICS meeting in Lund in 1981, and there were few nurses there. Chris Norton wrote: “My real involvement with ICS was not until the late 1980's /early 1990's when we held networking meetings informally. Some time in the 1990's (probably 1995, it was all very informal) Paul Abrams asked me to "represent" nursing on the ICS committee. I did this for 8-10 years until 2005.”

The advent of nurses and physios was welcomed, particularly by Torsten Sundin and Helmut Madersbacher as stated in Chapter 4.5; they pointed to the non-interventional therapies, personal approaches including issues of quality of life and the need for public education. This led to the establishment of the Continence Promotion Committee, co-chaired by Chris Norton with David Fonda. See Chapter 4.

In 1995 as Director of the Continence Foundation in UK, she oversaw the production of a document “Commissioning comprehensive Continence Services. This followed a review of continence services by the Royal College of physicians of England. In 1998, the King’s Fund hosted a Consensus Group, the Interprofessional Collaboration in Continence Care (ICCC). They considered that from the patient perspective continence care should be delivered by an integrated team consisting of all health professionals working in partnership. Their steering Group comprised Mandy Wells, Mandy Fader and Jo Laycock, all ICS members. They produced a document titled: “Nurses and Physiotherapists working in Continence Care”, emphasising the importance of multidisciplinary approaches.



Christine Norton (nurse), Jeanette Haslam and Pirrko Raivo (both physios)

Chris has worked hard in establishing a momentum within ICS in regard to bowel continence problems. She pointed out that “It has been very difficult to interest the ICS in bowel problems. Most of these patients see a gastroenterologist or colorectal surgeon in most parts of the world, and even in the UK the continence nurses are mostly bladder focused. Specialist nurses who are interested in bowel tend to be stoma nurses or colorectal nurses. This is a completely different audience from the ICS.” There are relatively few sessions during the ICS meeting devoted to anal incontinence.

There have been workshops on faecal incontinence at ICS and Chris delivered the State of Art lecture in 2006. She has chaired the ICI Committee on Faecal Incontinence for the first 4 of its Consensus Consultations. She is widely travelled as a visiting professor, and been a consultant for several NHS Committees focussing on continence issues, and developing guidelines for care. She has served as a Trustee of the Bowel and Bladder Foundation.

Christine has published widely on this topic and written several books and chapters of books. She writes and lectures extensively. She has represented nursing on the Advisory Board of the International Continence Society; she chairs the Committee on faecal incontinence for the International Consultation on Incontinence; is an editor for the Cochrane Collaboration incontinence group; and is associate editor of “Gastrointestinal Nursing”, and is editor of a book “Bowel Continence Nursing”. She has contributed as co-chair with David Fonda, of the Continence Promotion Committee of the ICS. See Chapter 4. She delivered the State of the Art lecture on anorectal incontinence at ICS in 2006, and was largely responsible for the shifting emphasis within ICS to include bowel problems.

In all this she has been a valuable contributor to the goals of ICS.

.11 WERNER SCHAEFER

Werner is a physicist and aeronautical engineer with a profound interest in urodynamics. He has contributed significantly to understanding the relationships between pressure and flow and the definition of obstruction versus poor bladder contractility as the cause of a reduced flow rate. To this end he produced the well known Schaefer nomogram.

He has been enthusiastic in promulgating good urodynamic practice and ensuring standards are kept high, and was a member of the ICS Standardisation committee. He helped organise the first poster session at ICS in 1977 in Portoroz with Peter Suhel and Stan Plevnic, and was involved in the first workshops organised by Norm Zinner at ICS in 1980. Subsequently he contributed to workshops and educational courses at ICS and at the AUA. He was a member of the first Editorial Board of Neurourology and Urodynamics, has authored many papers and book chapters and has been visiting professor in many countries.

He attended his first ICS meeting in 1974, and has not missed a meeting since. He was the scientific Chair for the 13th ICS meeting in Aachen in 1983. He was Membership Secretary of ICS for 14 years from 1989. In 1991 he was involved in the ICS BPH study. He delivered the State of Art Lecture at ICS in 1996 on the "Role of pressure/flow studies in bladder outflow obstruction", and again in Seoul in 2001 on "Urodynamics from BPH to BPO and LUTS".

He is an honorary founding member of the Chinese Continence Society.

He became Chair of the Education Committee and a Trustee of the ICS in 2007, and in 2010 was re-elected Trustee for a further 3 years. Werner together with the other Trustees of ICS, Dirk DeRidder and Ajay Singla, developed the initial constitutional changes required to address the political unrest in the Society which were accepted by the membership in 2009. He has served as non-clinical representative on the Scientific Committee.

He directed the Aachen Urodynamic Lab from 1972-2003 when he moved to Pittsburgh to direct the Geriatric Continence Research Unit. His colleagues there include Neil Resnick and Derek Griffiths.

Werner has a well-honed eye for detail and precision, and is the embodiment of corporate knowledge and memory for the Society. His direct approach in discussion means that listeners are in no doubt of his meaning. He has observed that there is a difference in approach between clinicians and engineers/physicists.

Under the auspices of the Education Committee he has organised and participated in several ICS Education Courses in many different countries, on improving the quality of urodynamics and its best practice.

He has taken on the Turner Warwick tradition of not doing a knot in his neck-tie, as can be seen in the photo below. [Well, someone had to do it].



Werner Schaefer and Maureen at ICS in 2006

.12 STUART STANTON

Prof Stuart Stanton trained in gynaecology, and then did research at the Institute of Urology in London 1971-2. He attended the urodynamics Unit at the Middlesex. Stuart indicated that "From there I saw 'the other side of the fence' and made many close urological friends and saw urogynaecology from the urological point of view which has been invaluable. I came under the influence of Richard Turner-Warwick learnt the colposuspension from him and introduced that procedure to gynaecologists. I learnt the implantation of the artificial urinary sphincter from Tage Hald and was the first gynaecologist in the UK to insert artificial sphincters."

He is the only person, who was a founding member of both ICS in Exeter in 1971 and the International Urogynecology Association (IUGA) in 1975. IUGA was developed following discussions in Mexico at a meeting of the Federation Internationale of Gynecology and Obstetrics (FIGO) the previous year. In a sense he was one of the fathers of urogynaecology in UK. He recalled that "In 1980 the Royal College of Obstetrics and Gynaecology set up a committee to look at sub-specialisation and I was the urogynaecology representative. From this committee we established the four sub-specialties within obstetrics and gynaecology, including urogynaecology."

The complete version of his CV is held in the ICS archives. He was a member of several national urogynaecology associations and societies. Stuart states that "Various awards are within the CV, and my most treasured has been that of Honorary Fellow of the Royal Australian and New Zealand College of Obstetricians & Gynaecologists awarded in 2001."

He held a specialist appointment in Obstetrics and Gynaecology in St George's Hospital in London. In 1997 He was appointed to a personal chair at St George's Hospital Medical School in pelvic surgery and urogynaecology. In 1978, he and Linda Cardozo, were the first urogynaecology unit to develop and use a urogynaecology history questionnaire for patient assessment.

The Unit offered postgraduate training and research in urogynaecology for young gynaecologists particularly from Israel (20) many of whom practice this as their main specialty today. He is an

Honorary Member of the Israel Urogynecology Association. In addition, there were another 19 trainees from: Australia, Brazil, France, Germany, Greece, Holland, Hong Kong, Italy, Japan, Malaysia, North America, Philippines, Saudi Arabia, Singapore, South Africa, Switzerland, Taiwan, Turkey and United Kingdom. He supervised 8 MD theses. He has an international reputation and been invited guest speaker to many meetings world-wide. He has edited several textbooks and contributed to chapters in many others, and published many papers in the peer reviewed literature.

For ICS he convened the very successful meeting in 1985 in London, has served on its Standardisation committee, and up to his retirement he has been a regular and productive contributor to the scientific program on many occasions.

.13 DAVID WARRELL



David Warrell was a Consultant Obstetrician and Gynaecologist at St Mary's Hospital, Manchester, with a special interest in Urogynaecology. He set up a highly successful Urogynaecology Unit in the 1960s which continues to this day under the direction of Mr Tony Smith. Through this department many of the Urogynaecologists in the North of England of today were trained.

David was a supreme and highly respected all-rounder, being a skilled clinician, diagnostician and surgeon who thought deeply about clinical problems and tested many theories in his research studies. He was at the centre of a distinguished group of basic clinical scientists at that time in Manchester, including John Gosling, Professor of Anatomy at the Medical School, and John Dixon, and Gordon Hosker.

In 1978 a very successful meeting of the ICS was held in Manchester which was masterminded by David as Chairman of the Organising Committee. An abiding memory of the regular committee meetings needed to organise this large and important International Conference was that they were always preceded by drinks then supper with copious supplies of wine. Thus they were enjoyable and hilarious events and committee members were more than happy to take on whatever chores required to be done. The end result was memorable event both from a scientific and social point of view which set a very high standard for future organisers to emulate.

David had many international friends in urology and gynaecology made through ICS meetings, such as Jack Robertson (Santa Monica, California) and Don Ostergard (San Diego). David was a major force in the UK in the early days of urodynamics and his influence is still appreciated by those who were trained by him. He retired to North Wales with his wife, Valerie, and he still keeps in touch with many friends made through the ICS.

The editors thank Alan Brown, Edinburgh who contributed to this biographical sketch.

.14 RICHARD TURNER WARWICK

Richard Turner Warwick was one of the founding members of the ICS, a great supporter and regular attendee at ICS meetings in the early years.

Richard was Head of the Urology Department at the Middlesex Hospital in London. He was a superb technical surgeon making difficult procedures look easy. He was creative in developing new surgical techniques, particularly in relation to urethral reconstruction. There was a steady stream of visitors to the Unit from all over the world.

He stimulated research into functional aspects of clinical conditions with considerable energy and established Research Fellowships in the Clinical Urodynamic Unit at the Middlesex Hospital in London. Together with radiologist Graham (Buck) Whiteside the Unit encouraged several young urologists and gynaecologists who did further clinical research. The unit attracted many international visitors. Richard published many papers and edited several books.

The first Urology Research Fellow was Patrick Bates(1969-1971), who was followed by Ted Arnold (1971-1973) and subsequently David Farrar(1973-1975), Chris Booth, Julian Shah, Roger Kirby, Helen Parkhouse, Chris Chapple, and several others.

Gynaecology Research Fellows at the Unit included Alan Brown (1972-1973), and John Osborne (1973-1975)

David Farrar recalls "An invitation to show some pressure/flow video recordings to the Queen Mother when she came to open new facilities in the Neurological Department caused some consternation as Buck insisted we shouldn't show HRH video's of males voiding although we did point out she was unlikely to notice. Eventually a sequence of female patients where the commentary was felt appropriate for Royal ears was located and her Majesty was suitably interested."

Eric Glen wrote: "He was a strong and highly significant supporter and active participant in all aspects of the ICS, including its formation. He took an active part in many of its meetings with stimulating and entertaining contributions."

His emphasis on the need to agree terminology will be remembered by all who know him, by his reference to a quotation from Alice in wonderland in *Through the Looking Glass* by Louis Carroll. "When I use a word", Humpty Dumpty said in a rather scornful tone, "it means just what I choose it to mean-neither more nor less".

"The question is" said Alice "whether you can make words mean so many different things."

"The question is" said Humpty Dumpty, "which is to be master- that's all."

His emphasis on understanding underlying pathophysiology spurred him on to be instrumental in the development and popularisation of video-urodynamics. The difficulty of making an accurate diagnosis from symptoms alone is epitomized by the phrase he coined- 'the bladder is an unreliable witness'.



*Back row(L to R) Alan Brown, Graham Whiteside carrying Humpty Dumpty, Patrick Bates, Richard Turner Warwick, Paul Abrams, David Thomas, Peter Worth, Derek Griffiths, Euan Milroy
Front Row: John Gosling, Michael Torrens, Tage Hald, Tim Stephenson*

When Richard retired he and Dame Margaret went to live at Farnham House near Exeter.



Richard Turner Warwick, Exeter. 2005

.15 GRAHAM WHITESIDE

C. Graham (Buck) Whiteside was born and medically trained in South Africa and became a Consultant Radiologist at the Middlesex Hospital (sadly now demolished) in London. He was one half of the legendary duo of Turner-Warwick (T-W) and Whiteside who did much of the pioneering UK work on functional lower urinary tract problems in males and females. They set up Combined Video Cystourethrography with Pressure/Flow Measurements (VCMG for short) which became the gold standard investigation for lower urinary tract dysfunction for many decades. They along with Urological Research Fellow, C. Patrick Bates, in their early publications, in the late 1960's, popularised the term Detrusor Instability, now called Detrusor Overactivity.

Alan Brown wrote: "Buck, as he was always affectionately called (being tall thin elegant and from South Africa), and T-W inspired a succession of bright young urologists, including Patrick Bates, Ted Arnold, David Farrar, Chris Booth, Julian Shah, Roger Kirby, Helen Parkhouse, Chris Chapple, and several others. Urogynaecologists Alan Brown and John Osborne were involved. Buck trained them to carry out and interpret the VCMGs. Thereafter, Buck saw his main roles as exhorting patients to void while standing, in front of the usually large number of staff present, and then after the test, mop and bucket in hand, to clean the X-ray screening room floor of any spilled contrast medium before the next patient arrived!

"At the end of an afternoon session he would lead us to the canteen for tea and buns to discuss and debate the many interesting clinical findings, and then changing tack, he would launch into a considered (political) explanation of all the current world problems which usually resulted in further controversy.

"Buck enthusiastically supported the early meetings of the ICS and his contributions were always carefully thought out and important. Another meeting in Paris, between French and UK researchers and organised in the UK by David Warrell, springs to mind. Our papers were translated into French and we had to read them to the largely French audience. This was particularly difficult for Buck as he had never been taught French! However he was game for anything and bravely set out to read this 'double Dutch' script which he did not understand. Inevitably it took forever to complete.

"The meeting thereafter was a long way behind schedule so that at lunchtime the afternoon speakers were auditioned to ensure our schoolboy French pronunciation was up to the task. It was not helped by the barrel of red wine which was a standard part of lunch in France in those days!

"Buck's wife, Joan, often accompanied him on medical trips and they regularly entertained us in their home so that we were considered very much part of the family.

He was an enthusiast par excellence and there is no question that his major contributions in those early days of urodynamic research laid the foundations of the significant progress there has been in the Specialty. Those of us who knew and were positively influenced by him are forever grateful to Buck Whiteside."



Richard Turner Warwick, Joan and Graham Whiteside

Richard Turner Warwick delivering a valedictory address on the occasion of the retirement of Graham Whiteside, who personally performed over 15,000 video-urodynamics studies.

Alan Brown, Edinburgh assisted with this biographical sketch.

.16 JEAN-JACQUES WYNDAELE



Treasurer of ICS 1998-2007; Trustee 2008-

Jean-Jacques Wyndaele graduated as Medical Doctor, Specialist in Urology, Specialist in Rehabilitation. He became Doctor in Biomedical Sciences and Ph.D in Urology. He is Full time

Ordinary Professor and Chairman of Urology at University Antwerp (UA) and Antwerp University Hospital (UZA). He is the chair of the Animal Research Lab of the Urological Department UA and actual Vice Dean of the Faculty of Medicine UA. His research for the last 17 years has been mostly devoted to the afferent innervation of the LUT, its physiology, pathology, clinical expressions, diagnosis and treatment. Being a rehabilitation doctor permitted to go for the bigger picture and to better understand the position of urologic rehabilitation in the total comprehensive management of patients with a neurological pathology.

He became ICS treasurer in 1997 succeeding Patrick Bates and held the office for 9 years.

Jean-Jacques explains: "During these years the ICS structure changed greatly and so did the financial status. Now more than 10 years ago nothing existed of what we can read in the actual balance sheets. The income was solely from a limited membership and very little from industry. The organisation of the annual meeting was completely in the hands of the consecutive local organisers. For the first time, a donation of US\$10000 was given to the ICS after the meeting in Yokohama in 1997. Thereafter a contract was made between local organisers and the ICS-Conticom so that the profits of the meeting were used for the day to day running of ICS. Later a progressive contract was made with Kenes, professional congress organisers, from 2005 and by 2009 Kenes together with the local chair and local company became responsible for the organisation and budget of the annual meeting.

During his tenure, ICS entered a formal contract with Neurourology and Urodynamics journal, and established Conticom to deal with all commercial activities.

There was a gradual improvement of the financial situation; from a balance of £150 in 1996 it increased to more than £1 million 10 years later. This permitted the development of ICS stand alone educational courses around the world, the increase in staff at the ICS Office to deal with all the new responsibilities, and the initiatives that continue to develop all in the purpose of improving Continence care around the world. It were fascinating times and a pleasure to see things grow and develop. It was also the time that one started to think in depth about ethics and explored how the relationship with industrial partners should be made to remain without conflict of interest. This process is continuing and more thoughts are needed from ICS and from the industrial partners to get this well into place."

He was elected trustee of ICS in 2008 and chairs the Industry Relations Taskforce of the Board of Trustees.

JJ Wyndaele held and holds several offices in other international and national organisations. He is Editor in Chief of the journal Spinal Cord and member of many editorial boards. He is Fellow of the International Spinal Cord Society and Fellow of the European Board of Urology. He is European School of Urology Faculty member and is member of EAU, ESSIC, AUA, IUGA, BAUS, SBU, BVU, SUFU, ICS, ICI-RS.

He is author and co-author of 252 publications in peer reviewed international and national journals and of 26 chapters in books. He is a frequently invited speaker in many parts of the world and organizes training for doctors, nurses and physiotherapists from many countries. He is very active in helping developing neurourology, urodynamics, pelvic floor physiotherapy and continence care in several countries in Asia.

ICS owes him a great debt of gratitude for the ways in which as Treasurer in these formative years, he has assisted it to gain a firm financial footing.

.17 NORMAN ZINNER

Norm Zinner addressing the ICS meeting in Los Angeles in 1980

He was a urology resident with Albert Paquin in 1961 in whose unit he met Rog Ritter while focusing on urodynamics studies, where they challenged the common practice that the female urethra often needed dilatation and occasionally even augmentation Y-V plasty because of presumed stenosis. In 1966 after a term in the Navy, he joined the University of Washington and founded a urodynamic laboratory and drew together a multidisciplinary team of researchers including engineers, mathematicians and doctors. The main focus was on obstruction rather than continence.

Together with Art Sterling and Rog Ritter who developed the idea, Norm Zinner investigated the use of high speed photography to analyse the character and shape of the break up into droplets of the voiding stream. From this certain deductions could be made about the presence of any obstruction in the urethra or prostate. This was one of the first non-invasive techniques for doing urodynamic studies.

Norm also stimulated the formation of the Standardisation Committee of the ICS, and was a member of the first committee, chaired by Tage Hald.

In addition to his contributions to understanding and knowledge, he has an inimitable fund of stories and a delightful way of telling them.

The Society for Urodynamics and Female Urology (SUFU), formerly known as the Urodynamic Society (UDS), and ICS owe him a great deal for all his input on their behalf, both as separate societies and in their joint meetings.



Eric Glen, David Rowan and Norman Zinner in earnest discussion

Eric Glen wrote: "I remember many happy times, one of which is illustrated above, taken either in Aachen or Kassel, in which we seem to be in one of our sometimes heated but friendly discussions. Like all the other Chairmen of ICS meetings, he was a generous host and entertained us in his home during the 10th ICS meeting Los Angeles in 1980. He also introduced us to restaurant life in LA, and to a diner in New York with great food whose owner seemed to find us very funny.

Many of his contributions are contained in the reference to the 1980 meeting, in chapter 3.3, and include innovations some of which have subsequently been taken up in one form or another.

- Introduction to ICS of the moderated poster session
- Evaluation of abstract submissions anonymously rather than having the reviewers know the authors' names
- A formal debate on a controversial subject,
- Requiring authors to make a statement of scientific purpose for a study being presented, and an indication that the purpose was met and what further scientific issues were raised once the study was completed,
- Independent outside expert to review proceedings of our meeting and to assess the scientific quality and present an overall view of where are we, where are we going and where might we go?

3. ANNUAL SCIENTIFIC MEETINGS

3.1 INTRODUCTION

Hosting the Annual Scientific meetings of ICS

The founding members decided that the Society should meet annually. First the Society would select a Chairman well known to the members for his or her contributions. For that year he/she would be the ICS Chairman. The venue for each meeting was chosen by the members who actually attended the AGM. This was to enable those who were interested enough to come, to determine where the meeting would be held 4 years later. The principle was that the Chairman would be selected and of lesser importance was the venue, and it was deemed important that the decision was not based on tourist attractions. The venue would be in that member's country and the venue would be different each year. The AGM in 1976 was informed that many invitations to host the meeting had been received, including Italy, Austria, America, England and Sweden. It was agreed these bids must be in writing and from 1977, would be discussed and voted upon by the members at the AGM.

As the AGM was always on the last day of the annual scientific meeting, some attendees would leave early and the proportion attending was relatively low. With expansion of the Society, this was changed in about 2003 so that all members could vote on the selection of subsequent venues either on-line or at the AGM.

The Society later established a Meetings Committee to examine bids to host an annual meeting to ensure each had the capability in regard to workshops and plenary sessions, accommodation and ready access for air travel.

The first 9 meetings were in Europe. From 1980 to 2010 it had been held outside Europe on 14 occasions. The first was in Los Angeles in 1980, the next was in Boston in 1986, then Halifax Nova Scotia in 1992, Sydney in 1995-the first southern hemisphere meeting, Yokohama in 1997, Jerusalem in 1998, Denver 1999, Tampere, Finland in 2000, Seoul Korea 2001, Montreal 2005, Christchurch NZ in 2006, Cairo in 2008, San Francisco in 2009, and Toronto in 2010. Of the 40 meetings 26 were in Europe.

Registration Fees

From the start, it was agreed that the registration fees and general costs were to be kept as low as possible to facilitate participation by trainees and those in lower paid occupations.

It was noted at the AGM in 1975, "In view of the increasing air travel cost and fuel crisis, the proposed meeting in Los Angeles was cancelled". It was however held there in 1980, and the costs were kept as low as possible.

In 1976 concern was again expressed that the fees for the Annual meeting should be kept as low as possible to enable the junior members and research workers and others on low salaries to attend. Surplus income from the commercial exhibition should be used to subsidise the conference and the Society's expenses whenever possible. Members of less than six months standing would not be eligible for the reduced fee for members.

It is still important to keep costs down, especially for the sake of nurses and physiotherapists. Although juniors are better paid than in former years, many have significant student debts to repay,

and the start up costs of establishing a family home, are much greater than they were. Reduced registration fees for nurses and physiotherapists were introduced in 2008.

Timing of the meetings

Also in 1976, it was the strongly held view that the meeting should always be held in the first weekend of September. However even then exceptions were allowed, and in 1977 the meeting was agreed for the second weekend as there was a local wine festival during the first week! For several years there has been some variation in this for local reasons, including the clemency of the weather, religious festivals and solemn occasions, national holidays and heavy demand on the venues at the preferred time. This has become more important as the numbers attending have increased. The latest date for an AGM was Dec 1st in 2006. It is stipulated that the AGM must be held no later than 15 months after the previous one.

Changing emphasis of the Scientific meetings of ICS

Initially, the main focus was in trying to understand the physiology and anatomy of urinary continence, and how best it might be managed. Refocusing on ano-rectal continence has also occurred in recent years. Emphasis on nursing and conservative therapies including physiotherapy has been a major advance. In more recent years there has been an important change to include continence promotion and promotion of help-seeking, and of developing and validating measures of quality of life.

There has been increasing interest in reaching out to Eastern European countries, Africa, China, the Middle East and South America, to extend educational courses and to encourage people to learn more about incontinence in their own countries. Several groups have an active interest in the huge problems of vesico-vaginal fistulae mainly in Africa, but in many developing countries where obstetric services are limited.

All of this is within the interdisciplinary framework.

Understanding of the role of the urothelium of the bladder and the urethra in continence and incontinence has emerged as an important development. ICS has been a forum to promote translational research where basic scientists and clinicians can interact. In recent years the ability to measure brain function with functional MRI, PET scanning etc is proving most interesting.

Social events

From the beginnings of ICS, it has been fun for those involved. The flavour of each meeting was in the hands of the convenor and his/her team, and each meeting has been distinctive in this regard.

A welcome Reception was held traditionally on the evening before the main scientific meeting and provided an opportunity to meet those colleagues not seen since the year before and to meet new friends.

The Annual Dinner often deemed a Gala Dinner and soon combined with music and dancing was held on the night before the final day of the meeting and was always a jolly affair and an opportunity to farewell colleagues for another year.

The Chairman's Dinner grew out of the desire of the convenor and of the ICS to thank those who had contributed to the success of the meeting and had worked hard in the background. No-one ever defined how to spell it! Some regarded invitations at the behest of the meeting Chairman. Others considered it was a dinner for the chairmen and women of all the committees etc. In more recent years it has been more precisely defined by the ICS Trustees. Whatever was accurate, they have always been enjoyable occasions.

Industry partners were invited to many of the social occasions, acknowledging the mutuality of the relationships.

Initially the meetings were of two days duration; the scientific papers were duplicated and circulated as pre-prints to all delegates prior to the meeting. Quite a task, and quite a postage cost!

Because of the large volume of submitted papers, the committee reserved the right to allow some to be "Read by Title", but this would still allow discussion as all were pre-circulated (1973). Subsequently the Abstracts were published in the journal *Neurourology and Urodynamics* (NAU) journal which was sent to members ahead of the meeting. The "Read by Title" group of papers are listed in the on-line program and on the meeting USB stick but not presented at the meeting nor published in the Journal.

In more recent years the meeting itself has occupied 3 days, with 2 additional days beforehand, for the workshops and educational courses.

3.2 ANNUAL SCIENTIFIC MEETINGS OF ICS

<u>Year</u>	<u>Venue</u>	<u>Convenor</u>	
1971	Exeter	Peter Caldwell	
1972	Paris	Pierre Aboulker	
1973	Copenhagen	Peter Gammelgaard	
1974	Mainz	Rudi Hohenfelner	
1975	Glasgow	Eric Glen	
1976	Antwerp	Bo Coolsaet	
1977	Portoroz	Peter Suhel	
1978	Manchester	David Warrell	
1979	Rome	Umberto Bologna	
1980	Los Angeles	Norman Zinner	ICS/UDS
1981	Lund	Torsten Sundin	
1982	Leiden	Udo Jonas	
1983	Aachen	Wolfgang Lutzeyer	ICS/UDS
1984	Innsbruck	Helmut Madersbacher	
1985	London	Stuart Stanton	
1986	Boston	Bob Krane	ICS/UDS
1987	Bristol	Michael Torrens	
1988	Oslo	Bjorn Klevmark	
1989	Ljubljana	Stan Plevnik	
1990	Arhuus	Jens-Christian Djurhuus	
1991	Hannover	Guus Kramer	ICS/ICCS
1992	Halifax	Said Awad	
1993	Rome	Francesco Pesce	ICS/ICCS
1994	Prague	Michael Halaska	
1995	Sydney	Richard Millard	ICS/ICCS
1996	Athens	George Barbalias	
1997	Yokohama	Kazuki Kawabe	
1998	Jerusalem	David Gordon	
1999	Denver	Rick Schmidt	ICS/IUGA/ICCS
2000	Tampere	Teuvo Tammela	
2001	Seoul	Kwang Myung Kim	

2002	Heidelberg	Manfred Stohrer	
2003	Florence	Walter Artibani	
2004	Paris	Bernard Jacquetin	ICS/IUGA
2005	Montreal	Jacques Corcos	
2006	Christchurch	Ted Arnold	
2007	Rotterdam	Ruud Bosch	
2008	Cairo	Sherif Mourad	
2009	San Francisco	Tony Stone	
2010	Toronto	Sender Herschorn/Harold Drutz (ICS/IUGA)	
2011	Glasgow	Ian Ramsay	

3.3 ANNUAL SCIENTIFIC MEETINGS

1971 Exeter Convenor: Peter Caldwell

The Scientific committee was formed by Caldwell, James and Glen.

Reception in the Exeter Guild Hall.

Luncheon was in a Marquee at Peter Caldwell's home.

Dinner was in the Royal Clarence Hotel, Exeter

A detailed account is in the section on The Continent Club, which changed its name at the first AGM to the International Continence Society. See Chapter 2.3

1972 Paris Convenor: Pierre Aboulker

Scientific committee: Aboulker, Adjiman Glen

The Paris meeting was the first one organised as the ICS, as the Exeter meeting was a meeting of "The Continent Club".

Prof Pierre Aboulker, was a holder of the Legion d'honneur, and an entertaining remarkable man. He attended the first meeting in Exeter and hosted the second in Paris. As described elsewhere, he teased Eric about the British love of club ties. Eric replied that first we would need a club, and this thought triggered the formation of the Continent Club. Aboulker agreed to host the 2nd meeting in Paris in 1972, now under the title of the International Continence Society. Eric recalls that "During one planning meeting with him, he invited me to have lunch with his family in his home, a singular honour. He took great delight in driving me there in his daughter's Mini. Weaving at speed through heavy traffic around the Place de la Concorde was quite an experience!

Although his English was good, he took lessons in colloquial English in preparation for the meeting. The hospitality will long be remembered and embellished by participants. Derek Griffiths recalled the Special conference lunch hosted by Pierre Aboulker whom we all followed like the pied piper on foot through the streets of Paris to the refectory of a convent. Eric Glen noted: "It was elaborate, with copious wines, and extended over a much longer time than had been allowed for, so that the first session after lunch had to be cancelled. But the atmosphere became so relaxed that there were no objections! However the Society pulled itself together, and exerted more discipline after that."

There was a Seine river cruise with the Bateaux-mouches.

Eric continued: "The final dinner/entertainment was held in the Eiffel Tower and was to the highest standard one would expect in Paris. Entertainment was provided, and included some audience participation during which Brantley Scott's vocal imitation of a trumpet solo was given much applause."

During one of the evenings to further their education some of the more junior delegates attended the Folies Bégère, while other more cultured members like Alan Brown went to an opera at the Comedie Francaise to see a production of Cyrano de Bergerac--in French!



Jacques Susset, Ted Arnold in Aachen 1983

Another memory was of Jacques Susset who became very animated in discussion of Norman Zinner's paper on drop spectrometry, moving from English to his native tongue of French as he became enthusiastic. When he was reminded that English was the official language he changed for a sentence or two before reverting to French in which he could express himself more passionately. Fellow French speaker and chairman, Prof. Aboulker put a stop to this "transgression".

1973 Copenhagen **Convenor:** Peter A Gammelgaard
Scientific Chair: Tage Hald

Special features

The ICS logo was derived from the original version created by the Danish group organising the Copenhagen meeting. The members of the Standardisation Committee successfully proposed its adoption to the Society at its next AGM.

A welcome was made personally by Peter Gammelgaard inviting members of the organising committee to his home for a reception. Peter later became an Honorary Member of ICS. His biographical sketch is included in Chapter 2.

1974 Mainz **Convenor:** Rudi Hohenfellner, ably assisted by Udo Jonas, Karl-Fritz Stockamp and Friedhelm Schreiter.

There were 21 published presentations, some of which covered material stimulated by papers presented at the 1973 meeting. There were around 50-60 participants.

The meeting was held at the Johannes Gutenberg University in Mainz, Surgical Lecture Hall.

Reception: Osteiner Hof Schillerplatz 1

Annual Dinner Dance: At Gutenfels Castle travelling by a river boat from Mainz. The Castle is in the wild romantic Rhein valley near Kaub. There was a spear roast and beer from a barrel and the famous Rheingau wines, in the manner of the knights of ancient times. Returning by train at 1 am!

1975 Glasgow **Convenor:** Eric Glen
 The Scientific Committee was formed by David Rowan and Eric Glen

17 countries were represented at the Conference, including two from behind the Iron Curtain. 150 delegates attended.

A biographical sketch of Eric and of David is in Chapter 3.

The Welcome Ceremony was held at the Royal College of Physicians and Surgeons of Glasgow

There was also a Civic reception and welcome by the Lord Provost, who hosted a dinner in the magnificent City Chambers, followed by an excursion to a performance of the Edinburgh Festival Tattoo at Edinburgh Castle. The Gala Dinner was held in the internationally renowned Central Hotel.

There was a tour of Culzean Castle which contains a flat gifted to Eisenhower in recognition of his contribution to the 2nd World War effort.

The meeting program acknowledged the support of several companies, but of interest this included The Distillers Company, who donated miniatures of whisky, one for each delegate.

1976 Antwerp Convenor: Bo Coolsaet



Norman Zinner, Paul Abrams, Bo Coolsaet

Eric recalls: "The 6th ICS Meeting he chaired was in Antwerp in 1976 and was so successful that there was a shortage of hotel accommodation. Several of us arrived from a Standardisation Committee meeting in Copenhagen, a little later than most, and found our pre-booked rooms had been re-allocated. Eventually I was given a family room with the warning that two others might arrive later. That did not appeal, so I wedged the door shut with a chair under the door handle. Whether others tried to enter I know not- the standardisation meeting had been as mentally exhausting as usual and I slept well. There was no such problem when Bo and wife held open house on their magnificent estate during the social programme. The enormous barn or former stables in their grounds held everyone with ease and the hospitality was impressive."

Norman Zinner recalls:

"There was also the marvelous concert using ancient musical instruments at Bo Coolsaet's farm house held outside his barn with hay showing in the opening to the barn loft and listening to a sound both unusual and beautiful. I recall hearing crumhorns for the first time."

His group developed concepts of the origin of 'detrusor instability' based on the demonstration of micromotions in the detrusor detectable experimentally and clinically.

Dr Coolsaet and his wife were congratulated for organising a splendid meeting. Eric Glen noted: "I doubt if many could emulate the Coolsaets who entertained the entire conference complete with guests, to a special dinner and musical night at their magnificent home."

The Welcome Reception was in the form of a concert at the Vleeshuis Museum.

The Annual Dinner was held at the Antwerp zoo!!

1977 Portoroz **Convenor:** Prof Peter Šuhel
Scientific chair: David Vodusek

At the meeting poster presentations were featured for the first time in ICS.

Portoroz is a modern and very attractive seaside resort.

The Annual Dinner was held at the Hotel Adria in Ankaran, reached by boat from Portoroz to Koper then a bus ride. The Dinner was held at a 16th century monastery convent.

Entertainment included folk dances from Slovenia

Peter Šuhel (electrical engineer), began research on the use of electrical stimulation for urinary incontinence in 1970. He formed an interdisciplinary team of urologists, gynaecologists, neurophysiologists, and engineers.

Eric recalled that "Peter was an active supporter and participant in ICS activities. He and his colleagues ran a very successful 7th meeting of ICS in 1977 in the holiday resort of Portoroz, and included a hydrofoil excursion to an island for an al fresco social event. He visited me in Glasgow, and my sons came to know him as 'Uncle Peter'."

The innovation of poster presentations was welcomed by participants and Peter deserves congratulations for introducing the idea to the ICS.

1978 Manchester **Convenor:** David Warrell
 For a short biographical sketch see Chapter 2.

The Scientific committee chair was John Gosling, Prof of Anatomy. He had a special interest in the anatomy and nerve supply of the pelvic floor.

The Welcome Ceremony Reception was held in the Whitworth Art Gallery where the ICS was greeted by Epstein's Genesis; a more than life sized marble statue of a heavily pregnant Lancastrian, reminding the Society of the most common cause of disturbance of urinary and faecal control in women.

The Gala Dinner was at Tatton Hall set in lush Cheshire parkland. Drinks on the lawn, Bach on the pipe organ, a welcome by Morris Dancers, and then dinner in the ancestral hall, combined to form a pleasant relaxing and memorable evening. The last bus back to the city awaited two members who could not be found. Eventually the couple emerged rather sheepishly from some bushes, to the amusement of the on-lookers!

The second evening event was held in the Piccadilly Hotel in the middle of Manchester where most members were staying. This was a light hearted affair followed by entertainment in the shape of Lancashire clog dancers.

David Warrell has provided the following comments:

"This meeting was held in the Manchester Medical School Aug 31-Sept 3, 1978 at a time when the understanding of disturbances of bladder/sphincter and ano-rectal function was limited. Much of the knowledge now taken for granted had yet to be discovered, verified, accepted and taken into practice.

Indeed the perceived need to improve matters was one of the underlying reasons behind the rapid growth of the society. Meetings hadn't developed much of a structure and were left to the host group to manage.

The group that organised this meeting came from different disciplines and its make up was fairly typical of those who had come together to form the ICS. It consisted of an anatomist, a geriatrician, three gynaecologists, a physicist, and a urologist. This group had met regularly for several years and felt they could arrange a meeting without having to hire a professional meeting organiser. The ICS records since are not clear on when professional conference organisers were first employed.

In the late seventies the main areas of interest were the need to understand the mechanism of symptoms and make a reliable diagnosis, response to treatment and the need for objective measurement of the outcome. A general call for papers produced a good response and it was possible to select enough interesting papers to be read and discussed over two days. These were grouped under broad headings; such as measurement, diagnosis and treatment to form single sessions attended by the entire membership. The four hundred or so people who came were comfortably accommodated in one lecture theatre.

An innovation of this meeting was the reproduction of papers in a single bound volume, taking over from previous collections of cyclostyled sheets.

Like all scientific meetings much of the value is gained outside the lecture theatre so attention was paid to this aspect.

An opportunity was arranged for those who wanted to watch football and Manchester United. Those who went were warned not wear any clothing of colours that might identify one as a supporter of one or other of the teams. The crowd watching was almost as interesting as the football, but we were also warned not to stand and watch any 'bovver' meaning fights among the yobo supporters of the two teams, as we might get drawn into it!! Amongst other attractions was a visit to a memorial to the passenger killed on the first trip of the first steam train in the world. There must be a moral somewhere!

At the debriefing meeting after the event the organising group felt that a few new bits of knowledge had been shared and quite a few professional relationships had been made or strengthened.

As a group we had enjoyed the exercise and the cementing of our friendships which went on to improve research collaboration and patient care in Manchester.

1979 **Rome** **Convenor:** Umberto Bologna
 Scientific Chair: Francesco Pesce



Eric Glen and Norman Zinner recall that Umberto had a magnificent estate, with a large swimming pool shaped like the outline of the ICS logo, denoting a bladder and urethra, with bushes planted around the outlet. No photos could be found to depict this, but the story is confirmed by his son Maurizio! He made his own wine and grappa – of the latter, he claimed that it would never cause a headache unlike commercial brands. Either he was correct, or it affected the memory! He was one of the earliest uro-gynaecologists and Presidente, Società Italiana Della Continenza. The meeting was well attended and Eric Glen, the Honorary Secretary noted that it was encouraging to see so many contributions from younger members.

1980 **Los Angeles** **Convenor** Norman Zinner
 Scientific Chair: Art Sterling.

This was the first joint meeting of ICS and the Urodynamics Society (UDS)



Norman Zinner, LA 1980

Norm noted: “At the time, the Century Plaza Hotel was a leading hotel in the country. It was beautiful and seen on TV news broadcasts throughout the world. It was a venue for many Hollywood events. US Presidents and notables had banquets there for various functions, etc. A key rule we imposed on ourselves was that we would keep the meeting inexpensive for the attendees. This prestigious hotel gave us one complimentary room for every 20 purchased, and this was used to accommodate the East Europeans without fee. This was in the cold war times and for them getting to overseas meetings was a real hurdle.

Arrangements were also made at nearby less fancy hotels for those seeking more modest accommodations.”

The meeting in LA was organized by Norman Zinner’s wife Nancy. There were no professionals involved. The Women Volunteers of Torrance Memorial Hospital assisted with paperwork and at the meeting itself and their help was acknowledged at the meeting.

The social events included a Mexican Fiesta and a Welcome Ceremony at Monte Montana’s Ranch.

Special features

- First joint meeting of the ICS and the UDS (Urodynamic Society – since renamed Society for Urodynamics and Female Urology, SUFU)
- First major Urogynaecological meeting held in the US in which a large number of attendees were from overseas
- First time that submissions were made anonymously (Scientific Committee members did not know who authored the abstracts before selecting papers to be presented)
- First time that posters were moderated and not just posted on a board
- First on-stage formal debate about a controversial subject
- First time an independent scientist unfamiliar with the subject of urodynamics attended the entire meeting and at the end provided a half hour formal presentation of his impressions of the meeting with a focus on the scientific theme of the meeting --“Where have we been?” “Where are we?” and “Where should we go from here?”
- First time the proceedings were published in book form containing chapters written by moderators, and containing versions of the original contributions from all presenters that went beyond the abstracts.
- The concept of holding interactive workshops introduced by Norman Zinner in 1980, was agreed for future years with chairmen who are experts in the particular field.

Eric Glen remembers that “like all the other Chairmen of ICS meetings, he was a generous host and entertained us in his home during the 10th ICS meeting Los Angeles in 1980. He also introduced us to restaurant life in LA, and on another occasion to a diner in New York with great food whose owner seemed to find us very funny. The joint meeting in LA was an outstanding success, both scientifically and socially. One highly original event was the traditional style Rodeo to which we were driven thorough acres of nodding oil donkeys- previously I had seen these only in films. David Rowan and I were driven into the Rodeo arena in a stagecoach. To my surprise it was a very comfortable well sprung carriage. Several attractive female acrobatic riders gained much applause with their daring bare- back equestrian prowess. From that historical event we went to the other extreme hearing from the astronaut Jerry Carr who addressed us at the Annual Gala Dinner.”



Left to Right: Frank Hinman Jr, Eric Glen, Mrs Carr and Jeremy Carr (astronaut), Norman Zinner; at the annual dinner 1980 in LA

Editors' note: Because of the interesting detailed response Norm has sent in it is included in full in the appendices (Appendix 3). Reading it was for us just like being there again!

1981 Lund

Convenor: Torsten Sundin.

Local President: Axel Ingelman-Sundberg



Left to right: Torsten Sundin, Johan Plasman and Alan Brown (Edinburgh)

The meeting was held at the University Hospital. Eric Glen noted in the 1982 Newsletter: "Lund was an eminently suitable conference venue with the quiet atmosphere of the ancient university town beginning to stir as the new academic year approached. The justifiable pride of our hosts was evident and we all appreciated the historical and geographical lessons so delightfully presented by the mayor and by Prof Ingelman-Sundberg, Honorary Chairman of the meeting.

The Welcome reception was held at Konsthallen Art and Exhibition Hall, hosted by the City of Lund.

Annual Dinner was held at the Akademiska Foreningen, Main Hall for the Students Building.

The Gala Dinner was at the Svandholm Castle

Torsten Sundin, was a highly successful, efficient and genial host for the 11th ICS meeting in Lund in 1981. He encouraged nurse participation in the meeting, with striking success subsequently built on in the following meetings. The visit to Svandholm Castle for dinner was a highlight of the social program. The profusion of typical local food was much appreciated during the breaks from the scientific programme.

Torsten had an interest in neurophysiology and studied the influence of de-afferentation on bladder function, and related hypersensitivity to neural transmitters following denervation. He went on to experiment with neural transplants for patients with cord injuries or spinal dysraphism. He spent some of the later years of his professional career in Dubai.

For further comment on Axel Ingelman-Sundberg see the biographical sketch of honorary members. Chapter 2.

1982 Leiden Convenor: Udo Jonas

This ancient city with its long tradition of education and culture was a particularly fitting venue for the ICS visit. Leiden was the home of the urodynamic laboratory and urological department established by Prof Pieter Donker. As indicated elsewhere he continued the academic tradition of encouraging workers from other countries to participate in research and clinical work in his department. (Chapter 2)

Social program:

There was a memorable Dutch evening held in an ancient church. There were those who swear they could hear ancient bones turning in the vaults beneath their feet, but perhaps that was the effect of the liquid refreshment rather than a reaction to the splendid musical entertainment. More was to follow with 'Darling' Bo (Coolsaet) and David 'Darling' (Rowan) showing hitherto concealed cabaret talent at the Gala Dinner.

1983 Aachen Convenor: Wolfgang Lutzeyer, ably assisted by Hansjorg Melchior, and with the help of Peter Rathert.

Scientific Chair: Werner Schaefer

This was the second joint meeting with the Urodynamics Society, the first being in Los Angeles in 1980.

Eric Glen commented: "Each year the hosts add their own touch to the traditional form of the ICS meeting. He recalls the high quality of the organisation and the scientific content, the organ recital in the ancient cathedral of Charlemagne, and the welcome from the attractive and highly qualified Lady Mayor, whose detailed speech was translated into impeccable English at the Annual Dinner. The Musica Instrumentalis Group of Aachen, entertained us throughout the evening in a fashion that belied their amateur status and enthralled the young daughter of an American member who sat entranced at their feet."

On the final evening, we had the novel experience of crossing an international border to reach Kasteel Erenstein, a medieval castle in Kerkrede in the Netherlands, for dinner music and dancing, but most of all an excellent opportunity to renew old friendships and make new ones. This is one of the most important aspects of the ICS: the informal interchange of ideas and social contact with adequate time and opportunity at the Meeting. Long may it continue!"

Werner Schaefer recalls: "we had 4 East Germans at ICS in Aachen, who joined us for the final evening to go across the border into the Netherlands, where officially the East Germans could not

go. So I explained to them that I would drive in front of the buses with my private car and convince the border controls that we were a group and no need for any checks. This worked fine, except that one of the dear communists did not come to Holland but went home to the DDR and reported to the authorities the "illegal" border crossing of the others. Luckily this same guy was driven out of position after the "unification"."

1984 Innsbruck Convenor: Helmut Madersbacher



Helmut Madersbacher

Venue: Kongresshaus

The welcome Reception began with an Organ Recital, hosted by the Governor of the Tyrol, and the Mayor of Innsbruck at the Hofburg Imperial Palace

The Annual Dinner was held at the Kongresshaus with Tyrolean music and dance.

This was a well organised meeting. Helmut indicated his method of keeping speakers to their allocated time:

He warned that with one minute to go, some gentle music from the Tales of the Vienna Woods would come through the sound system. When time was up, the music would get a little louder to emphasise the point. A person exceeding by more than a minute, would find the music so loud that the audience would be unable to hear what he/she was saying anyway. I seem to recall the system worked.

One evening we went by coaches over the Brenner Pass into Northern Italy to an apple orchard for the dinner, entertained by Tyrolean music.

Helmut placed emphasis on the practical aspects of clinical management of incontinence, encouraging the growing participation of nurses, physiotherapists, and other non-medical groups. The meeting featured musical contributions by several of Helmut's relatives. His personal attention to detail on behalf of participants, including employing his skill as an interpreter, was impressive.

He has been a staunch and active supporter and participant in the ICS.

Eric Glen recalls his assistance when having difficulty at the registration desk of a non-ICS meeting in Germany. Helmut came up to me asked if I was having problems, then said "excuse me I am going to speak some hard German".

Whatever he said had an instant effect. The young girl stood to attention and the problem was solved in an instant."

Helmut has been a very active member of ICS for many years with his special interest in stimulating and advancing the progress of neuro-urology. He has a clear mind and precise intellect with a direct approach. He is a regular contributor to postgraduate education. He is a member of the Neurourology Committee of ICS and a member of the current Board of Trustees (2008-). He remains an active member of the Education committee and has nurtured contacts with Asian colleagues and Continence Societies.

1985 London Convenor: Stuart Stanton
Scientific Chair: Prof Tony Mundy.

Stuart provided the following information:

The meeting was held from 3 – 6 September 1985 at the Grosvenor Hotel.

The social events were held in historic places making them most memorable

The Welcome Ceremony was held at the Commonwealth Institute, while the

Gala Dinner was held at the historic Guildhall, London. These were unforgettable experiences.

Special features of the meeting included

- the application of computers to the lower urinary tract,
- urethral sphincter EMG in women with urinary retention and
- urethral electric conductance.

There were poster sessions which ran throughout the length of the conference and on the last day, 1¹/₄ hours were devoted to reviewing all the posters.

The focus of the meeting included sessions on electrophysiology and other investigational techniques, basic science, psychology, interstitial cystitis, the elderly and treatment of incontinence.

See Biographical sketch of Stuart Stanton in chapter 2.

At the Gala Dinner, Eric Glen, who demitted office at this meeting after serving as honorary Secretary for the first 15 years of the ICS, received a standing ovation and the gift of a splendid claret jug, and was awarded Honorary membership of the ICS.

1986 Boston **Convenor:** Bob Krane.
 Scientific Chair: Mike Siroky

This was the 3rd and last joint meeting of ICS with the Urodynamic Society (UDS) after Los Angeles in 1980 and Aachen in 1983.

The opening ceremony was in the upper chamber of Faneuil Hall in downtown Boston. A fife and drum company providing the entertainment and a short welcoming speech by a US Health Official representing the Commonwealth of Massachusetts. The welcome function was in an outdoor tent next to the New England Aquarium and included lobster and steak as the main attraction as well as a visit to the aquarium. A US Health official gave a serious speech at the annual dinner concerning funding issues. Many members at the time thought this was a spoof and there was some talking and heckling and clapping, which proved very embarrassing when later it was revealed that he was 'for real'. ICS learned from this that speeches at Annual Dinners are not for serious subjects, but more for enjoying of social interaction with friends.

Just prior to the ICS meeting there had been a 2 day meeting of the International Society for Urodynamics of the Upper (ISDU) Tract at Rhode Island.

1987 Bristol **Convenor:** Mike Torrens
 Scientific Chair: Paul Abrams



Linda Cardozo and Mike Torrens

The scientific sessions were held in the Theatre Royal, the oldest working theatre in Britain. The Welcome Reception was held in the Great Hall at the University of Bristol. Pre-dinner drinks were held in the Pump Rooms of the historic Roman Baths at Bath, and followed by the Annual Dinner in the Assembly Rooms.

Topics that were of interest included the role of gas cystometry in modern urodynamics, the collated report of the ICS Standardisation Committee, and computer applications in urodynamics.

1988 Oslo**Convenor:** Bjorn Klevmark

Bjorn Klevmark (left) thanking the mayor on opening the ICS meeting in Oslo

A biographical sketch of Bjorn can be found in Chapter 2.

The meeting was held from 1-3 September. The Scientific Chair was Sten Sander. The Welcome Ceremony was held in the Oslo City Hall, and the Gala Dinner at the Maritime Museum of Oslo.

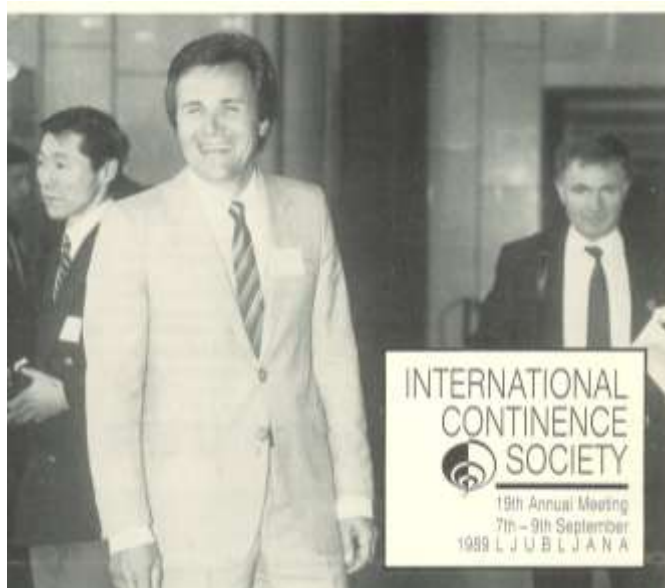
This was a memorable meeting for its science but also for being the wettest weather at any ICS meeting, a record still not beaten.

Subjects of particular interest at the meeting included

- The incontinent prosthesis (AMS 800);
- The Liverpool flow rate nomogram.
- Frequency volume chart, "combined test";
- Physiotherapy of the pelvic floor;
- The bladder cooling reflex;
- Long-term experience with intermittent self catheterisation

1989 Ljubljana**Convenor:** Stan Plevnik

The meeting was held from 7th - 9th September 1989 at the Cankarjev Dom-Cultural and Congress Center, Ljubljana, Jugoslavia. The Scientific Chair was David Vodusek.



Stan Plevnik

In the ICS Newsletter in 1989, Paul Abrams noted: "The atmosphere of the meeting was established on the first morning by a far sighted and courageous speech by the President of Slovenia, Professor Janez Stanovnik. His speech gave a preview of the thinking prevalent as Eastern Europe looked to the future, and anticipated the exciting changes that subsequently seen in East Germany and Czechoslovakia. Stan Plevnik, the Chairman of our meeting in Ljubljana, dealt admirably with all the problems that a changing social and economic environment causes to an international meeting."

The Welcome Ceremony was held in the Large Hall of Cankarjev Dom, and addressed by the President of Slovenia, Janez Stanovnik.

Visit to the Postojna Cave, a system of underground galleries with marvellous stalactites and stalagmites, which represent one of the most beautiful natural sites of Europe, with short cultural programme in the Chrystal Hall of the Postojna Cave, followed by a banquet.

The Gala Dinner was a formal dinner served in the main lobby of Cankarjev Dom followed by the acknowledgment speeches, music and dance.

A special emphasis of the meeting was on Neurogenic Micturition Disorders, Clinical Neurophysiology, Pharmacology.

Scientific Program: Of 241 submitted contributions, 91 were chosen for presentation. Short thought-provoking commentaries were invited as introductions to the selected sessions to highlight some of the less common areas of the Society's field of interest at that time:

Session-Neurogenic Micturition Disorders, Introduction: A.R.Mundy;

Session-Clinical Neurophysiology, Introduction: D.B.Vodušek;

Session-Pharmacology, Introduction: A. Mattiasson.

Stan Plevnik was a regular contributor to ICS.

He joined Peter Suhel's team in 1973. Following the pioneering work of his co-worker Ciril Godec (urologist) Plevnik adapted the concept of short-term, in-clinic, strong(maximum) electrical stimulation, for short-term home use for urinary incontinence. Later, he pursued an interest in urethral resistance and had developed the weighted vaginal cones as a

method of assessing and improving the strength of the pelvic muscles. He introduced a new concept of measuring urethral resistance by the use of the urethral electric conductance with colleague Janez Janez. A few years later, David B Vodusek (clinical neurophysiologist) and Janez Janez (urologist) also became very active in the electrophysiology of the human pelvic floor.



Left to right: Jens Christian Djurhuus, Stan Plevnik, David Vodusek, Bjorn Klevmark, Guus Kramer

1990 Arhuus

Convenor: Jens-Christian Djurhuus

Scientific Chair: Jens-Peter Norgaard

Special features

There was a focus on children's continence issues, in keeping with the significant work around the topic of enuresis work undertaken in Arhuus, and led by Jens-Christian Djurhuus. He was a member of the ICS Standardisation Committee. Later he was the first General Secretary of the International Children's Continence Society (ICCS).

As an omen of the success for the forthcoming congress, the first delegate to register did so seven months before the meeting, a Swede with the name Hurtig (= fast)!

Prof Djurhuus noted "We had been advised to make space for approximately 450 active participants. Before the meeting 500 had signed up, and we ended up with approximately 800 participants.

The weather behaved fantastically in spite of it being the second week of September, so one of the events could actually be more or less outside until early morning with Manfred Stohrer as lead saxophone.

During the gala dinner we were seated by a computer which totally disregarded that people wanted to sit next to the people they usually are sitting to back home, a major change in tradition. Unfortunately, I have not seen it since.

After the meeting delegates travelled by ferry and train to Copenhagen where there was a big party for Bjorn Klevmark at the Tivoli Gardens for his 65th birthday. It was the last night of the season before the Tivoli closed for the winter.

1991 Hanover

Convenor: Guus Kramer,
Scientific Chair: Klaus Höfner



W.C (Chet) de Groat and Guus Kramer

The meeting started very sadly with tragic news that 6 members had died when their aeroplane crashed on landing at the airport in Hanover.

They were:

Heinz Kieswetter	Vienna
Nikolaus Numberger	Vienna
Ricard Steiner	Vienna
Robert Schilling	St Polten
Johannes Schmidt	Vienna
Andreas Peithner	Vienna

The meeting was highly successful despite the fact that Guus Kramer had been given only 12 months in which to organise the meeting due to a late change in venue for political reasons. The meeting chairman Guus Kramer and Klaus Höfner Scientific Chair were thanked, for a very successful meeting at such short notice.

1992 Halifax, Nova Scotia

Convenor: Said Awad
Scientific Chair: John Downie

The meeting was preceded by 3 workshops:

- i) Sacral Anterior Root Stimulation in spinal cord injured patients (Ted Arnold)
- ii) Analysis of bladder voiding function from pressure/flow data: towards an ICS standard? (Werner Schaefer)
- iii) Management of intractable incontinence: shared experiences from around the world chaired by Christine Norton.

For the 2009 meeting in San Francisco the number has expanded to 50 pre-meeting workshops!

ICS members were welcomed by the Lady Mayor of Halifax resplendent in a kilt reminding delegates of the Scottish influence of this part of Canada. Her opening address was followed by a concert by the Stadacona Band of Maritime command and the Bethany Chorale.

The opening ceremony began with the Pipes and drums of the Police Association.

A magnificent traditional Lobster Dinner was enjoyed by all.

The Gala Dinner dance delegates were provided with yellow 'Sou-Wester' waterproof hats worn traditionally by fishermen against gale force winds at sea. At the dinner this was to protect participants from a good hosing down which followed after some dancing.

1993 Rome

Convenor: Francesco Pesce

Scientific Chair: Walter Artibani

Rome was hot that year. There were many delegates who registered on the day rather than having organised this beforehand. This placed considerable stress on the organisers, the venues and the caterers for the social functions. The meeting was preceded by a meeting of ICCS at the Ospedale Pediatrico Bambino Jesu.



Pia Maria and Francesco Pesce

The first of the State of Art lectures was given by A Elbadawi on "The functional pathology of human detrusor: the new frontier in voiding dysfunction". The second was delivered by Derek Griffiths on "The diagnosis of obstruction: towards an ICS standard."

There were 4 workshops.

Social events included a Welcome ceremony, the ICS birthday party, and a Gala Dinner.

1994 Prague

Convenor: Michael Halaska

Scientific chair: Tomas Hanus.

This meeting in the wonderful historic city of Prague was most memorable. The ancient King Charles University, the square and its ancient clock and across the River Vltava to the Cathedral Church of St Vitus, burnt at the stake for his beliefs in the 6th century AD.

The scientific committee under the chair of Tomas Hanus upgraded the software program initially developed around 1986 to assist the mammoth task of scoring the abstracts and arranging the program for the meeting. These were a fore-runner of the sophisticated system developed since and

refined by Dominic Turner from the ICS office, for both the receipt of abstracts and for the final scoring, ranking and developing of the final program.



Prof Michael Halaska

1995 Sydney

Convenor: Richard Millard

Scientific Chair: Ted Arnold



Richard Millard

The meeting was held in conjunction with the Continence Foundation of Australia at the splendid congress centre in Darling Harbour.

The program had 3 State of Art (SOA) lectures and trialled a semi-structured session on the significance of detrusor instability, utilizing papers that had been accepted by the scientific committee.

It was preceded by a meeting of the International Children's Continence Society
The welcome ceremony commenced with a splendid fireworks show on the waterfront.
As this was the 25th ICS meeting it was celebrated with a silver themed Gala dinner on the final evening, and a fund of stories.
There was an opportunity for delegates to see Mozart's opera, The Marriage of Figaro at the world famous Sydney Opera House, just across the water from the Sydney Harbour Bridge.

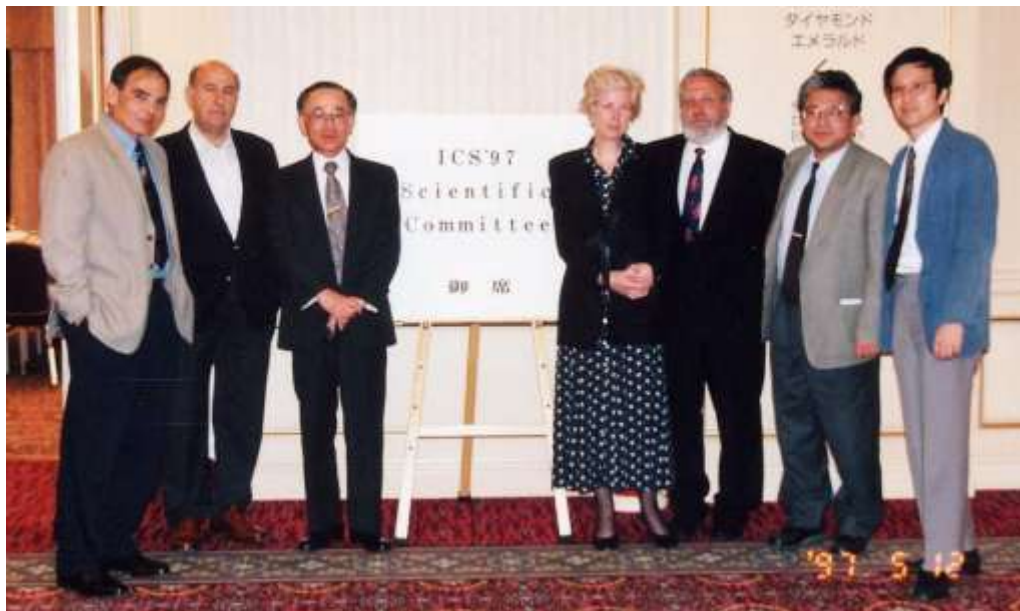
1996 Athens Convenor: George Barbalias



The meeting was held from 27-30 of August 1996. Chris Constantinou was the Scientific Chair.
The Chairmen's Dinner was held at the Dionysos restaurant under the Parthenon in Acropolis, the ancient center of Athens.
The welcome ceremony was held at the Athens Hilton Hotel.
The splendid Gala Dinner was held by the swimming pool at the Athens Hilton Hotel.
A special feature of the meeting were the State of the Art Lectures following a corresponding session of podium presentations of a related theme, a feature of the meeting structure which was enthusiastically welcomed by the attending members.
The 11th Biennial Meeting of the International Society for the Upper Urinary Tract (ISDU) was held in Patras just before the ICS meeting.

1997 Yokohama Convenor: Kazuki Kawabe

Pacifico Yokohama Conference Centre
Scientific Chair was Osamu Nishizawa
The meeting was characterised by the very polite and very generous Japanese hospitality.
The social events were interesting and catered for everyone's tastes in both Japanese and Chinese styles. The Chairman's dinner reception was by boat on the harbour.



Scientific Committee with Professor Kawabe and scientific committee members after discussing the contents of the program for ICS 1997.

Left to right: Rami Langer, Chris Constantinou, Kazuki Kawabe, Clare Fowler, Sivert Lindstrom, Osamu Nishizawa, Yukio Homma

1998 Jerusalem Convenor: David Gordon

To visit the ancient city of Jerusalem with its historical significance was a wonderful experience. The meeting was held in the King David Hotel.

The menu for the annual dinner is included here with its references to biblical quotations. It was a great dinner at Qumran in the desert near the caves where the Dead Sea Scrolls and other ancient manuscripts had been found between 1947 and 1956.



INTERNATIONAL CONTINENCE SOCIETY
28th ANNUAL MEETING
JERUSALEM, ISRAEL, SEPTEMBER 14 - 17, 1998

*Biblical Land
Gala
Dinner & Dance*

Thursday, September 17, 1998

*A land of wheat and barley and vines,
and fig trees, and pomegranate: a land of olive oil, and honey...[Deuteronomy VIII, 5]*

Grain Salad Served with Lightly Smoked Duck Breast, Olive Oil & Fresh Mountain Herbs



*Set on a pot, set it on, and also pour water into it, Gather the pieces thereof into it, even every good piece, the
thigh, and shoulder...[Ezekiel XXIV, 3-5]*

Delicate Cream of Chickpeas with Oxtail, Sumac & Coriander



...And eat the calves out of the midst of the stall...[Amos VI-6]

Stuffed Roast Milk Fed Veal Served with Okra & Jerusalem Artichoke



...I have brought the fruit of the land.... [Deuteronomy XXVI-10]

Galilee Peach Cooked in Muscat Wine with Homemade Orange Sherbet
Accompanied with Cold Rosemarie Sabayon & Forest Berries



...Shall offer Royal Dainties...[Deuteronomy XLIX-20]

Moka

Executive Chef: Shalom Kadosh



Wines: Private Collection Rothschild Chardonnay
Private Collection Rothschild Merlot

1999 Denver Convenor: Rick Schmidt
Scientific Chair: Tony Stone

ICS joined with IUGA, and the International Children's Continence Society (ICCS) for a memorable three-some meeting. The Scientific committees of the three societies met together and somehow addressed the enormous task of producing a good meeting with combined sessions as well as individual programs for the three societies. The scientific chairs for ICS Tony Stone, for IUGA Mark Vierhout, and for ICCS Jens-Christian Djurhuus, did a great job. It proved difficult to combine because of the multiple interests involved and tended to be 3 rather separate parallel meetings, together with several plenary sessions.

The State of Art (SOA) lectures were given by Alan Wein, Chris Payne and Mike Chancellor on the Tuesday. The following day the SOA was given by J Levine on "Pain and Inflammation: neural mechanisms". The third was delivered by Frank Hinman Jr, on the impact of piddling on the quality of life. Ted Arnold recalls his discussing the architecture of the stalls in men's toilets and how difficult this often is for the 30% of men described by Hinman as having 'bashful bladders' who have to sidle into a stall. He was calling for 'blinker' panels at least, to place between urinals to afford some privacy.

The social events included a welcome ceremony, and a rodeo and steak dinner at the National Western Complex.

Tony Stone noted "ICS/IUGA Gala Dinner Convention Center ('Cabaret: Baxter Black, Cowboy Poet. Not a good choice for the international audience. Almost every table ignored the act despite Paul Abrams and me trying to shut people up. Baxter Black finished his act anyway, well he was being paid!!)"

Tony Stone indicated that the organization of the meeting was a bit difficult, not only because of the 3 'competing' societies, but more due to geographic distribution of the organization. Rick Schmidt was in Denver, Tony was in Sacramento CA, and Joe Dwoskin worked in Lubbock Texas (we used the Texas Tech CME office). Despite this the meeting came off well. I believe we hit the 2000 participant mark for the first time in ICS history.

Despite any difficulties it was a very interesting scientific meeting and the usual good fun, one mile high.

2000 Tampere Convenor: Teuvo Tammela

At the Opening Ceremony the Chancellor of the University of Tampere, Governor Heikki Koski, welcomed members to this University city.

Teuvo Tammela reported that there were approximately 1600 participants from 38 different countries at the meeting. "We were very lucky with the weather which was very beautiful all the time although the summer 2000 as a whole was rainy in Finland. The social programme succeeded also very well and we had warm atmosphere. During the Annual Dinner everyone was offered reindeer meat (main course) warm practically at the same time, service worked so well" he stated.

There were three State-of-the-Art-lectures given by Tage Hald, Karl-Erik Andersson and Ulf Ulmsten. Economically the meeting succeeded well and we made good profit for the ICS.



Teuvo Tammela in 2000 congratulating and 'passing the baton' to Kwang Myung Kim who would be the convenor of the meeting in 2001 in Soeul.

2001 Soeul Convenor: Kwang Myung Kim

This meeting was severely disrupted by the events of 9-11 a week before the ICS meeting. The destruction of the Trade Centre towers in New York and of the Pentagon in Washington of 11th September 01 by terrorist hijackers, caused considerable anxiety among most American citizens and many others about flying, so many cancelled their plans to attend.

Those who did attend were greeted by an excellent meeting in a grand venue, and a wonderful welcome. There was a spectacular demonstration of the very impressive traditional drums of Korea. The Chairmen's dinner was held aboard a small ship cruising down the Inchon River.

2002 Heidelberg Convenor: Manfred Stohrer
Scientific Chair: Guus Kramer

The meeting was held in the Heidelberg Town Hall. It was a historic venue although space for the trade exhibition was rather tight. Many delegates stayed in accommodation peripheral to the city and traveled to the venue by coach. There were 8 Satellite symposia.

Spanish speaking delegates met for a separate session before ICS started as they did from time to time. The first Physiotherapy Round Table was held there and has continued on an annual basis since.

The Welcome Ceremony was held in the historic Heidelberg Castle with such spectacular fireworks it was a reminder of the ignition of the gunpowder store that took out one of the 3 towers of the Castle in the 17th century!

SOA lectures were incorporated into a Neurourology Forum with

Clare Fowler, discussing neuroanatomy and physiology

Helmut Madersbacher and Udo Jonas reviewed diagnosis and therapy.

Jan van Gool argued that Renal damage in children with spinal bifida is preventable Atsuo Kondo suggested that we need a subspecialty of Geriatric Urology

Richard Millard reviewed surgical approaches

JJ Wyndaele reviewed non-surgical approaches to management

The Scientific Program also included a Paediatric Forum chaired by Rien Nijman, and Henri Lottmann

The Gala dinner dance was held in the old Town Hall.

2003 Florence**Convenor:** Walter Artibani**Scientific Chair:** Stefano Salvatore.

Walter Artibani

The meeting was held in a converted Army barracks, refurbished into a congress centre. Florence is a fantastic city with art and historical connections. The scientific program was excellent.

The Welcome reception was held at the Loggia of Palazzo Pitti (Piazza Pitti) and guests as they arrived were welcomed by a traditional parade of flags and by the sound of trumpets inviting them to join the reception. The masters of ceremony lead the guests inside the Palazzo where they were offered Tuscan wine in traditional terracotta goblets. An orchestra played renaissance music while 25 singers, acrobats, minstrels, court ladies and jugglers staged an entertaining pantomime based on the misadventures of a clumsy wizard. Guests were also entertained with games and magic shows throughout the evening.

The Gala Dinner was held in the Stazione Leopolda, the old railway station. Still showing the original 1800's features it now hosts artistic and cultural events. Music and dancing followed as is the tradition.

In the 1800's Florence was one of the destinations of the famous European "Grand Tour" undertaken by English aristocrats to complete their education. In his early works the 1800's writer Carlo Da Collodi wrote of a train journey from Livorno to Stazione Leopolda. This journey becomes the lead for a performance which takes the audience back in time swinging between imagination and reality. This performance combines music, drama, and unusual stage design. During the imaginary journey, the characters tell each other stories going beyond individual events and involve the audience in an amazing tale which creates unexpected moments of interaction. The diners at the AGM sat at tables as if on the railway platform watching the story unfold.



Paul Abrams at the AGM at which he demitted office after 17 years as General Secretary. Walter took on the mantle.

His contributions were acknowledged by Walter Artibani at the AGM and at the Gala Dinner, where a presentation was made.

2004 Paris Convenor: Bernard Jacquetin



Bernard Jacquetin and friends.

The scientific chair was Francois Haab, and was the second conjoint meeting with IUGA, the first being in Denver in 1999.

It was a very successful meeting aided by superb conference facilities at the Palais des Congrès, and the fact that Paris is Paris.

The Gala Dinner was held at the Palais de Versailles, and commenced with drinks and nibbles on the steps overlooking the sweep of gardens and fountains while the sun set along the avenue of fountains. Behind were the buildings of the palace. The dinner itself was held in the historic Orangerie.

2005 Montréal

Convenor: Jacques Corcos**Scientific Chair:** Eric Schik

The meeting was highly successful both in the numbers attending and in the fiscal outcome. The Chairmen's Dinner was in the Mont Réal with a commanding view over the city.



Chairman's Dinner Mont Réal 2005

Left to right: David Staskin, Norm and Nancy Zinner, Adrian Wagg, Linda Cardozo, Peter Sand, and Jacques Corcos.

There were 6 State of Art lectures instead of the usual three.

Another innovation was to have a Hall of Fame. Session chairs were asked to select the best presentation in each session and these were gathered and exhibited in the "Hall of Fame" area located in the Foyer of the convention Centre.

The Welcome Reception was held in Windsor Station.

The Gala Dinner was at the Palais des congrès de Montréal. Diners at each table had a different menu and cards for each course, which could be negotiated with others. Each diner then went to the appropriate food station to collect that meal. There was a superb cirque du soleil entertainment to follow, and of course the music and dancing.

2006 Christchurch

Convenor: Ted Arnold

Scientific Chair: Prof Don Wilson



Ted Arnold, Richard Millard, Margaret Arnold



Prof Don Wilson, Chair Scientific Committee

The Chairmen's Dinner was held in the Art Gallery foyer

The Welcome Ceremony in the Christchurch Town Hall took the form of a traditional Maori powhiri welcome. The ceremony was led by the chief of the Ngai Tahu Maori tribe from the whole of the South Island, Rev Maurice Gray. The formalities proceeded to a hongi (rubbing of noses) of the visiting ICS dignitaries with the local group



Left to Right: Don Wilson, Peter Herbison

Ted Arnold doing the hongi with Richard Turner-Warwick, Atsuo Kondo
Rev Maurice Gray doing the hongi with Helmut Madersbacher, during the official Maori Powhiri (Welcome). This greeting symbolises the sharing of the spirit between people by breathing the same air.

The Town Hall was decorated with traditional Maori symbols.

The Gala Dinner was held at the Westpac stadium, with a wearable Arts demonstration, and followed by music and dancing.

Use of audience transponders was trialled. Each delegate was issued with a hand-held transponder/microphone. When a delegate wished to ask a question of a presenter, they would press a button on the transponder, which meant the Chairman could see on his monitor who it was asking the question, and if more than one, the order in which they appeared. When appropriate the Chair would activate the microphone of that transponder and invite that person to ask the question, without the need to get past other delegates to reach an aisle microphone. The system worked reasonably well but needs refinement. It was also quite expensive.

Two interactive sessions were included. The first was on a Primary Care perspective chaired by Clare Fowler, and the second on Specialist management chaired by Don Wilson. Both focused on progressive management plans.

The AGM was marked by tensions within the ICS largely around the length of terms of office holding, the perceived lack of power sharing, the relationships some members held with Industry, and the overt hostility from some members concerning these issues. This entire disharmony led to the AGM approving the General Secretary, Walter Artibani's recommendation that an *ad hoc* committee be formed to review the ICS Constitution.

2007 Rotterdam

Convenor: Ruud Bosch
Scientific Chair: Mark Vierhout



Ruud Bosch on the right with George Barbalias

This meeting was held from 20-24 August 2007 at the Congress and concert centre “De Doelen”, Rotterdam.

The welcome Ceremony was a Dutch evening in the Cruise Terminal of Rotterdam Harbour.

The Gala Dinner was held in the historic 15th century St Laurens church, one of the only buildings still standing in Rotterdam after the Second World War. It is still an active church, so it was unusual to be drinking and eating and being entertained inside. It was a very good evening.

Special features of the meeting included:

- ICS Holland House: roof top hospitality area with daily special presentations and prizes.
- For the first time ICS workshops and educational courses were accredited within the EU-ACME programme of the European Board of Urology
- On Sunday August 19 a Nurses education forum was held.
- On Saturday August 25 the first CPC (Continence Promotion Committee) Public Forum was held
- In the plenary program two Point-counterpoint discussions were held in Rotterdam:
 - I. Physiotherapy is the first line treatment for women with stress urinary incontinence.
Pro: Kari Bo (physiotherapist); Contra: Huub van der Vaart (urogynecologist)

II. Post radical prostatectomy incontinence: the artificial urinary sphincter is the first treatment option.

For Sender Herschorn;

Against: Francisco Cruz

2008 Cairo

Convenor: Sherif Mourad

Scientific Chair: Heinz Koelbl



The meeting was held from October 20-24, 2008 and was the first time that the ICS had met in Africa. The Scientific Chair was Heinz Koelbl.

The annual General meeting accepted changes to the Constitution addressing the limiting of terms of office-holding, the requirement for compliance with the ICS Code of Conduct and the requirement that all contributors must declare any potential conflict of interest. It was ably chaired by Werner Schaefer. Jacques Corcos was elected General Secretary.

The Chairmen's Dinner was held in the historic Minsterly Palace beside the Nile River. It was interesting to see the Nilometer river gauge. The height of the river reflected the flooding higher up the Nile. Flooding meant there would be good crops the next season and so this prediction was used to raise the level of taxes. If the flood was lower than usual then taxes would be lowered!

The Welcome Ceremony was held at the Cairo International Convention Centre

The Gala Dinner was held outside at the pyramids of Giza, a spectacular sight lit up at night. There was a very interesting 'son et lumiere' using the pyramids as the backdrop. This was followed by dancing in the open air.

Special features of the Cairo meeting were the "Meet the experts" session, the debates and the round table discussions.

The First World Continence Day was held in conjunction with the Pan Arab Continence Society and was highly successful.



Outdoor Gala Dinner in front of the Sphinx and the Pyramids lit up for the Sound and Light demonstration.

2009 San Francisco

Convenor: Tony Stone

Scientific Chair: Karl Kreder



A record number of abstracts (1003) was received. In view of this a much higher proportion of submissions were accepted and for the first time 4 parallel sessions were run after the plenary sessions, both morning and afternoon.

Despite the global credit crunch and the threat of a flu epidemic, no fewer than 2535 delegates including ICS members and visitors from 58 countries and multiple disciplines enjoyed the 39th annual meeting of the ICS, based around the theme "Improving outcomes for Incontinent Patients". The scientific program was excellent.

There was a record number of 38 workshops and 16 Educational Courses.

One of the State of Art lectures was delivered by Kate Lloyd on the topic of “Things ain’t what they used to be” and addressed ethical issues around the relationship between Industry and education. This topic is of increasing importance in all medical societies and institutions.

Social events included a welcome reception at the splendid San Francisco City Hall with culinary and cultural highlights typical of San Francisco. The highlight of the opening ceremony on the first day was a performance by the San Francisco Girls Chorus School which performed at the inauguration of President Obama. New this year was a ‘Welcome to the ICS’ Breakfast for first-time participants. The traditional ICS gala evening took place on board the San Francisco Belle riverboat, with dinner and dancing while cruising around San Francisco bay. The ICS 5K Fun Run took place at 7am the following morning on a specially designed flat route along San Francisco Bay. Furthermore, the Meet-the-Experts lunchtime sessions were so popular that they sold out before the meeting even started!

This was a peaceful AGM and the first since 2004 where the tensions were not in evidence. Long may this continue!

2010 Toronto combined meeting of ICS and the International Urogynaecology Association (IUGA)

Co-chairs: Harold Drutz (IUGA) and Sender Herschorn (ICS)

Scientific Chairs: Chris Maher (IUGA) and Sender Herschorn (ICS)



Harold Drutz

Sender Herschorn

Messages of welcome from the Prime Minister of Canada, Premier of Ontario, and the Mayor of Toronto, were recorded in the Welcome section of the Programme Book issued to all participants, recognizing the importance of the two international organizations.

The warmth of their welcome was emulated by the courtesy and friendliness of Torontonians in general. The setting was magnificent, with the CN Tower in close proximity and, within easy walking distance, the famous waterfront with its many attractions, not least the Irish Pub with its young waitresses in micro-kilts, really more a popular restaurant with a relaxed ambience.

Toronto's many museums and other sites of interest provided a wide variety of activities for those accompanying delegates, and for pre- and post-conference relaxation.

The Welcome Reception was introduced by a splendid band, entering the hall via the escalator while playing a stirring medley. The international nature of the meeting, and of Toronto, was emphasised by the many multicultural foods on offer at individual serving stations, each with a living "statue" representing the appropriate nation. A splendid opportunity for delegates to mix, renew acquaintances and make new friends.

Jacques Corcos, ICS General Secretary, and Peter Sand, President JUGA, provided an effective double act at the Welcome Reception and at the Gala Dinner.

The following report of the Scientific Program was kindly provided by Harold and Sender:

"A record breaking and momentous meeting was hosted in Toronto by co-chairs Harold Drutz (Meeting Chairman) and Sender Herschorn (Chair Scientific Committee) from the 23-27th of August 2010. This was the third time that the two societies ICS (International Continence Society) and the IUGA (International Urogynecological Association) have had combined meetings. This meeting was also historic in that it was the 40th annual meeting for the ICS and the 35th annual meeting of IUGA.

An unprecedented 3528 people from 74 countries registered for the meeting. This was the greatest number of registrants for any prior combined or single meeting of either society. There were 298 oral and oral poster presentations, and 44 videos. There were 108 workshop applications and 48 were accepted for presentation and these workshops were attended by 3070 meeting registrants. There was a total number of 1374 abstracts submitted for the main meeting, of which 1263 were accepted. Congratulations to the Scientific Committee co-chairs Sender Herschorn (Canada) and Chris Maher (Australia) and the members of the combined Scientific Committee who did an outstanding job reviewing abstracts and selecting papers for the Scientific Meeting.

The Chairman's Dinner was held at the Art Gallery of Ontario and the Opening Reception was held at the MTCC with the theme being the multicultural nature of Toronto's heterogeneous population. The Gala Dinner was at the stately Liberty Grand, built in 1928 which overlooks Lake Ontario.

The Scientific Meeting started with a historical review of the 40 years of ICS presented by Professor Ted Arnold (New Zealand) and a review of the 35 years of IUGA presented by Professor Harold Drutz (Canada). The Ulf Ulmsten lecture entitled: Sphincter Regeneration with Muscle Stem Cells: Cell Therapy Discovery Science of Clinical Trials, was presented by Professor Michael Chancellor (USA). This was followed by a Panel Symposium on Basic Science Research into Pelvic Floor Disorders: From the Bench to the Bedside, chaired by Harold Drutz with participants May Alarab (Canada), Jan Deprest (Belgium), Pamela Moailli (USA), and Steven Abramowitch (USA).

Mr. Abdul Sultan (UK) gave a State-of-the-Art (SOA) lecture entitled, "What the Pelvic Surgeon Needs to Know about the Anal Sphincter in 2010". This was followed by a Panel Symposium on Latent (Occult) Stress Incontinence: What is it? How to Diagnose? If and When and How to Treat chaired by Willy Davila (USA) with panelists Mickey Karram (USA), Michele Meschia (Italy), and Kathleen Kobashi (USA). The final Panel Symposium was How to Avoid, Diagnose and Manage Complications of Mid Urethral Slings and was chaired by Sender Herschorn (Canada) with panellists Peter Dwyer (Australia) and David Staskin (USA). Professors Stephen Bauer (USA) and Wendy Bower (Hong Kong)

combined to give the State of the Art Lecture on Recent Advances in Childhood and Adolescent LUT Dysfunction.

On a personal level, Harold Drutz was presented with a surprise award by 25 of his former fellows who attended the meeting. The Plaque was inscribed to, "Professor Harold P. Drutz for his priceless contributions to the field of urogynecology and reconstructive pelvic surgery in Canada and throughout the world from the scholars he trained, mentored and inspired".

We would like to congratulate the executive offices of both ICS, IUGA and Kenes for the collegial and collaborative spirit in which we all worked in order to bring this outstanding meeting to fruition.

Harold and Sender"

20 Scientific Sessions and 9 Workshops were selected to be recorded and broadcast via the internet immediately after the meeting, to be online for 12 months.

3.4 IMPROVING THE QUALITY OF ICS MEETINGS

Independent Analysis of Directions for the Society and its science (Dr E Yates)

In a new initiative at the Los Angeles meeting in 1980, Norman Zinner asked Dr Eugene Yates a celebrated clinical and basic scientist, with no specific knowledge of urodynamics or of incontinence, to attend the ICS meeting and to provide an objective commentary on the science of our meeting as perceived by an outsider. (Yates 1981). This paper is reproduced with permission, as Appendix 4.

Yates applauded the candidness of the discussions, and the way in which the meeting maximised the exchanges of experiences and ideas, in an interdisciplinary way.

He expressed concern about immaturity in the use of statistics. He drew attention to the importance of prospective studies. He chided against the personal authority assumed by some authors which in reality is no more than expert opinion. He exhorted the Society to doubt 'conventional wisdom', and to avoid discrediting a study or plan of action, where there is lack of correlation between symptoms and objective data. This could still be worthy of study.

Yates identified some areas where improvements in the science could be sought, including greater use of computational studies, increased collaboration with other disciplines, neurophysiology studies, and pharmacology. Much of this did follow.

This proved a useful approach in seeking independent analysis of our activities.

Improving the value of meetings

The structure of each meeting is laid down in Guidelines in ICS Bylaws but the character should remain unique as determined by the Convenor. As stated by Eric Glen in 1981, "Each annual conference had its own special feature reflecting the views of the chairman and his committee."

This needs to be positively preserved now we have a Professional Conference Organiser company doing much of the detail. The flavour of a meeting was often in the nature of the social events or in the ventures made into producing a scientific program with a difference.

The ICS is a vibrant organization. Its members have always been encouraged to contribute ideas for the future development of its structure and nature of its format. Long may this continue.

Scientific Committee

In 1985 it was proposed that the committee to select the papers for presentation at the Annual Scientific Meeting would consist of the past, present and future Chairman. In addition there would be the 2 ICS representatives each of whom would hold office for 2 years. The host Chairman would appoint one other. With the increasing number of abstracts being submitted each year the Committee expanded and is regularly reviewed. Current regulations are in the Bylaws of the Society.

Abstract submission

In 1985 it was agreed that there be a limit of 6 for the number of abstracts submitted from any one institution, and that an individual could submit no more than 2 as first author. All abstracts should be anonymous, and it was expected the first author would be the person making the presentation.

Discussion time

Initially the format was 10 minutes for a presentation and an equal time for discussion. In 1976 the discussion was left till the end of a block of papers. This did not prove satisfactory and discussion was re-introduced after every presentation.

Paul Abrams noted in an ICS newsletter in 1988, that one of the strengths of the ICS meetings has been the high standard of discussion and this has depended on a continued policy of not accepting large numbers of papers. He mentioned that many other Societies accept 5 minute papers with 2 minutes for discussion. This system has always been rejected by ICS and indeed some members still believe that we should accept even fewer papers and have longer discussion.

Quality of slides

This was discussed at the 1976 meeting with some criticism from Tage Hald that the quality was poor, they were shown too rapidly, and contained far too much information. He suggested conclusions should be shown in large letters!! David Rowan compiled some excellent guidelines for the society in 1989. He advocated that text slides should be no longer than 7 lines with lettering large enough to be legible, and no more than 7 words per line. Tables should include only material relevant to the topic being discussed. Graphs are usually better than tables. Dual projection should be used only if the second slide illustrates a point being made on the first, rather than a method of increasing the number of slides. He advised that only material being discussed should be included, to reduce the often large amount of material some authors use.

'Base' papers

In this innovation the session chair would give a base background paper before the other presenters. This was tried in 1976 and considered unhelpful and thence abandoned.

Workshops

Workshops were introduced in 1980 by Norman Zinner to encourage participation in meetings. The smaller numbers in each audience helped to overcome the natural diffidence that some have in asking questions of respected experts, in a large audience. In 1980 there were three workshops and the presenters delivered the same material at three different times on one day, so that each delegate would be able to attend all 3 workshops.

In 1983 it was decided that the workshop idea introduced by Norman Zinner should be adopted in a modified form, each to be chaired by an expert in the field, and as always preserving ample time for discussion. The workshops then were to include posters and original papers and in a way, were similar to the later semi-structured sessions. On the morning following, the chairs were expected to give a brief overview of their workshop to the general meeting, followed again by discussion.

Since then workshops have become a very popular part of ICS in the 2 days prior to the scientific exchange of ideas in the peer-reviewed sessions. At the meeting in 1992 in Halifax, there were 3 workshops and for the 2009 meeting there were 53 workshops including 16 ICS Educational Courses.

Workshops, Courses and State of Art lectures are very popular among delegates. Many who attend ICS want a review by experts, as much as to hear the recent advances at the edge of scientific endeavour.

State of Art Lectures

The introduction by David Vodusek in 1989 of Keynote addresses or later deemed State of the Art Lectures as a review by international experts, has been very popular for the same reason. The lectures and lecturers are listed in Appendix 5.

Debates

At the Los Angeles meeting there was a debate using Oxford Union rules. A similar initiative using debates was used in 2006 by Don Wilson, and again in Rotterdam in 2007.

Posters

Poster presentations have become an important part of the annual Meetings. When they were introduced by Peter Šuhel at the 1977 Meeting in Portoroz, no time was allocated for discussion. Norman Zinner expressed the view that those who created the posters were being short changed, since participants simply glanced at the posters on their way through the hall to the lecture theatre. He determined that the posters would be presented to a sitting audience and be open to discussion by the entire audience.

Posters continue to be a useful means of displaying a large volume of work, with the additional advantage of alleviating language problems that can be so troublesome in traditional presentations.

Concurrent poster presentation sessions were introduced later, and were a method of accepting more papers. The principle was that there should be no more than 2 such parallel sessions at a time, so that as many of the delegates as possible would be able to attend. With increasing numbers of papers being offered, there is some pressure to increase the numbers of parallel sessions, rather than prolonging the length of the meeting.

In 1991 an additional abstract category of 'non-discussion poster' was introduced for as many as possible as a means of promoting participation and sharing of research ideas. At a time specified in the program, the author had to be beside his/her poster in order to answer any questions. It had the added advantage of fulfilling the requirements of the author's host institution, that in order to obtain leave to attend an international meeting they must be an active contributor and have an accepted paper.

Semi-structured sessions

In 1973, the ICS Newsletter noted some themes for the following year's conference. Among these were "Provocative Contributions" which were papers likely to stimulate constructive discussion. *"The organisers reserve the right to present a résumé of the selected papers at the Meeting with a view to stimulating discussion on the basis of pre-prints submitted. Authors would be expected to defend or explain their views in discussion if necessary."* Perhaps this was the forerunner of the semi-structured sessions, or indeed of the "Discussed Poster" sessions.

Semi-structured sessions were tried in 1994 and again in 1995, and 1996. The goal was to take the abstracts accepted by the Scientific Committee and to accept these as 'posters' grouping them into a single session, and inviting the presenter to answer specific questions relevant to the whole topic which had emerged from his/her work. Using the authors of these selected papers as a panel, the session chair would ask questions of each while working through the whole topic. This would mean fewer repetitions, and a focus on the real issues and where the research offered might contribute to understanding. It requires a very pro-active Chairperson.

Citizen's juries

Citizens' juries have been suggested by Jean Hay-Smith and Peter Herbison, as another way forward in selecting the topics for subsequent research or scientific presentation, by inviting lay people to state their views on relevance.

Keypads for interactive discussion

The use of interactive keypads for discussion was tried at the meeting in NZ in 2006. After a speaker had finished the presentation, comments and questions were invited from the floor, in the usual way. Each member in the audience had a keypad which was numbered and the holder's name identifiable. When questions or comments were invited, the questioner would press a key on their keypad and their details would appear on the chairman's screen, in order. The chair would then select the next person to speak from their own seat by activating that specific keypad which had a radio-link to the audio system. The quality of this technique needs some improving, but it did have the advantage of not wasting time while people get up, climb over several others to get to the aisle and then move to an aisle microphone.

Anonymity of Abstracts submitted for Meetings

This was introduced in 1980 at the Los Angeles meeting.

Simultaneous sessions

While these were not permitted as stated in 1977, following discussions at the AGM in 1982, they were introduced in 1983, with some reluctance, as the best way to increase the acceptance of more papers and a balanced program to allow for more work to be presented.

This was seen as a positive move to encourage the multidisciplinary approach which characterises the ICS, and for balance taking into account the increasing complexity of basic sciences. The Honorary Secretary noted in 1983 that "clinicians, nurses and physiotherapists among others feel that there was increased emphasis on high-powered investigations, and not enough coverage of day-to-day problems." Workshops were another way to achieve the required balance.

ICS has always tried to encourage initiatives to improve the educational value of its meetings. The Board of Trustees is currently looking at ways to improve the quality of education at its meetings.

Scientific Advisory Committee

This was first suggested by John Gosling in 1979, with the goal of shaping future conferences, and indicating areas of special interest. Members were invited by the Honorary Secretary to submit ideas. In 1980 the members approved this proposal and John Gosling became the first chair of a working party to develop terms and goals. They produced some recommendations in 1981, which regarding the length, including illustrations, format of abstract submissions, and the date by which they must be received. They also recommended that a scientific committee be set up to select

papers for each meeting. The committee would keep 2 places for election by the membership. They suggested using independent referees when needed.

The arrangements for future meetings were largely set by this committee and are very similar to what remains the current practice. At that time there were 2 and a half days for the scientific presentations on Days 2 to 5, on Day 1 and Day 5 there would be workshops, and the AGM held on the whole afternoon of Day 4.

Having developed a successful format for the meetings, the Scientific Advisory Committee lapsed after some years, but the ICS is considering re-introducing its functions.

Preserving the individual character of the meetings

The convenor of each meeting imprints his or her own flavour to the meeting particularly in relation to the social and cultural events. The selection of the site of meetings to come has been based on the prospective convenor and the contribution that person has made to the ICS. This has been more important than the city or venue.

As ICS enlarged, prospective bids to host the meetings had to be analysed carefully in terms of the size of auditoria, the number of sites that could host the multiple workshops and courses, the accommodation both for standards and numbers concerned, and the ease of access for international travel.

ICS had a Meetings committee to do this. On one occasion the meeting had to be changed at short notice because of political issues and suitability of the venue.

As the attendances grew, and costs of organising meetings increased, it was decided to employ Kenes, a Professional Conference Organiser (PCO), to assist. After 2 years of partially contributing, they have been the PCO for ICS from the meeting in Cairo in 2008, and since. This has been a considerable benefit to the local organisers, but the unique character of each meeting must be preserved.

4. COMMITTEES

INTRODUCTION

The first committee of ICS to be established by the members at an AGM was the Standardisation committee. Then there was the Scientific Advisory Committee led by John Gosling, and progressively others were added as the need arose.

These have increased so that by 2010 the Board of Trustees received advice from ten committees set up to be responsible for specified areas of activity within the ICS. Each has a 'terms of reference' and is responsible to the Board and to the membership. These are published on the ICS web-site. The Chair of each committee tables a report of the year's activities at the AGM. The chair is elected by the membership for a 3 year term, which can be extended by election if the incumbent wishes to stand again for a maximum of 6 years.

The number and range of Committees reflects the interest of the members and the activities of the Society in promoting quality of life for all with continence and other pelvic dysfunctions.

It is within the committees of the ICS that the objectives of the ICS are pursued. Their work is central to the aims and the Memorandum of Association and to the reason that the Charity Commission of UK recognises ICS as a charitable endeavour.

Initially the committees reported to the membership. Subsequently Committee Chairs *ex officio* had a seat on the ICS Advisory Board, to whom they gave advice as well as reporting to the AGM. Following the altered constitution, committee chairs report directly to the Board of Trustees and to the AGM, but do not have a seat on the governing body of ICS.

.1 CHILDREN'S COMMITTEE

Functional disorders of the urinary tract in children were initially covered within the program of the ICS meetings. To allow more detailed consideration of children's problems the International Children's Continence Society (ICCS) began after 1995. This left a hiatus for those members of ICS interested in function and dysfunction in both children and adults. This led to the formation of the ICS Children's Committee, in 1999, chaired initially by Rein Nijman and subsequently Wendy Bower.

The focus of the ICS Children's Committee is

- To act as a link between ICCS and ICS members encountering children e.g. promote ICCS standardization documents and practice guidelines
- To keep ICS membership updated and aware of relevant and recent research into paediatric Lower Urinary Tract Symptoms (LUTS) and abreast with change of practice
- To target the area of adolescent LUTS: assessment and management
- To arrange an ICS course to address the specific needs of adolescents with LUTS and also the difficulties facing clinicians dealing mainly with adults. Within each course aspects of the other topics specifically requested by members can be addressed e.g. treatment failures. This ICS course would run in the year when an ICCS meeting did not occur. ICCS meets every two years.

The role of the ICS Children's Committee is to keep ICS members informed about the course content from previous years providing guidelines for assessment and treatment of adolescents.

.2 CONTINENCE PROMOTION COMMITTEE (CPC)

Extracted from the Minutes of AGM in 1980 in Los Angeles:

“Dorothy Mandelstam, physiotherapist asked the ICS to organise or support meetings to extend awareness of the problem of incontinence and the advances made in its management. Members were sympathetic but at the time felt this task was more suitable for individual groups and indeed many of those present had been responsible for symposia etc addressing these issues. The General Secretary received many requests for information from groups and individuals, and when necessary referred these requests to the appropriate quarter. Specific requests for support and suggestions were invited.” Eric Glen noted that “Mrs Mandelstam is to be congratulated for her own considerable contribution including her recent book: Incontinence and Its Management”.

In 1985, Eric Glen initiated the Scottish Task Force on Incontinence and started the development of an open access nurse-led service which became a training centre for nurses and related carers, subsequently becoming the Helpline for Scotland. This model has been copied in many other countries since.

The Continence Promotion Committee (CPC) of the ICS was established in 1993 to promote continence awareness world-wide through public education, bladder awareness weeks, and forums for discussion. By that time there were 47 dedicated Continence Organisations in 33 different countries. The first ICS Public Forum was held in 2007 at the conclusion of the ICS Meeting in Rotterdam. From 2009, there will be an annual World Continence Awareness week. In 2009 it was from June 22-26.

When it began the CPC was co-chaired by David Fonda and Chris Norton, and subsequently by Diane Newman until 2009 and then by Vasan Srin.

The first decade of the ICS Continence promotion initiative, was published by co-chairs Christine Norton and David Fonda and reproduced below:



Christine Norton & David Fonda, co-chairs, CPC

10th Anniversary - A Decade of Continence Promotion

Welcome to the 10th anniversary celebration edition of “Continence Worldwide”. In 1993 at the International Continence Society (ICS) meeting in Rome we held our first networking meeting for continence organisations and others interested in promoting continence from around the world. We were amazed at how many people were interested, how much we had in common, and how much we have to learn from each other. We decided to formalise a networking group and called ourselves the “Continence Promotion Committee” (CPC). Since then, we have held meetings and workshops every year in conjunction with the annual ICS meetings and produced this newsletter to inform the broader ICS membership about continence promotion activities around the world. Some of our themes have been around prevention, education, fund raising, promotion, and meeting the challenge of reaching the general practitioner (GP).

In 1993 there were a handful of small continence promotion organisations scattered around the

globe, with almost no contact with each other. Today there are 35 organisations in 25 countries (see the back pages of this newsletter), as well as “umbrella” organisations such as the Asia Pacific Continence Advisory Board to co-ordinate activities on a pan-regional basis. We have shared information, ideas and materials and helped new countries to get started and learn from the experiences (good and not so good) of others. Initially, most organisations had no paid employees and were run by volunteers. Today you will see contributions in this newsletter from “Director”, “Communications Manager” and “Promotions Manager”. We have come a long way.

During this decade the ICS has formally recognised the CPC as one of its constituent committees, with a seat on the ICS Board. The International Consultation on Incontinence has included a committee on “Promotion, organisation and education in continence care” in its first two meetings and this will continue for the third consultation in 2004. Many health care systems have started to pay attention to incontinence as a serious health care issue and national governments have funded major initiatives (such as the AHCPR Guidelines in the USA and the National Continence Management Strategy in Australia). The climate for continence promotion has changed, thanks mostly to the efforts of ICS members in their different countries.

Few would have envisaged a “Black Tie Gala for Continence” (see Simon Foundation) or a “Urologists Continence Rope-jumping Marathon” (see Korea) a decade ago. As competition for public and media attention intensifies from all quarters, we will need to be increasingly creative and ingenious in our efforts to promote the positive continence message. To share our ideas with each other will lessen the burden on each of us.

Thanks are due to many people for the success of the CPC and we cannot mention all. But we would like to acknowledge particularly the support of Paul Abrams as Honorary Secretary of the ICS in establishing the CPC as a formal entity of the ICS; and the help of Bengt Bengtsson who has supported and maintained our networking website www.continenceworldwide.org.

At the ICS meeting in Florence we are formally retiring as joint chairs of the CPC and handing over to Diane Newman as the incoming chair. We wish her well and will support her however we can. New blood is always welcome, so please contact any of the committee members if you are interested in becoming involved with the CPC. And please join us for a “Continence Fair” to exhibit the activities of continence organisations during the lunchtime of Thursday 9th October, 2003. That will be followed by our annual networking meeting which this year will be on the theme of promoting continence to culturally and linguistically diverse communities.

A decade ago the International Continence Society was a well-established scientific society dedicated to the promotion of scientific research on incontinence, presented each year at its annual conference. But there is little point in excellent research if the majority of incontinent people have no accessible services or are too embarrassed and ashamed to seek help. Through the activities of the Continence Promotion Committee the ICS and its constituent members have come, over the past decade, to see their mission as broader than scientific research. Today the home page of the ICS website carries the message “The ICS actively encourages continence promotion throughout the world”. Long may it continue to do so!

Christine Norton & David Fonda, outgoing co-chairs, CPC

By 2003 there were 47 organisations in 33 countries with goals of continence promotion.

The first World Continence Day forum which was open to the public was held on October 24, 2008 in Cairo at the conclusion of the annual ICS meeting, and was held in conjunction with the Pan-Arab Continence Society. The goals were to raise public awareness of bladder and bowel problems. It was widely publicised. The forum was very interactive and well attended with 470 people, including consumers, patients support groups and health professionals. The Vice President of the World Federation of Incontinent Patients Lynne van Poelgeest, was one of the speakers. At the forum the first annual World Continence Week was announced for June 22-28, 2009.



Diane Newman, chair of the CPC 2003-2008

The World Federation of Incontinent Patients is a new non-profit organisation founded by patients with the aim to improve the quality of life of incontinent persons. It aims to bring together and promote socialization of incontinence patients with individual countries around the world. Additional objectives include protecting the rights of incontinent patients and to work with governments in the various countries to ensure laws that protect these individuals. This group has a close liaison with the CPC of ICS and the goal is to continue with the collaboration. This began at the ICS in Rotterdam in 2007.

Continence promotion and public education aimed to encourage help-seeking have been stimulated and supported by the ICS Continence Promotion Committee, on a world-wide basis.

.3 EDUCATION COMMITTEE

The ICS Education Committee was formed in 2002. The first Chair was Linda Cardozo.

From 2002 to the present time the Education Committee has become a vital part of the structure and function of the International Continence Society.

Because workshops at the Annual meetings had been organised and arranged by whomever wished to devise one, they were uncoordinated and it was decided at the 2000 meeting in Tampere, to form an Education Committee to oversee and be responsible for the subsequent workshops, as from the 2001 meeting in Soeul.

At the Heidelberg meeting in 2002 Linda Cardozo was elected Chair of the newly formed Education Committee, and was joined by Werner Schaefer, who was responsible for the development of ICS educational courses. From then these would be coordinated by the ICS office rather than by local organisers as had been the case with the pre-meeting workshops in previous years. When Linda completed her term, in 2007, Werner Schaefer was elected Chair and continued the very productive and important work of this committee especially in running educational courses in developing countries.

Sub-Committees

i) Workshop and Courses subcommittee (WACS)

With expansion of the numbers of workshops a subcommittee was formed chaired by John Heesakkers: the Workshop and Courses subcommittee (WACS), to evaluate all proposals for workshops. The ICS Educational workshops would be limited to 12 in number, while other workshops would be accommodated according to space. Workshops have proved very popular with the membership.

The ICS now offers a range of educational activities in addition to those in the week of the annual meeting of ICS. This includes “stand alone educational courses” the first of which was held in Barcelona in November 2005 and was highly successful attended by 250 delegates most of whom were younger medical and allied healthcare professionals. This course was run on a tight budget to be easily affordable by many of those for whom the Annual Meeting of the ICS is too expensive and possibly inappropriate. Three further courses followed: one in Sao Paulo July 2006, Beijing September 2006 and Abu Dhabi January 2007 and further courses followed in Greece and India in 2007. The ICS office now has a full time Education Coordinator who is responsible for running all of the educational activities from the ICS office.

ii) ICS School of Urodynamics

This School was formed under the aegis of the Education Committee and was initially chaired by Paul Abrams, and latterly by Gordon Hosker. It is responsible for accrediting urodynamics courses to ensure they are conducted according to ICS standards throughout the world.

iii) Subcommittees for Nursing and Physiotherapy Education

These two committees were established early and met at each AGM. In 2007, the chair of each was a member of the ICS Advisory Board. This changed following ICS governance restructuring introduced at the AGM in Cairo in 2008. Nursing and Physiotherapy each became independent ICS Committees of the Board of Trustees.

.4 ICS ETHICS COMMITTEE

The ICS Ethics Committee was formed in 2003, with Prof Lewis Wall as its chair. He commented: “From its beginning, participation in the activities of the committee was open to all interested members. The Ethics Committee was soon involved in the controversy within the ICS over potential financial conflicts of interest that ICS members might have because of their relationships with pharmaceutical companies and device manufacturers. One of the most prominent concerns was how and to what extent, competing financial interests ought to be disclosed to the ICS membership. As a result of the renewed interest in these issues not only in ICS but also in all medical societies, a call went out from the ICS office asking for further volunteers to serve on the Ethics Committee. No prerequisites were set for participation on the committee and no one was excluded in this process. All those who expressed an interest in joining the Ethics Committee were accepted, as long as they made their interest known before a certain deadline.

“The committee that resulted from this process was quite large, had never met together as a group, and many of its members did not know each other personally. Attempting to survey the views of this committee on the complex issues involved in creating a policy for the disclosure of competing financial interests was not easy due to the large size of the committee, the dispersal of the committee members among 9 different countries, and the different backgrounds, cultural attitudes, and national political realities that impacted their views. Furthermore, it soon became apparent that the “open door” policy that had traditionally been used by the ICS in constituting its committees had a potentially fatal flaw with regard to the mandate of the Ethics Committee.

“A small number of those who joined the Ethics Committee through the “open door” policy were quite vocal in their opinions. The e-mail traffic among certain members of the committee became very personal and quite abusive, to the point that the ICS Executive Committee had to request that certain members of the Ethics Committee refrain from any further contact with the staff at the ICS Office because of the level of upset that they were causing. In spite of admonitions to improve the level of discourse among the members of the committee, the situation continued to worsen.

“At the ICS Advisory Board meeting held in Paris in 2006, there was extensive discussion of this rapidly deteriorating situation. As there appeared to be no effective way to put the process back on a proper course given the nature and composition of the Ethics Committee, the Advisory Board unanimously voted to dissolve the ICS Ethics Committee as then constituted and to take over the duties of that committee itself until such time as a new Ethics Committee could be reconstituted with a tighter structure, enhanced political legitimacy, and better accountability to the organization.

“Terms of reference were devised and included the development and oversight of Disclosure of financial interests, and the development of a Code of Conduct. It also had responsibility for providing the advice to ICS governance on ethical issues which might arise from time to time, and to arrange educational workshops on such issues.

“The structure developed in 2006 included a Chair who would be elected by the members at the AGM for a term of 6 years, and members also elected but representing the different disciplines within the ICS. Evolution of the structures of this committee is continuing under the new constitution, introduced in 2008.” Lewis Wall concluded.

A policy for annual open disclosure of competing interests was developed, and a checklist devised for members. A Code of Conduct was approved by the members at the AGM in 2008. These are now available on the ICS website. All officials and all those making scientific presentations must preface their remarks by a declaration of any financial interest.

When Lewis completed his term in office in 2008, Clare Fowler was elected the Chair. The Ethics Committee plans regular workshops on ethics issues. The initial workshops focused on the ethical issues involved in relationships with industry.



Prof Lewis Wall
First Chair of Ethics Committee



Prof Clare Fowler
Second Chair of ICS Ethics Committee

.5 FISTULA COMMITTEE

This Committee was established in 2009, under the direction and hard work of Sherif Mourad its first Chairman, Dirk de Ridder and others.

Its goals are to stimulate efforts aimed at prevention, to raise public awareness and education, to organise training workshops, to raise funds and to foster collaboration with other organisations working this field. It proposed to focus this based on 9 geographical zones, each with its own subcommittee.

It has already compiled a leaflet on Obstetric fistula distributed at the ICS annual meeting in San Francisco.

Sherif Mourad and Dirk de Ridder represented ICS at the International Fistula Workshop in Tanzania in 2009.

.6 NEURO-UROLOGY PROMOTION COMMITTEE

This committee was established in 2004 following the good work of Professor Jacques Corcos who became its first Chairman. The chairmanship was taken over by Francesco Pesce in mid-2009 after a short inter-regnum after Jacques became the General Secretary of ICS. The aim of the committee is to disseminate knowledge of the pathophysiology, diagnostic procedures and therapeutic interventions related to neuro-urolgic conditions and to assist centres requesting help in setting up and developing and promoting neuro-urology.

Other activities of the Committee include supervision of Fellowships for clinicians from developing countries, developing clinical guidelines, assisting with educational brochures and advising the Board of Trustees on policy.

The first ICS Fellowship in neuro-urology was awarded to Dr Jinguo Wen from China who studied under Jacques Corcos in Montreal. The 2009 Fellowship was awarded to Emmanuel Braschi from Argentina to study with Clare Fowler in London.

The Committee is engaged in developing guidelines in neuro-urology.

.7 NURSING COMMITTEE

The ICS Newsletter following the ICS meeting in Lund in 1981, notes:

“The Nurses in our membership have become more active, and made several valuable contributions. Torsten Sundin, the meeting convenor, is to be commended for his breadth of vision in encouraging this. The newsletter went on “I believe our nurses and physiotherapists underestimate our membership’s interest in their work and opinions. It is to be hoped they will become more vocal. The practical management of incontinence and the assessment of appliances, catheters, pads etc,

could well receive more attention in the future. Chris Norton and Dorothy Mandelstam will no doubt be encouraged by the warmth of support shown by our members over the years."

It was seen that the focus on high-powered investigations needed to be balanced by the practical approach by nurses and physios who have a more direct contact with patients and their quality of life, than do many medical clinicians, or basic scientists.

The Nurses Education subcommittee of the Education Committee was formed in October 2004. A need was perceived to ensure that there was always a nurse on the ICS Advisory Board. In 2007 this was accepted. However this was eclipsed by the constitutional reforms at the AGM. The Advisory Board was abolished and an expanded Board of Trustees was established in its place. So no longer were committee chairs automatically part of the Board. In place of that, the Board undertook to espouse a more consultative and interactive approach with each of its committees.

The Nursing Committee was formally established at the ICS in San Francisco in 2009.

Mandy Fader and Mandy Wells have stated that: "The Mission of the ICS Nursing Committee is to provide leadership to advance the science of bladder, bowel and pelvic floor health by fostering collaboration in research education and evidence-based practice. Its functions include the development of science and promotion of research into the issues related to nursing care; the development of educational materials and programs; the promotion of evidence-based Nursing practice and communication raising awareness."

.8 PHYSIOTHERAPY COMMITTEE

The 1981 ICS Newsletter notes:

Torsten Sundin, the convenor of the ICS meeting in Lund in 1981, was commended for his breadth of vision in encouraging our nurses and physiotherapists who themselves tended to underestimate the membership's interest in their work and opinions. It was his hope that they would become more vocal.

At the ICS meeting in 1985, there were only 2 physiotherapists: Jo Laycock and Dorothy Mandelstam. The Round Table had its first meeting at the Heidelberg ICS in 2002. At the ICS in Tampere in 2000, Marijke Sliker ten Hove organized a meeting about pelvic floor education and invited about 12 physio members of the ICS. At the meeting they were invited to nominate a physio member to sit on the ICS Advisory Board. Jo Laycock an ICS member since 1985 was nominated as representative for two years.

The first Round Table was officially opened by the congress scientific chair Guus Kramer. It was followed by dinner and a party afterwards. Over 100 members were present and especially for the newcomers on the ICS it was a perfect way to get to know a lot of people.



Marijke Slieker ten Hove, Guus Kramer and Fetske Hogen Esch
First Physiotherapy Round Table in Heidelberg 2002

Since then a round table has been held each year on the day before the workshop days with an official opening by the local chair to underline the welcome of ICS on this event.

It served the purpose of discussion of interesting patients or ways of treating them, of the educational workshops and their composition. It was felt by members that this should be preserved as a realm for physios only.

The Round Table encouraged new physio members to ICS, assisted with net-working, encouraged research and the presentation of the research findings.

The Physiotherapy Committee was established as an official committee during ICS 2008 in Cairo, Egypt. This committee was born under another name: physiotherapy education sub-committee of the main Education Committee. Its precursor was the highly successful Physiotherapy Round Table.

In Cairo in 2008, Marijke organized a special morning about pelvic floor physiotherapy for the non-physios, to answer questions of what is physiotherapy, what are they doing, what is exactly pelvic floor training and how do physios work illustrated with case studies.

Among the major contributors to Physiotherapy in the early years and since, were Dorothy Mandelstam, Jo Laycock, Jeanette Haslam, Kari Bo, Marijke Slieker ten Hove. It is currently chaired by Marijke van Kampen.

.9 PUBLICATION AND COMMUNICATION COMMITTEE (PCC) 2010

The Publication Committee was established at the ICS Meeting in Paris, 2004. The first Chair was Christopher Chapple. This new committee replaced the IT committee and also took on other initiatives. The Terms of Reference of this committee are:

“This committee has the important task of communicating news, information and the latest developments both to the membership and between the ICS and the outside world. This includes developing a long-term ICS publications and public relations plan, editing the ICS Newsletter, monitoring progress of the website, an annual appraisal of the journal *Neurourology and Urodynamics*, advising on a Press Office, Public Relationship, Congress Letter and developing Fact Sheets”



Jerzy Gajewski

The committee later changed its name to Publication and Communication Committee (PCC). Jerzy Gajewski took over the committee as Interim-Chair in January 2006 after Christopher Chapple was appointed Editor-in-Chief of the Neurourology and Urodynamics Journal. Jerzy Gajewski was elected Chair of the PCC at the AGM in 2007 in Rotterdam. The present dedicated membership includes Jerzy Gajewski (Chair), Vikram Khullar, Hashim Hashim, Katherine Moore, Daniela Marschall-Kehrel, Susie Orme, Jane Meijlink, Sherif Mourad, Stefano Salvatore. Two original members Heinz Koelbl and Piotr Radziszewski left the committee after becoming involved in other activities of the ICS.

The most important activities of this committee include production of ICS News (Editor-in-Chief Jane Meijlink), Fact Sheets and PR activities for ICS. It also oversees the Website development which is successfully carried out by Dominic Turner. The committee also works very hard on creating the association's corporate image. The committee receives significant support from the ICS office (Daniel Snowden and Avicia Burchill).

The Internet Committee was Chaired by Vik Khullar from 1999 – 2004 when it was disbanded when the Publications Committee became the more appropriate place for a working group that focused on the website. This still exists as the ICS Website Subcommittee under the remit of the PCC.

Minutes of previous meetings are kept in the Society archives at the ICS office.

.10 STANDARDISATION OF TERMINOLOGY

One of the driving forces for the formation of the ICS in 1971 was the need to agree on terminology and on the way various investigations should be performed, so that all investigators and ICS members could understand what each was meaning.

This was the first ICS Committee.

In 1968 Ruben Flocks hosted a meeting of engineers and mathematicians and clinicians in Iowa to discuss lower urinary tract function. Frank Hinman chaired the meeting which included Norman Zinner, Art Sterling and Rog Ritter, and resulted in publication of the book "Hydrodynamics of Micturition" with about 20% of the chapters in the book being written by those who had worked in Norman Zinner's lab. Also at that meeting was Hans Marburger Senior and others who became involved with the ICS such as Don Gleason and Bottaccini among others. At the meeting a disproportionate part of the discussion was spent on clarifying misunderstandings of terminology and measurement units. This was partly because the work done by clinicians in contrast to physical scientists was less robust and lacked the scientific rigour required to make and validate a

measurement and to ensure it was reproducible and consistent. The Zinner group decided this must be addressed, but lacked the resource to do it. While Norman Zinner, Art Sterling and Rog Ritter were working in Leiden in Pieter Donker's department, Tage Hald visited and the need for agreeing on terminology and standards was again highlighted.

The minutes of the ICS AGM in 1973 record that "Tage Hald suggested that a committee be set up to attempt standardisation of terms. This was accepted by the meeting (AGM) as an excellent idea and we have undertaken to support this from ICS funds. Dr Hald was in the process of forming a small committee and a preliminary report should be available at the next meeting."



The First Standardisation Committee

Left to right: Hansjorg Melchior Patrick Bates, Tage Hald, Art Sterling, David Rowan, Derek Griffiths, Eric Glen. Meeting on the Bonnie Banks of Loch Lomond, Scotland

Its first preliminary report was presented to the members at the AGM in 1974 in Mainz. The Committee produced four reports published in several European journals between 1974 and 1983, with copyright retained by the ICS.

Bjorn Klevmark wrote:

"The Reports addressed the methodology of investigations and how the results should be best presented. The great need for such standardisation reports was clear. In 1988 the first six reports were gathered. In one edition the editor said that these are among the most cited publications in urological literature. Due to the reports, presentations of results and discussion have been improved."

With the production of the initial Reports, Tage Hald and his entire Committee resigned at the AGM in 1983, and Jens-Thorup Anderson was appointed Chair. Anders Mattiasson, then Derek Griffiths 2005 Philip van Kerrebroeck 2005-2007 and Dirk de Ridder 2008 - 2010 followed successively as Chairs. Marcus Drake is the current Chair.

The members of ICS at the AGM were encouraged to comply with the recommendations of these reports when publishing or speaking. While recognising they may require revision in the future, members were invited to make suggestions or criticisms at any time.

Subsequent reports addressed the following topics:

- Technical aspects of urodynamic equipment (Rowan et al 1987)
- Standardisation of terminology of lower urinary tract function (Abrams et al 1988)
- Lower urinary tract rehabilitation techniques (Andersen et al 1992)
- Pelvic Organ Prolapse and pelvic floor dysfunction (Bump et al 1996)
- Functional characteristics of intestinal reservoirs (Thuroff et al 1996)
- Lower urinary tract function: Pressure-flow studies Griffiths et al 1997; van Mastrigt and Griffiths (2004)
- Standardisation of outcome studies: general principles (Mattiasson A et al 1998)
- Adult women with symptoms of lower urinary tract dysfunction (Lose et al 1998)
- Standardisation of definitions of lower urinary tract dysfunction in children (Norgaard JP et al 1998)
- Neurogenic lower urinary tract dysfunction (Stohrer et al 1999)
- Standardisation of urodynamic ambulatory monitoring. (Van Waalwijk van Doorn E et al 2000)
- Treatment of males with symptoms of lower urinary tract dysfunction (Nordling et al 1998)
- Pelvic Floor Muscle function report was published in 2005 (Messelink et al)
- Nocturia Report was published in 2002 (van Kerrebroek et al)
- Urethral Pressure Profile (Lose G et al 2002)
- Good Urodynamic Practice (Schaefer et al 2002)
- Female LUTS report by combined ICS and IUGA (Haylen et al 2010)

In 1986, the ICS received a request to collaborate with the International Organisation for Standardisation. This group was focused mainly on equipment and on manufacturers' details, and the ICS decided not to become involved, but retained observer status.

In 1991 the Standardisation Committee was involved with the American Committee of Health Care Policy and Research at the National Institute of Health in USA in producing guidelines for the care of those with incontinence. The American Committee accepted most of the definitions published in the previous ICS Reports.

Gaining agreement and developing standardisation reports is difficult and most have produced a considerable amount of discussion in the gestation, both with experts and users and members at an AGM. (Abrams et al 2002)

Additional terms were proposed and finally accepted after vigorous discussion. The term, Overactive Bladder symptoms (OAB) was coined to refer to the combination of increased frequency, nocturia, and urgency with or without urge incontinence. This has been found helpful by most members, but some were critical in that they contended ICS was developing a new 'disease' from symptoms. The protagonists argued that this was useful to describe a common syndrome. While there is an association with the urodynamic findings of detrusor overactivity, this is not so in all cases. Abrams et al (2002)

At the AGM in 2005, it was noted that the citation ratings of the Neurourology and Urodynamics journal were high, in no small part because of the Standardisation reports as these were often referred to by authors.

Reports provide a valuable point from which understanding and collaboration become possible. Lack of agreement on terminology was one of the main drivers to establish the ICS. The Standardisation of terminology continues to exercise the minds of ICS members, as attested to by the 2009 report on Female LUTS, collated by the combined IUGA and ICS Standardisation committees working together. This was overseen by the IUGA Chair Bernie Haylen, and ICS Chair Dirk de Ridder, and the Report was published in 2010.

A full list of the reports can be viewed on the ICS Website. The quality of the internationally agreed terminology did much to enhance the stature of the ICS. They are living documents and modification and change is always possible in the future.

5. ICS: PROGRESS SINCE ITS INCEPTION IN 1971

5.1 INTRODUCTION

The Society was developed as a forum for clinicians, physicists and engineers to apply their background knowledge and understanding to the physiology and pathophysiology of continence, incontinence and dysfunctions of bowel and urinary systems. This led on to investigating various treatments and evaluating how they might help.

An initial focus of the founding members was to explore the use of electrical stimulation to manage urinary incontinence, and to refine techniques for the investigation of bladder and urethral function, to improve the treatment of urinary incontinence, to develop standards of nomenclature, enhancing understanding by an international and multidisciplinary approach (see Chapter 1). Subsequently the ICS has greatly expanded its interests, as discussed below.

Paul Abrams, Honorary Secretary noted in 1991, how the stature and influence of ICS as an international Society had increased significantly during the previous year. Its views were sought by such august bodies as the National Institute of Health and the Food and Drug Administration in the USA. The ICS had been invited to take part in the World Health Organisation's work on BPH and to this end the ICS-BPH study was initiated, involving over 100 multi-national sites.

5.2 RISING MEMBERSHIP

The first membership secretary was David Rowan appointed in 1975.

The membership list was printed thanks to a grant from Vitalograph Ltd.

In the Minutes of 1976, David Rowan reported that in July of that year there were 181 members and in the 4 months after that a further 35 had joined.

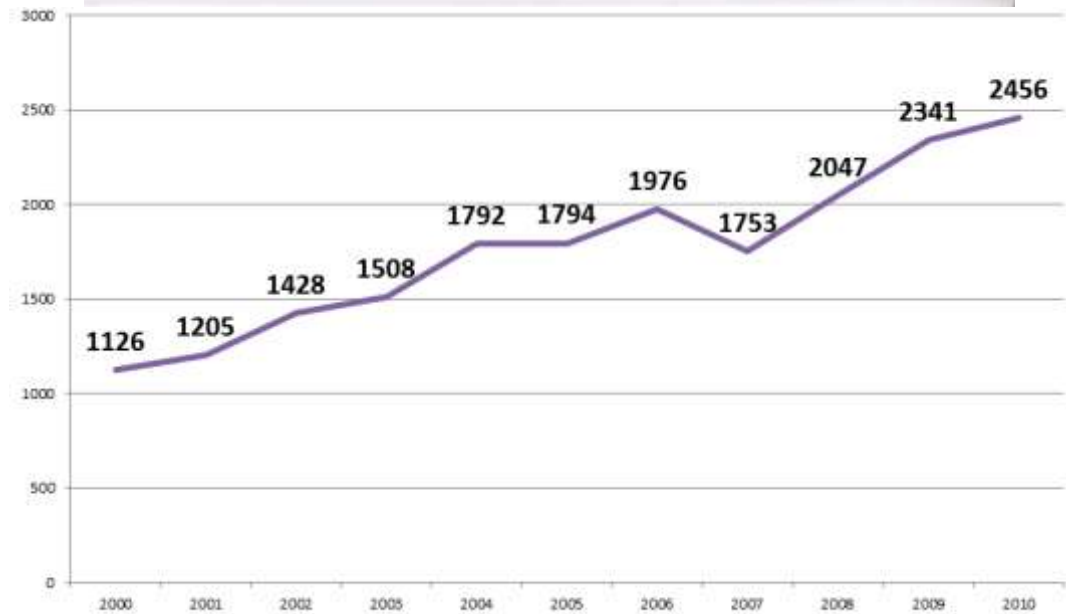
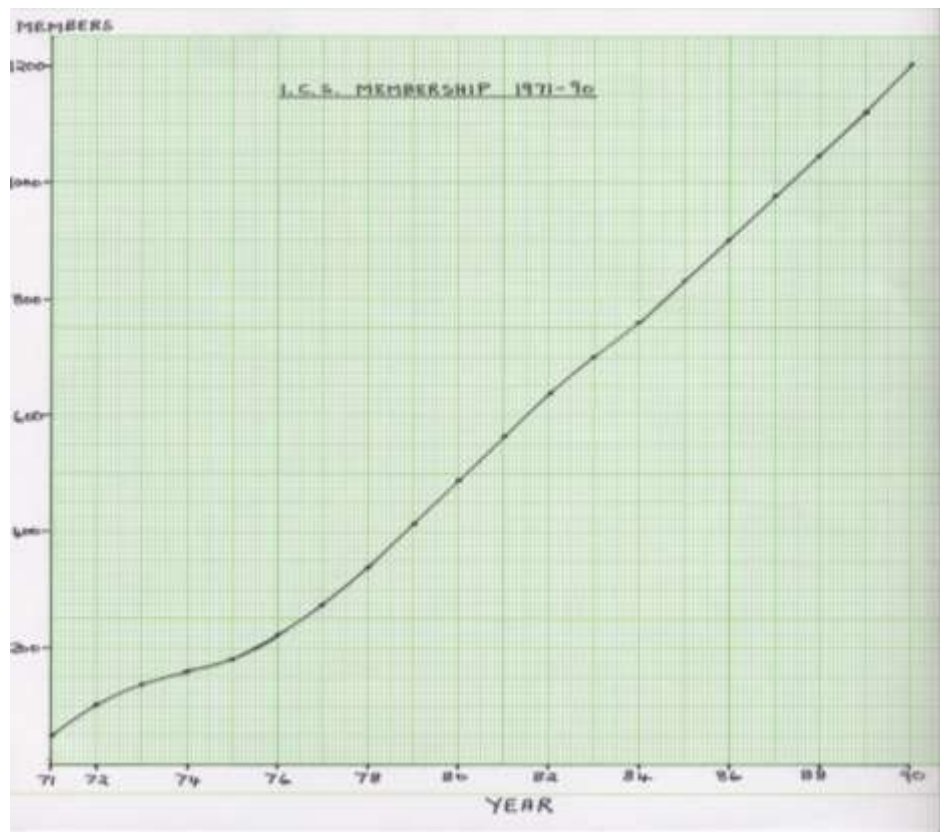
The initial subscription fee in 1971 was £2. Later it rose to £5, to cover the costs of duplicating and postage and to generally increase efficiency. The principle of keeping the fees low was to encourage less well paid members to be able to join and contribute. The fee was again raised in 1984 to £10 to allow purchase of a computer and software to manage the membership lists, and accounts. This was also to cover the costs of the Standardisation and Scientific Committee meetings.

Transferring funds to the ICS account from different currencies was quite a hassle in the earlier days and banks were sometimes unable to identify who had paid, to the consternation of all concerned! Members were exhorted in 1983 to send a letter with all the details along with their funds transfer. This difficulty was overcome when electronic means of transferring funds became available.

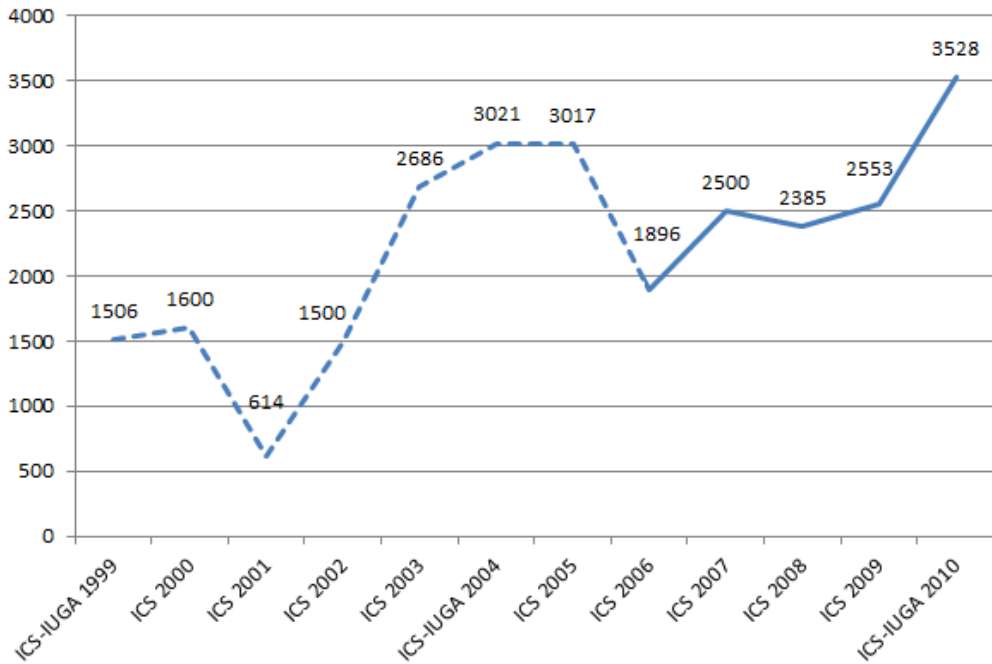
An offer by Prof Keith Yates, the then Editor of the British Journal of Urology to advertise the meetings, was declined on the grounds that the meetings were quite big enough already!

Eric Glen commented that "Our Society continues to attract members despite the fact that we do not advertise or canvas. The enthusiasm of our contributors is very rewarding and we hope to maintain the friendly and relaxed atmosphere in the years to come."

In 1985 the membership numbers were reported to be 834 from 39 countries. By 2010 the numbers had grown to over 2300, as shown in the graphs below.



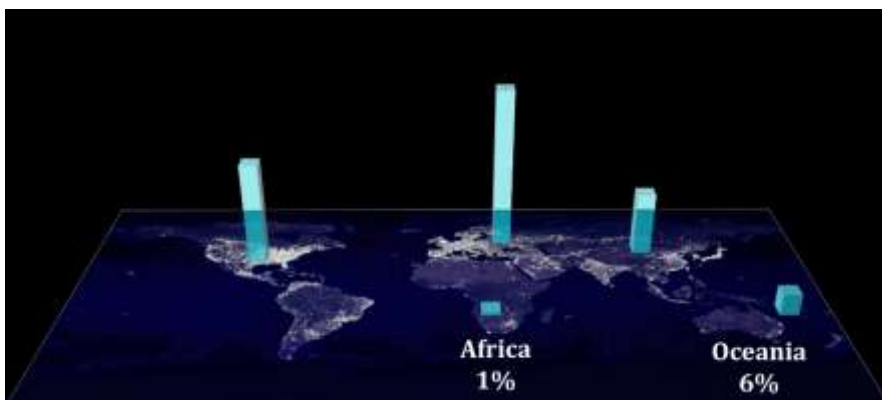
The number of members has steadily risen. A small dip around 2007 coincided with the height of the political unrest at that time.



Number of delegates attending the annual meetings 1999-2010

N.B. Before ICS 2006, registration statistics were collected using different methods. From 2006 these became more standardised when ICS used a Professional Congress Organiser to take on this responsibility.

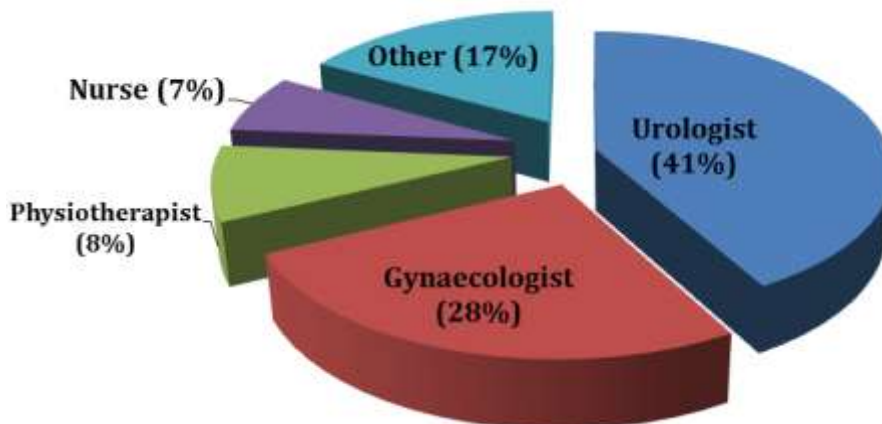
Members were mainly from Europe, with some from North America. In Europe the main countries represented were, UK, the Netherlands, Scandinavia, Germany, Italy and the former Yugoslavia. There were relatively few members from France for reasons that are not apparent, but perhaps this was partly because of their own French speaking group.



ICS International membership 2010

While it is interesting that increasing numbers find ICS stimulating and interesting for their needs, size is not the only marker of 'success' of a scientific organisation. Scientific rigour must be preserved too.

The multidisciplinary nature of the ICS has been a feature since the beginning, although the proportion of each specialty has changed. At the first meeting in 1971 in Exeter there were 33 urologists, 5 physicists and 3 gynaecologists, but no nurses or physiotherapists. The interest of the founding members was centred on understanding the basic physiology, and on physical principles. Since then there has been an increase in the proportion of gynaecology members and a large interest developed in nursing and physiotherapy as seen in the graph below for 2010.



Membership by specialty 2010

From the beginning the emphasis of ICS meetings has been the bringing together of basic and clinical science.

The membership rapidly expanded into almost all medical disciplines involving health professionals like nurses and physiotherapists with an interest in evaluating and treating functional disorders of the bladder, urethra, ano-rectum, and pelvis. The interdisciplinary approach has been most fruitful and of great benefit to the patients.

The nurses and physiotherapists brought a more patient-oriented focus on investigation and treatment issues and measures of outcomes and education.

In his Newsletter after the Innsbruck meeting Eric Glen noted that Helmut Madersbacher was determined that the 1984 conference would give emphasis to the practical aspects of clinical management, very much in accord with the initial aims of the ICS. He emphasised that "The increased contribution of nurses, physiotherapists and others is to be encouraged."

5.3 ETHICS AND FINANCIAL RELATIONS WITH THE INDUSTRY

Right from the first ICS meeting funding support from Industry has been invaluable in supporting the ICS in running its meetings, in sending information newsletters to members, and in allowing the registration fees to be kept low in order to encourage those on lower salaries to attend and take part. Members interested in any new equipment or medication could visit the trade exhibition and see first hand what was on offer at the Trade Exhibition. From the industry viewpoint, the ICS meetings were a great opportunity for them to do their marketing, as potentially all attendees were interested in their products. So ICS and Industry were happy to work together.

For the most part it has been drug companies or instrument manufacturers who had something to sell us. In 1975 in Glasgow at the 5th annual meeting among the supporters was The Distillers Company who make Scotch whisky! They provided miniature bottles in the satchels for each delegate. Another exception was UK Medical Research Council and the Ministry of Health who

supported the first meeting and the work of the Exeter Unit. Another was the Australian Federal Department of Health and Ageing, whose interests include encouraging better care for those in their community with incontinence, and particularly among the indigenous aboriginal people. They supported the 1995 meeting in Sydney. They also supported the meeting of ICS in Christchurch in 2006 alongside the NZ Ministry of Health. These governmental supports and others indicate the importance they place on continence issues and the role they might have in precipitating the need for admission of the elderly to care institutions.

Rising concern about the potential for undue influence on the objectivity of evaluation or reporting by clinicians or researchers funded by Industry, was a major factor in the troublesome times ICS went through in 2005-2008. Stimulating and undertaking research into drugs or innovations, is a major focus for Industry, while the subsequent marketing of the product, provides the funding for further research and testing.

ICS held a workshop on the Ethics of Industry involvement in 2009 organised by Clare Fowler. Rick Bump addressed the ethical constraints on Industry and outlined ways in which it is bound to change, with the acceptance of Industry Guidelines for sponsorship. The risks of biased reporting and its minimisation were addressed by Ted Arnold and the size of the financial commitment by Industry to an ICS meeting was reviewed by Ruud Bosch.

Although considerable work and discussion needs to continue, it is clear that personal gain from any relationship with industry carries a significant risk of bias in reporting. Annual declaration of any financial relationship is now mandatory for all members and for anyone speaking at ICS meetings. This is not the only cause of biased reporting. The ICS Ethics committee is working hard on developing ideas and postures in relation to Industry as both the Society and our colleagues in Industry need each other. It remains clear that a declaration of financial interest does not in itself prevent biased reporting.

In the near future this subject is bound to attract more time and interest in ICS and indeed in all medical societies, as well as in the related Industry circles which have developed their own set of ethical guidelines.

5.4 DRUGS FOR INCONTINENCE AND VOIDING DYSFUNCTION



Karl-Erik Andersson and Paul Abrams

The place of drugs in the management of incontinence has been reviewed by Andersson K-E et al (2008). ICS members have contributed much to the clinical research into these drug approaches, in collaboration with the pharmaceutical industry.

A drug to control overactive bladder contractions and the symptoms of urgency and frequency has been pursued from the beginning. The main approach has been through anticholinergics, but they proved to have many side effects especially dry mouth and mucosae, heartburn and abdominal discomfort and constipation, cognitive effects and to a lesser degree problems with visual accommodation. This problem has been partly addressed through drugs that could achieve selective muscarinic receptor blockade of the M3 receptor. Another approach was to develop smoother blood levels by using slow release capsules and by skin patches containing the active drug.

A drug to stimulate an underactive bladder to increase its contractility has so far been elusive, but would be very welcome for those with voiding dysfunction. Anticholinesterase drugs have been tried in this regard, but without spectacular success.

Drugs that can increase the urethral resistance by alpha adrenergic stimulation or by selective serotonin reuptake inhibition have not been universally successful.

Alpha adrenergic blockade has proved useful in treating dys-synergic bladder neck obstruction and prostatic obstruction by relaxing the smooth muscle within the urethra and prostate. Their use is sometimes associated with hypotension. The search for a drug with greater selectivity for smooth muscle in the urethra continues.

5.5 OTHER THEMES

i) Epidemiology and Ageing

Recognition of the prevalence of bladder and bowel incontinence, and the increasing incidence of both with ageing, has led to Government-sponsored initiatives in many countries often stimulated by ICS members, to address the problem. The epidemiology of incontinence has been reviewed at each of the International Consultations on Incontinence. (Milsom et al 2009).

Forecasts for this continuing rise will present health systems with increasing issues in providing care for those with bladder control problems and especially among the frail elderly, but also among the relatively fit elderly. These issues have been addressed within the ICI and are a frequent focus at ICS meetings. (Fonda et al 1998) The possibility of minimal interventions often not requiring general anaesthesia has opened the possibility of providing improvement in continence even for the frail. The possibilities have been addressed in State of Art Lectures by David Fonda and Chris Norton. See also the section on Continence Promotion Committee in Chapter 4.

ii) Focus on anorectal continence issues

In the early days there was a focus on urinary incontinence almost to the exclusion of bowel incontinence. In 1991, the AGM accepted there should be flexibility and for the Scientific chairman to be able to accept abstracts as thought fit. This has become much more positive and pro-active now and colorectal dysfunctions have been specifically included in the revised form of the Memorandum of Association of the ICS since 2009.

iii) Role of the urothelium and cellular biology

Reading the titles of the presentations over the years indicates an increasing interest in the influence of the urothelium on bladder and urethral function and in cellular and even genetic influences. The topic is getting more and more complicated, and the need for clinicians to work alongside basic scientists who understand these complexities is increasingly important. Equally basic scientists value the collaboration with clinicians who bring an understanding of the clinical relevance of basic science endeavours.

iv) Ultrasound

While Xrays, fluoroscopy and subsequently image intensification were in common use around the time the ICS was founded, ultrasound has been used increasingly in many centres. There is no radiation. The probe is smaller and less intrusive. It has been used in a three dimensional mode, and even four dimensional with the addition of time as a variable, and allowing for observation of movement and function. It has added a great deal to understanding of anatomy and physiology of the pelvic floor, and the influence of pregnancy and labour.

v) Obstetric Fistulae

The Fistula committee of ICS was established in 2009 and is a further example of the focus on attempts to improve the welfare and quality of life of the huge numbers of young women who suffer from this type of incontinence.

vi) Quality of life issues

Interest in measuring quality of life affected by aspects of incontinence has increased. Many ICS members have been involved in developing and testing these measures. Linda Cardozo at King's College and Paul Abrams, and the Bristol group under the baton of Jennifer Donovan and the ICI, and many others have developed Quality of Life instruments covering a wide range of clinical situations. For a fuller reference to these instruments the reader is referred to the proceedings of the International Consultation on Incontinence. (Abrams et al 2009)

vii) Cost efficacy

Eric Glen and Helmut Madersbacher went on to observe in 1984, that "Many health services face the problem of diminishing resources despite increased demand. The ICS has stimulated increased interest in the needs of the incontinent, not only in their investigation and therapy, but also in the area of prevention. There is an increasing need to provide more evidence that our activities can be cost-effective. At present, we are open to the criticism that we are raising the expectations of many, without providing proof that we have improved clinical management."

Such comments are increasingly relevant today. Kate Moore from Sydney chairs the ICI Committee on the Economics of Urinary & Faecal Incontinence, and Prolapse (2009).

viii) Neurophysiological testing and imaging

Sphincter EMG was being used extensively when ICS started and for some years afterwards, to identify and assess function in the normal and abnormal states. Its value is still somewhat controversial except in referral centres with a particular interest and expertise in the technique and its interpretations. Its use around the time ICS was founded was reviewed by Bradley and others (1974). Recordings from the striated muscle do not indicate what is happening in the smooth muscle component.

Attempts to measure EMG from the smooth muscle of the detrusor were fraught with problems which occurred partly because the electrodes would move during bladder filling and emptying and produce their own movement artifacts. Although smooth muscle intracellular EMG recording had

been well demonstrated, there were problems in gaining clean EMG by extracellular techniques perhaps because of dissipation of the current due to muscle to muscle cell interconnectivity. The clinical value in testing peripheral nerve function and reflexes has not been applied widely after some seminal work done by Michael Swash and others. This was reviewed by Clare Fowler in a State of Art lecture in Sydney at ICS 1995.

There has been increasing interest in functional imaging techniques to look at brain function related to urinary symptoms, particularly urgency. (Tardic et al 2010)

ix) Development of 'containment' devices.

Alan Cottenden, Professor of Incontinence Technology at University College London has summarised the advances in containment products.

"Although considerable advances have been made in the diagnosis and treatment of incontinence during the lifetime of the ICS it is still not possible to cure everybody. The need persists for effective containment products to help minimise the impact of incontinence on the lives of those who can not be fully cured, and such incontinence technology has also improved greatly since the ICS began.

The seeds of most modern day products are discernible in those that were available in 1971 but cumulative developments over the intervening years have yielded some substantial improvements. For example, often drawing on technologies first developed for the much more lucrative baby diaper sector, incontinence pads have become progressively more discreet, comfortable and absorbent, although they have yet to match the impressive leakage performance of modern day baby diapers."

Alan continues:

"Perhaps the most significant innovation was the introduction of superabsorbent polymers during the 1970s. They hold far more urine, weight-for-weight, than the old-style fluffed wood pulps and hold on to it far more tenaciously under pressure, helping pads to become thinner and drier against the skin. This is thought to reduce skin irritation, and the risk of pressure ulcers.

Modern pads are contoured to the shape of the wearer and some now resemble regular underwear, quite a contrast with the bulky rectangular designs of the early 1970s which were secured by sweaty, 'rustley' plastic pants. For those with very light incontinence, normality has come a step closer still. There are now washable pants – including some high-cut, lacy designs – which contain a discrete integral absorbent panel.

The appearance of indwelling catheters has changed very little since Foley first introduced them in the 1930s but the latex rubber of the originals has been largely replaced by silicone rubber, a stiffer material which can take a larger lumen drainage channel for a given outside diameter. There have been heroic attempts to reduce the incidence of associated problems like UTIs, encrustation and blocking using a variety of approaches but with limited success to date. However, there are hopes of significant progress through technologies currently under development.

The birth of the ICS coincided almost exactly with the introduction of clean intermittent catheterisation by Lapides and colleagues and this simple technique has transformed bladder management for countless users. Numerous variations on the basic intermittent catheter design are now available – including many with a lubricious coating to ease insertion.

In the early 1970s it was not unusual to find men managing their incontinence by wearing a length of latex Paul's tubing to drain urine into a bag. In the intervening years a plethora of purpose-designed

sheaths have become available to achieve the same end more neatly, comfortably and reliably. New skin adhesives as well as tubing and connectors designed to resist kinking and blocking, and air vents to discourage sheath walls from sticking to one another have all made their contributions to improved performance. On the other hand male body-worn urinals, used as an alternative to sheaths and pads, have remained largely unchanged.

Female occlusive devices is a category of products where there has been relatively little success despite much research effort, much of it reported at ICS annual conferences. There have been many ingenious attempts to provide resistance to leakage without discomfort and risk of tissue damage but a product which is clinically and commercially successful has yet to appear.

Products for faecal incontinence have also shown only limited progress. Anal plugs, trumpets, tubes and bags are not widely used and most people with faecal incontinence must depend on absorbent pads which were designed primarily for urine containment.

Urinary and faecal incontinence – and particularly both together - can be damaging to skin health and recent years have seen an increasing interest in measuring and minimising dermatitis (commonly associated with absorbent pads) and the less frequent, but very grave problem of pressure ulcers.

Odour prevention is another high priority for those with urinary – and especially faecal – incontinence. Some companies have sought to mask smells by, for example, impregnating their pads with scents or providing liquid deodorants to be used with their urine drainage bags. Others have used activated charcoal to absorb malodorous gases while still others have sought to slow down their production using antimicrobial agents.

The nature of product development – in which designs are often revised with great frequency means that it is usually hard to justify the expense of running substantial trials to prove efficacy. Consequently, very few of the products on the market at any time are the subject of a solid published evaluation report, which makes evidence-based product selection very difficult. To address this problem, the team writing the *Incontinence products* chapter of the third and fourth *International Consultations on Incontinence* has developed – assisted by experts at workshops run at ICS annual meetings – evidence-based guidelines for selecting the best products for individuals and groups, synthesised from the best available evidence in the literature. It will be straight-forward to update them in the future as further evidence becomes available.

Some of the history of product development over the last 30 years is described in the recorded inaugural lecture by Alan Cottenden, professor of Incontinence Technology at University College London, and available at <http://www.ucl.ac.uk/medphys/research/continence/inaugural>

For further information the reader is referred to the ICI Proceedings. (Cottenden A et al 2009)

x) Bladder Retraining

The role of bladder training in the management of detrusor overactivity was popularized by Frewen (1972) and reviewed by him in 1979. It has become progressively the mainstay of non-interventional management of those with overactive bladder (OAB) symptoms, and is usually combined with pelvic floor muscle exercises.

The method uses deferment techniques to gain time and to control the urgency. It is combined with lifestyle changes including attention to any weight problems, dietary measures, and avoidance of excessive caffeine-containing drinks, alcohol, and medications likely to exacerbate the problem.

xi) Pelvic Organ Prolapse (POP)

Since its inception in 1971, there has been growing interest in the causes of pelvic organ prolapse and in the relationship of prolapse to symptoms and to detrusor and urethral dysfunction. At ICS 1988 Oslo, under 1% papers were specifically on the subject of POP, while at the ICS in 2009 in San Francisco, 93 (10.5%) of the 883 papers were on POP. At the combined ICS-IUGA (International Urogynaecology Association) meeting in 2010 Toronto, 251 (17.4%) of papers related to POP making this the largest number for any category, as might be expected in such a combined meeting. This compared to the previous combined meeting in 2004 where 95 (12.1%) papers were on this topic. Searching for the causes of POP led to an increase in use of pelvic ultrasound and MRI, and to studies of the pelvic floor musculature to differentiate between muscle weakness caused by nerve stretch, and that caused by direct tears during childbirth. Basic science interest also focused on searching for a link between the nature and quality of collagen in the pelvic supports and the incidence of POP.

The first comprehensive Standardization of Terminology of Female Pelvic Organ Prolapse and Pelvic Floor Dysfunction was produced by the ICS in collaboration with the American Urogynecologic Society (AUGS) and the Society of Gynecologic Surgeons (SGS). (Bump et al. 1996). This document covered (i) quantitative description of POP; (ii) ordinal stages of POP; (iii) ancillary techniques for describing POP; (iv) symptoms of POP and (v) pelvic floor muscle testing. Sections on POP symptoms, signs of POP (along the lines of the 1996) document and POP diagnoses are included in the recent inaugural Joint IUGA-ICS Report on the Terminology of Pelvic Floor Dysfunction (Haylen et al. 2010)

In 1999, interest at ICS also focused on laparoscopic approaches to prolapse surgery, different, generally non-controlled studies of native tissue surgeries, the early use of mesh (Marlex) and grafts (cadaveric) in prolapse surgery and the early complications of the use of these products. Since then, there has been a significant increase in the use of mesh (often in the form of kits), to improve the results from native-tissue surgeries. There is an ongoing debate on the benefits and possible complications of the use these materials in surgery for POP. In conjunction with IUGA, ICS has been proactive in producing a Joint Terminology and Classification of the Complications directly relating to the insertion of Prostheses (tapes, implants, and meshes) and Grafts in Female Pelvic Floor Surgery. It appears clear that POP will remain a strongly featured category at ICS and IUGA Meetings and in subsequent Standardization documents.

The editors acknowledge with thanks, the contribution to this section by Bernard Haylen.

xii) Chronic Pelvic Pain Syndromes

There has been increasing interest within ICS in understanding this enigmatic group of conditions and attempts to define different syndromes and how best they can be managed. There are several separate groups looking at this including the European Society for the Study of Interstitial Cystitis (ESSIC), Interstitial Cystitis Association, International Consultation on Interstitial Cystitis, Bladder Pain Society, Japanese Painful Bladder Society, but also groups with interests in endometriosis, chronic prostatitis and irritable bowel syndrome. ESSIC changed its name in 2009 to the International Society of the Study of Bladder Pain Syndromes to emphasise that it is international not just European, and that sometimes there is lack of definable pathology in the bladder in patients with chronic pelvic pains. The main emphasis once a definable disease has been excluded, is in evaluating the neurogenic basis to the syndrome and the changes associated in the urothelium and its transmitters.

5.6 THE DARK CHAPTER IN THE HISTORY OF ICS

"Those who cannot remember the past are condemned to repeat it."

George Santayana, in his *Life of Reason*, 1905

It would be wrong if the compilers of this History were to omit reference to the dark period of political unrest from around 2005 to 2008. The turmoil reached a peak at the 2006 ICS meeting in Christchurch, fuelled by issues around the long terms of office-bearing of its officials, and a perceived lack of open disclosure of financial relationships with Industry. There were criticisms and personal attacks vocal and written in so called "Dissident Newsletters" which left the critics and the criticised, angry, hurt and disenchanted. There were rights and wrongs, actual and perceived.

To address the turmoil the AGM in 2006 accepted the proposal made by General Secretary Walter Artibani to set up an arbitrary *ad hoc* Constitution Review Committee. Even after this, the personal attacks continued to a stage where the ICS Advisory Board placed a motion to the AGM in 2007 to expel one member. This motion failed because of perceived unfairness in the process even though it was likely that most members did not approve of the continuing vehement personal criticisms. In the face of this Walter Artibani resigned in 2007 both as General Secretary and from his ICS membership. Some members did not renew their membership; others withdrew from active involvement in ICS.

These events and attitudes were unbelievable and unheard of in the early days of the ICS. Many current ICS members were bewildered by all this and felt deep chagrin at the personal attacks on friends and colleagues.

The ICS had torn itself apart. It could never be the same again. The Constitution Review Committee made its recommendations to the Trustees in 2007. There were three Trustees at the time: Dirk De Ridder, Werner Schaefer and Ajay Singla. They were instrumental in initiating the first changes to the constitution to address the issues and for starting the ICS on the road to reform.



Prof Dirk De Ridder is head of Department of Urology at University of Leuven, Belgium. He served as Chair of the ICS Standardisation Committee and as ICS Trustee. He has a particular interest in Neurourology and MS, reconstructive surgery and Urogynecology. He serves on the Editorial Board of Neurourology and Urodynamics. He served as a Trustee from 2007-2010. In the ICS e-News issue no. 23, June 2010, The General Secretary, Jacques Corcos, announced that Dirk had resigned for personal reasons from the ICS Board of Trustees Executive Committee. He completed his

Chairmanship of the ICS Standardisation Committee at the Toronto Meeting in August 2010. On behalf of the ICS, Jacques expressed his thanks to Dirk for his hard work and dedication to the ICS.



Werner Schaefer is Chair of the Education Committee and as such was a Trustee in accord with the regulations in place at the time. His term as a Trustee started in 2007. For further biographical details see Chapter 2.9



Ajay Singla is the Hon Treasurer of ICS and *ex officio* a Trustee. He is Assoc Prof of Urology at Wayne State University, and serves on several ICS committees including the Executive Committee of the Board of Trustees, the Education Committee, the Continence Promotion Committee, and the Ethics Committee. He has served as Honorary Treasurer and as a Trustee from 2007.

ICS Responses

From the ashes arose a phoenix in the form of a revised constitution, a larger Board of Trustees, restricted terms of office bearing, sharing decision-making with more members of ICS, acceptance of a Code of Conduct, and a requirement of its members and any presenters to comply in declaring any financial relationship with industry.

i) Terms of Office-holding

The Constitution Review Committee reported its recommendations to the Trustees at their meeting in Orlando in May 2008, and was then dissolved. New Articles and Bylaws were drafted and a special resolution to adopt these was approved by the AGM in Cairo in 2008. The terms of office were restricted to 3 years in most positions as detailed in the Chapter on Governance.

ii) Code of Conduct

The Ethics Committee under the chairmanship of Lewis Wall, drew up a Code of Conduct subsequently incorporated in a new ICS Bylaw in 2008 by which all members are required to abide. New and renewing members are required to sign their agreement; they promise to treat each other with dignity and respect.

iii) Declaration of financial interest

Financial involvements with Industry were seen by some as likely to lead to biased reporting. Some even went so far as to consider that anyone with a financial relationship with industry should not present a paper, hold an official position in ICS, contribute to the scientific literature, or even to speak at scientific meetings, let alone edit major journals. Feelings ran high with members on each side claiming the moral high ground.

In 2005 the appointment of a new Editor-in-Chief of the Society's official publication organ, *Neurourology and Urodynamics*, raised the question whether an Editor who has a financial relationship with industry, can act without bias in their capacity of selection of papers. This is a question facing all medical societies and all medical journals. As in all such processes, open disclosure of such Industry interests is a surrogate measure of potential for biased reporting. Reliance on the integrity of the person concerned is paramount.

In 2006 there was opinion expressed by a Danish journalist briefed by some ICS members critical of the ICS, portraying a divided Society.

The issue of drug studies being written up by a Company-appointed ghost writer, and where individual contributing authors did not have access to the original data to do their own analysis, fuelled further contention. The controversy also raised the fact that some of the authors had links to the advisory boards of two other companies. The issues were addressed openly in the *Danish Medical Journal* with responses in the *British Medical Journal*. In Denmark the matter was referred to the Danish Medical Agency, the Danish Committee for Scientific Dishonesty and the Danish National committee on Biomedical Research Ethics.

The ICS responded by approving at its AGM in Cairo 2008, changes to the Bylaws which include a mandatory requirement that all its officials and members contributing in scientific endeavours must declare if they have a financial relationship with industry. Any paper or scientific communication must be prefaced by a declaration or disclosure of any such relationships.

Of course the risk of bias in reporting does not disappear with a declaration. The risk is also present where appointments and promotions made by a University or other employer depend on the numbers of papers or presentations made by the individual. Overstatement or grandstanding on a personal or departmental level in order to attract fellows and funding and to enhance the stature of a department is still not infrequent.

All would agree that the ideal is honesty and integrity of reporting, provision of forums for robust discussion, and the maintenance of openness and objectivity as far as possible in expressing opinions, while avoiding personal criticism of the person expressing the ideas. There will always be room for different viewpoints.

Name, Blame and Shame?

No Society should be immune from the piercing insights of critics and the concerns which they might wish to raise. Some who raised issues of concern were in turn the subject of criticism. No Society should fear addressing such issues but hopefully in a rational and dispassionate way.

It is not appropriate for the editors of this History document to define personal responsibilities for the turmoil or to apportion blame. To try to do so, would be unproductive and would require a review of a more judicial type. The details are too painful for all concerned. Despite this, we considered it important to include mention of the issues concerned, and how they were addressed at the time.

Close to these events there was understandable resistance to rapprochement that could not consider apology and re-starting of relationships. Each member would have a view on how all this might have been handled differently. No-one can alter the events of history; we can and must move on in positive mature mode. It is hoped that with time these broken relationships can heal.

Let time be the judge of all these regrettable tensions, and of the value in the changes that followed.

5.7 PUNA MANAWANUI: A GIFT FROM MAORI TO ICS IN 2010

At the AGM in Toronto General Secretary Jacques Corcos accepted a gift of Pounamu (greenstone) from the Ranga Hauora Maori Health Service of Te Whare Toa takatini, Burwood Hospital, Christchurch. During the week before the ICS meeting in Toronto it had been presented to Ted Arnold, who then gifted it to the ICS at the AGM in 2010.



Ted Arnold receiving the Puna Manawanui in Christchurch, NZ.



Jacques Corcos accepts the gift on behalf of ICS in Toronto 2010

Pounamu is found in the streams on the West Coast of the South Island of New-Zealand, which is itself named Te Wai Pounamu, the waters of pounamu. Pounamu is special to Maori as it embodies the Mauri (spiritual, vital, life-force), from Papatuanuku (Earth Mother), and washed over centuries by the flowing waters.

Maori crafted weapons and made adornments from pounamu. The life-force or Mauri within is always acknowledged.

Through a traditional Maori blessing ritual the name 'Puna Manawanui' was given to it. Puna means life and Manawanui means 'breath or heart'.

This gift acknowledges the relationship between us and the indigenous people which was consolidated by the Maori presence at ICS in 2006 where delegates were welcomed to Aotearoa New Zealand by the Ngai Tahu tribe of the South Island at a traditional powhiri welcome ceremony. Included was the ritual of the Hongi, where the nose and forehead meet, when we shake hands. In this greeting the two people share the same air and symbolically the same spirit.

The hope is that this gift will sit on a small wooden plinth at the ICS office with an inscription and serve as a visual reminder of the common ground between our scientific community and the indigenous people, not only of New-Zealand but also world wide, as together we seek better healthcare standards for all in relation to continence.

6. GOVERNANCE

.1 OFFICE BEARERS

Honorary (or General) Secretary

Eric Glen 1971-1985

Paul Abrams 1985-2003

Walter Artibani 2003-2007

Walter resigned in 2007 leaving an interregnum until the ICS in Cairo in 2008

Jacques Corcos 2008-2011

Treasurer

Patrick Bates 1971-1999

Jean-Jacques Wyndaele 1999-2007

Ajay Singla 2007-2012

Membership Secretary

David Rowan 1973-1989

Werner Schaefer 1989-1999

(This function was taken over by the Office in 1999)

The reader is referred to Chapter 2 for biographical details of these ICS Officials.

ICS Leadership

Having agreed that the fledgling Continent Club should hold its first meeting in Exeter, Peter Caldwell accepted Eric Glen's invitation to preside over the meeting. He headed a committee comprising Eric as Organising Secretary, Douglas James and the other members of his Unit, notably his highly efficient secretary, Miss Sutton.

Eric invited the speakers, arranging the scientific programme, printed by the Exeter team, and the trade exhibition, the income from which subsidized the costs of registration and dinner. As a courtesy, Shedden Alexander from Glasgow was invited to be Vice President for the meeting. At that time he was active in the field of urodynamics and electrical stimulation, associated with David Rowan who then formed a close-knit team with Eric.

An interim advisory committee was created for the next year, comprising:

Mr. Peter Caldwell, Exeter

Professor Aboulker, Paris

Mr. Glen, Glasgow (Organizing Secretary, subsequently Honorary secretary)

Mr. Bates, London (Treasurer)

Dr. Flack, Exeter

Dr. Hald, Copenhagen

Dr. Ivanovici, Leiden

Mr. Turner Warwick, London.

Initially it was agreed that ICS should have neither a permanent President nor a chairman, but for each year the post of chairman would be held by the meeting host or convenor. The co-ordination of the affairs of the ICS would be in hands of the Honorary Secretary. Members liked the idea not only because of the guidelines agreed by ICS but also because local organisers had control with the opportunity to produce a Chairman (or President) for the year raising local and international status.

There was no doubt that this was useful in raising their status within their own organisation and country.

The name of the position changed in about 1998 from Honorary Secretary to General Secretary at the time when the Society became a legal Company limited by guarantee and was granted charitable status. This change might have been influenced also by the differing use of the term 'Honorary' in UK and the USA, as well as falling into step with EUA & SIU.

6.2 GOVERNANCE

i) General comments

Governance of ICS has matured over the years, and this remains a continuing process. Initially it was a small group and the day-to-day running was in the hands of the Honorary Secretary assisted by the Treasurer and the Membership Secretary. As ICS increased in size and the finances with this became larger, the structures needed to be more formalised.

Over the years, members supported Eric Glen to continue as Honorary Secretary. To preserve this continuity, the members at the AGM in 1985 recommended there be no limitation to the tenure of the Honorary Secretary, Treasurer or Membership Secretary. At the time, in answer to those of the view that the international nature of the Society might require rotation of this and other posts, the Honorary Secretary replied that the annual change of the more senior and prestigious position of Chairman of the Annual Scientific Meeting and of the Scientific Committee should satisfy nationalistic needs of the international membership. Continuity of the Secretariat had proven itself to be economic and efficient.

The constitution of ICS was formalised at the AGM in 1981, where it affirmed that the membership is the governing body of ICS and the office bearers are accountable directly to the members. The General Secretary, Treasurer, and Chair of Education Committee formed the Executive Committee at first based in UK. They were also trustees when ICS became a charity under UK law. They doubled as the directors of the trading arm of ICS, Conticom-ICS.

Later this form of governance was deemed unsatisfactory and after deliberations of the Constitutional Review Committee, the AGM in Cairo in 2008, selected a larger Board of Trustees with 21 members to share the work and the responsibility and accountability. Terms of office-holding were restricted and closely defined. In 2009 a further appointment was made adding another gynaecologist to balance the uneven representation of specialties on the Board.

Democracy in action: Eric recalls that "at the AGM in Manchester in 1978, I had made some sort of statement about policy, and Norman Zinner challenged me, saying that the members should decide the issue, not me. He made a valid point about democracy and I accepted his statement. The policy issue was put to the vote. I offered to resign if members thought I had overstepped my position. Norman Zinner and others made it clear that they did not want me to resign. I referred to Norman Zinner's stabilising influence in this regard in my "presentation" in Cairo 2008. In 1985 it was my personal decision to demit office, despite the activity of members who tried to dissuade me. I thought it was time for new blood."

In 1985 Prof Paul Abrams was nominated and formally elected as the next General Secretary through postal votes by all members not just those attending the AGM.

It was affirmed by the members at the AGM in Cairo in 2009 that the governing body of ICS was its Board of Trustees as demanded by the UK Charity Commission, and that there would be an Executive committee of the Trustees to oversee the day-to-day business of the ICS and to assist the Office. With the expansion of the number of Trustees from 2008 the Executive committee of the Board of Trustees was defined as the General Secretary and Treasurer, plus 3 other trustees, to assist and supervise the ICS office in the management of day to day activities of the ICS.

ii) Legal and charity status.

At the AGM in 1977, it was determined that the Society should seek Charitable status with the UK Charities commission, to avoid the need for paying taxes. This process took 21 years to come into being!!! During this time Eric wrote to Patrick Bates expressing his concerns that this had not yet happened and urged the recognition of the Society as an “Educational and Charitable Trust” be sought from the Inland Revenue Department. There were lengthy time-consuming discussions, a degree of inanition and much legal work, and Werner Schaefer Membership Secretary in 1996 being concerned he might be personally pursued by the German Tax authorities, if things did not change!!

iii) Conticom-ICS Limited and the charitable status of the ICS

In August 1997 Paul Abrams, Hon Secretary, explained that “in a world demanding increasing accountability there is pressure for the ICS to become established with a formal structure. In practical terms, the main pressure has come from the tax authorities. Charitable status has considerable advantages, particularly in tax matters.” The approval for this proposal was accepted by the members at the AGM in Japan in September 1997.

In November 1998 the solicitors acting for the ICS at that time, Burges Salmon, noted that the Charity Commission raised the question of whether a trading subsidiary is necessary. They identified that charities cannot normally carry out commercial trading activities without paying income or corporation tax on the profits from them unless the trading activity is in direct furtherance of one of the principal objects of the Charity. They suggested that those activities carried out through a commercial trading company could then transfer the profits by way of gift aid to the Charity in order to obtain tax relief. This would allow the annual meeting to conduct exchanges of services for exhibition and sponsorship arrangements and make a profit which is then donated to the Charity which in turn would use the funds to continue its charitable objectives.

Pursuant to this Conticom was established as the trading arm of ICS the Charity and was incorporated on 23 December 1998. All commercial activities of ICS since then have been undertaken by ICS-Conticom. Conticom-ICS Limited is a company limited by guarantee and has a set of Memorandum and Articles of Association as its governing documents. Its one share is held in the name of The International Continence Society and therefore protected from unwanted buy-outs!

In March 1999 the Charity Commission confirmed The International Continence Society had been entered in the Register of Charities.

Avicia Burchill indicated that the Directors of Conticom-ICS at the time of establishment were Paul Abrams, and Linda Cardozo, while Paul also acted as the Company Secretary. Subsequently the Directors were made up of the members of the Executive Committee of the Board of Trustees.

In 2002 Vicky Facey office manager, took on the task of Company Secretary. The following year Jean-Jacques Wyndaele Hon Treasurer became an additional Director. Walter Artibani was Director from 2003.

In 2008, the Directors were Werner Schaefer, Ajay Singla, Dirk De Ridder, Ted Arnold, Jacques Corcos, and Dominic Turner.

In 2009 Ajay Singla, Dirk De Ridder, Jacques Corcos, Heinz Koelbl, Adrian Wagg, Dominic Turner and the Company Secretary.

iv) Constitutional

The mission statement of The Continent Club (ICS) was documented in Chapter 1. The ICS Constitution was further expanded at the AGM in 1976 as follows:

1. An annual meeting will be arranged to take place in a different country each year. The Meeting place will be decided at the AGM
2. The meeting chairman and the local committee to be decided by the host country, to avoid the need for nomination and election of local office bearers by the Society.
3. The Honorary Secretary to co-ordinate the year to year activities and chair the AGM at the end of each conference.
4. The Treasurer to hold the Society funds in trust and to issue an audited report at each AGM. This report was to be available on demand to members who were unable to attend the meeting.
5. The Membership Secretary would arrange the issue of membership application forms, the collection of subscriptions and the circulation of membership lists. Responsibilities include issuing an audited report at the AGM and keeping the membership list up to date. Where currency regulations make it impossible for any member to pay the subscription, that member could be retained on the list at the discretion of the Society. Otherwise if the subscription were not paid when due, the defaulting member's name would be deleted from the list.
6. The posts of Honorary Secretary, Treasurer and Membership Secretary were to have no limit in tenure in view of the need for continuity. The need to adhere to democracy meant that this issue was put to a vote and accepted at the AGM in Manchester in 1978. Democracy prevailed, as it did in more recent years where the members decided they wished to have limited tenures introduced for different reasons.
7. Major executive decisions require the approval of members at the AGM.
8. Subscriptions to be kept as low as possible to encourage junior workers to join.
9. Registration fees for the annual meeting to be kept as low as possible to enable junior members and research workers and others on low salaries to attend. Surplus income from the commercial exhibition should be used to subsidise the conference and the Society's expenses whenever possible. Members of less than 6 months standing will not be eligible for the reduced registration fee for members.

The Articles and Bylaws were first developed in 1984, and were revised in 1999 when Conticom, the commercial trading arm of the ICS, was established as a legal entity. Further revision followed in 2008, as a response to issues raised about the length of the office bearing possible under the previous constitution, and concerns about the governance structure and relationships with industry.

In 1999 the Memorandum of Association contained the following statement:

The objects for which the Charity is established are the advancement of sciences concerned with lower urinary tract and pelvic dysfunction including urology, gynaecology and urodynamics and to promote research into the causes, remedies and relief of incontinence and to provide for the publication of the results of that research.

The Memorandum of Association was modified again in 2008 following earlier recommendations of the Constitution Review Committee.

*The aims of the International Continence Society are the advancement of basic and clinical sciences concerned with the function and dysfunction of the urinary tract, bowel and pelvic floor:
to raise public awareness of both urinary and anal incontinence, and other functional abnormalities including obstruction and pain and the fact that it can be corrected, improved or at least better managed and to enhance the knowledge and skills of health professionals involved in prevention and management of incontinence and thereby to improve the standard of healthcare delivery
to initiate, co-ordinate and give advice on research projects undertaken for the benefit of the public
to carry on and to stimulate medical education and raise awareness on the subject of incontinence and its prevention, treatment and care
to act as a consultative body for public organisations and individuals undertaking research for public benefit on the medical aspects of incontinence*

The modifications reflect the need of the Society to include bowel problems, and emphasises the charitable status of the Society's activities 'for the public good'.

Since 2008 the General Secretary is elected by the members at the AGM for a non-extendable term of 3 years. The Treasurer is elected for a 3 year term, but if willing may stand for election for one further 3 year term.

The Board of Trustees is elected by the membership at the AGM. The elected Trustees elect 3 members to join with the General Secretary and Treasurer to form the Executive Committee of the Board of Trustees (5 Trustees), which in turn is responsible for the day-to-day running of the affairs of the Society in collaboration with the ICS office. The Society has Committees to cover the special activities of the Society. The Chair of each committee is elected by the AGM for a 3 year term, which can be extended for another term by election, but members join according to their interest and expertise. New committee members are selected by the members of the individual committee, following a call to the membership for expressions of interest.

The Board of Trustees embarked on further examination of its structures and functions through an Internal Structures and Governance taskforce of Trustees in 2010.

v) Expenses of office-bearers

At the AGM in 1977, the members agreed that the reasonable expenses in attending meetings of the Society should be covered by the Society. This was to include Registration fees. Prior to this the office bearers did not claim expenses from ICS and generously provided for their own costs. The Honorary Secretary continued this practice throughout his term of office.

The costs incurred by members of the Scientific and Standardisation Committees attending their meetings were covered by the ICS.

Trustees do not receive any remuneration.

.3 ICS OFFICE

For the first 28 years the ICS did not have a dedicated physical office and any administrative work was done pro bono by the clinical secretaries. The costs were minimal.



Vicky Facey(nee Rees), first office manager of ICS, with Linda Cardozo

Following the marked expansion in the ICS membership, its first office was established at the Bristol Urology Institute (BUI) in December 1999, with Vicky Facey (nee Rees) as the Administration Manager pictured above. Prior to this Paul Abrams' clinical secretary, Annette, had done the administration work for both Paul and the Society. In 1993 Liz Wetherall, academic secretary for Paul took over this role. Vicky worked at first in a temporary relocatable office, pictured below, at the BUI and then because more space was required and because of the complicated employment requirements of the Hospital, the office moved to 9 Portland Square in the city in 2005.



The first office of ICS was a re-locatable temporary cabin in the grounds of the Bristol Urological Institute.



ICS First Office 9 Portland Square, Bristol in 2004
Maxine Wall, Lauren Elias, Vicky Facey, Carole Sales, Dominic Turner

The office staff has progressively expanded from two to four after Walter Artibani became General Secretary. Vicky resigned in 2006 as a result of the tensions within the ICS at the time, which had a significant impact on her. She now lives in Granada. Avicia Burchill was appointed as Administration Manager, to succeed Vicky in April 2007 having worked for the ICS since 2005 as the Education Coordinator setting up the various educational projects such as the stand alone Educational Courses. In 2007 the office moved again to larger premises at 19 Portland Square, Bristol.

Some discussion in 2006-7 about purchase of a property was deferred in the light of uncertainty of the market forces. This became even worse in 2008 with the global economic downturn.

The office functions have also expanded and are both fundamental and invaluable.

Information technology assistance initially was contracted from Dominic Turner, who later became a fulltime employee in 2004. Since then under his baton the ICS office has developed its own website, on-line membership renewal and the sophisticated web-base abstract submission system used for the annual meeting scientific committee. This has expanded to include meeting registration. The website has been continually upgraded by Dominic Turner assisted by Ashley Brookes appointed in 2007. For committees and members this incorporated a web-based forum for discussions, since 2009. In 2008 the ICS began its consideration of e-learning for the ICS members and in July 2010 the ICS appointed Chris Angle to assist with this project.

Carole Sales joined the ICS in October 2003 to assist Vicky with the ever growing membership. With the help of Dominic Turner she established the procedures for members to ensure a smooth annual joining process. She undertook all the communication with the members and with Wiley, the publishers of the ICS journal, *Neurourology* and *Urodynamics*. Carole also worked on the production of the ICS Newsletter and established ongoing advertising and press related projects.

In 2007 the ICS office appointed a full time Administration Assistant to look after the still growing membership and day to day office actions. Kelly Packer was first (2007-2008); she was followed by Rebecca Cheetham (2008-2009) and then by Sarah Morris (2009 – 2010). Kirsty Sims was appointed in mid 2010 to take on the membership secretary and administration role on a part time basis.

When Carole left in 2008 there was a change in the job description for her post and she was replaced by Dan Snowdon as Committees Coordinator. This role was to ensure there was a constant support for the committees and their activities. It was found that during this time the level of activity from the committees significantly increased when they had office support. Dan's job description then changed in April 2010 to reflect the project management aspects of his growing role. He was appointed as Projects and Events Manager and subsequently the office also employed a Projects and Events Coordinator, Helen Parker, in June 2010 to support him in his role.

Advice on issues relating to the Company and Charity law, have been provided by Jordans Limited as well as Company Secretary services since 2007. The legal advice for other matters has been provided by Henriques Griffiths. The ICS and Conticom-ICS auditors and accountants have been Goldwyns-Bristol Ltd.

As the structure and relationship between ICS and Conticom is a little complex the ICS employed a part time bookkeeper to keep track of all the payments in and out of the ICS and to prepare the books in readiness for the external audit each year. Nicola Walsh was employed in 2007 to support the office in this role.

In summary the functions of the Office include actioning the decisions of the Trustees, their Executive Committee, and all other Board Committees.

In addition it maintains the membership database to ensure that subscriptions are paid when due, and provides the important liaison with Wiley Publishers of Neurourology and Urodynamics, the official organ of the ICS.

It continues to develop, maintain and manage the society website, abstracts system, educational/industry database, computer systems and networks.

The office makes the practical arrangements for conducting the courses and other educational activities of the Society

It is responsible for the cataloguing and storage of the ICS Archives

It operates the accounting and financial management of the ICS including the management of budget requests, expenses and budget control of all ongoing projects, courses, office expenditure and donated funding.

It is responsible for the management of all contracts and other legal documentation for the companies including the production of the Annual Report for the ICS and completion of Annual Returns for both companies.

The office has an important role in supporting the AGM, the Committee chairs and arranging all committee meetings, taking minutes and ensuring these are available to the membership.

It ensures that the membership is aware of forthcoming positions available on committees, receiving nominations and management of secure and safe voting system.

It oversees the conduct of the Annual Scientific meetings organised by the professional conference organizers, including budget management, creation of the education and scientific programme in conjunction with the relevant committees and persons. It receives and processes all abstract and

workshop submissions and produces the Abstract Book and videos on the ICS website, USB stick and workshop handouts. It ensures bids are received and reviewed for future annual meetings.

It has an important role in the management and production of the ICS newsletter, advertisements, outgoing communication to the membership (to include website updates/e-news) and any advertising or educational material.

It manages and maintains the ICS CME accreditation system.

The editors are grateful to Avicia Burchill for providing the above summary.



ICS Office staff 2010

Left to right: Ashley Brookes, Avicia Burchill, Dan Snowdon, Kirsty Sims, Helen Parker, Nicola Walsh, Dominic Turner, Chris Angle

Avicia gave birth to a daughter, Kirra in January 2011, so at the time of writing she is on maternity leave with the intention of returning to the office. Congratulations to Avicia, Peter and of course Kirra! In her absence Dan is acting as Administration Manager.

7. SOCIETIES WITH GOALS SIMILAR TO ICS

.1 Special interest groups within ICS

From time to time, ICS members came under pressure from groups who wished to have sessions dedicated to their own specific interests. For example, the Physicists and Bio-engineers felt that they should have a dedicated session in which they could discuss details using scientific terms which they believed would be of no interest to the majority of participants, who would not understand the technical language.

It was agreed that they could hold such a session at the Antwerp Meeting in 1976, and they were allocated a hall that they felt would be adequate. To their surprise, the session attracted many from other specialities, including clinicians, and it was standing room only in the over-full room. This confirmed the general view that our truly multidisciplinary society wanted to hear about all aspects of members' activities, to further understanding and interchange of expertise. Over the years, various groups have pressed for their own dedicated sessions or sections, pressure that on the whole has been resisted.

.2 Special interest groups outside the ICS

Outside ICS there were several groups and societies with interests similar to ICS, or overlapping. This chapter will list the other groups and their relationships with ICS.

The Association of Continence Advisors in UK was an interdisciplinary group of health care professionals with a special interest in the promotion of help-seeking and the management of incontinence. It began in 1981. Its leaders included Janet Blain, Dorothy Mandelstam, Professor John Brocklehurst, and later Alan Cottenden and others. It had branches in London and the regions throughout England, Scotland and Wales. It was later allied to The Continence Foundation, which was founded in 1992.

Recognising that travel is expensive and study leave allowance limited for some, and non-existent for others, several groups with aims similar to ICS arose, with activities being determined by local needs. Such groups included the Japanese Chapter of ICS, and the UK Continence Society (initially ICS UK). Other Societies with similar interests to ICS have grown and are mentioned here.

In addition there are many international continence promotion organisations with interests that overlap with the ICs, but are too numerous to mention here.

AFFILIATED SOCIETIES

The status of 'affiliated Society' was established by the ICS Board of Trustees in 2008. The ICS has invited applications for affiliation status from other international, national or regional organisations which have a focus aligned to the goals of the ICS. This is aimed to widen the sphere of influence of ICS world-wide, to encourage help-seeking by patients, to improve standards of healthcare delivery and education to professionals and the public. The regulations are on the ICS website.

The following two Societies became affiliated in 2009:

- i) Societa italiana di urodinamica (SIUD) This active group was established in 1977 and has a multidisciplinary approach. Neurourology and Urodynamics is its official journal.
- ii) The Turkish Continence Society.

OTHER ALLIED SOCIETIES**i) International Children's Continence Society**

Prof Jens-Christian Djurhuus

Initially matters involving children were dealt with inside the ICS. It was considered by specialists in the area that this provided insufficient time and exposure during the busy program at ICS meetings. Jens-Christian Djurhuus writes:

“But what about the paediatric input to ICS? We had advertised heavily for papers for ICS 1990 on that subject but ended up with papers from three places, one was Watanabe’s group in Kyoto, Japan, the other one Kjell Hjelmås from Gothenburg and the third one was our home-made production from Århus. This was considered not a major success, which to some extent could be attributed to its being the first meeting, but also to the fact that dealing with children is of truly multidisciplinary activity incorporating a lot of paramedical specialties together with psychiatrists and paediatricians. But undaunted three urologists, Kjell Hjelmås, Jens Peter Nørgaard and Jens Christian Djurhuus, decided to continue with satellite symposia at the ICS. With heavy sponsoring from Ferring this multidisciplinary group of several hundred decided to initiate serious symposia which either could lead to formation of a new society or a strong hold for joining ICS. In the beginning I think we were simply ignored by ICS. At the time there had been general opposition within ICS to having separate sections.”

In 1990 Jens C Djurhuus, who was convenor for ICS Århus meeting, together with Jens Peter Nørgaard, Kjell Hjelmås and Søren Rittig, decided to place increasing emphasis on children’s continence problems, and one or two sessions were dedicated to paediatric conditions. At the time the focus for surgeons, especially reconstructive surgeons, was largely met through European Society of Paediatric Urology and American Academy of Paediatrics, but there was no real place for nurses, physiotherapists and non surgical/pharmaceutical interested people. Attempts to hold special sessions and even a paediatric section of ICS failed and this led to the formation of ICCS.

Three ICCS Symposia were held: the first was in 1991 in Hanover (where also ICS had their 26th annual meeting) Before it started there was a severe tragedy in which seven delegates died when a private plane they hired from Vienna crash-landed outside the runway in Hannover.

They were:

Heinz Keiswetter	Vienna
Nikolaus Nurnberger	Vienna
Richard Steiner	Vienna
Robert Schilling	St. Polten
Johannes Schmidt	Vienna
Andreas Peithner	Vienna

In 1993 in Rome and chaired by Francesco Pesce, the second symposium was held at the Ospedale Pediatrico Bambino Gesù on the day before the ICS had their 28th meeting; the third and last symposium was in 1995 in Sydney just before the ICS meeting. This was held off-site as it was not possible to gain co-operation with the venue of the main ICS meeting.

ICCS was formally founded in 1997 at a meeting in Paris, following failed efforts to incorporate paediatric sessions or workshops into ICS meetings. Since then its meetings have been held in sites different to the ICS and at different times of the year. This was inevitable but unfortunate for those members of ICS who also have an interest in paediatric problems.

After heavy negotiations and significant arm twisting the ICCS representatives agreed upon having the next meeting integrated into ICS in Denver in 1999. It was also agreed that the topic of the joint session should be urological aspects of adolescence."

ii) **International Consultation on Incontinence (ICI)**

Paul Abrams along with Saad Khoury, Linda Cardozo and Alan Wein established the very successful International Consultations on Incontinence, under the auspices of the International Consultation on Urologic Disease. The first symposium was held in 1998, the next in 2001, then 2004 and the fourth in 2008. The Consultation reviews progress and rates the researched evidence base in each field using international experts on its various expert committees. The research findings and recommendations are graded on the Oxford Scale of evidence. The proceedings have been published and provide an extremely valuable resource for members and others wishing to review the current state of the art. Although not directly related to the ICS, many ICS members have been active participants in the ICI. In 2008 it established an ICI-Research Society to follow up the areas identified by the Consultations as being in need of further research. All its members are active in their field of research. It held its inaugural meeting in 2009. Abrams et al (2010)

iii) **International Society for the Dynamics of the Upper Urinary Tract (ISDU)**

Although the initial objectives of the ICS were focused on incontinence, interest in the dynamics of transport of fluid along tubes was common to both upper and lower urinary tracts. Some interest was expressed at the ICS meeting in Antwerp in 1976 in holding a joint meeting of ICS with those interested in the upper urinary tract.

Those who did not support the idea stated that the combination could detract from the original Society objectives of focusing on urinary incontinence and risk fragmenting the Society, and increase its size, length and cost. In the end, it was decided not to proceed at that time.

Chris Constantinou wrote:

"The original concept of holding a meeting of the International Society for the Dynamics of the Upper Urinary Tract was based on Melchior's interest in Aachen, taken up by Bo Coolsaet. Bo went to Stanford to progress the idea with Chris Constantinou and included Bob Weiss as the founders of the organization. The first meeting was held in 1976 in Antwerp then Stanford etc." Lutzeyer and Hannapel edited a book on the topic in 1985.

Chris Constantinou has all the proceedings (personal communication 2010).

He continues: "The third meeting of the ISDU was held in 1986 on Goat Island at Rhode Island chaired by Bob Weiss, during the week before the ICS was held in Boston under the chairmanship of Bob Krane.

Accommodation was rather expensive. Jacques Susset had brought his yacht down and stayed on it along with some others including Werner Schaefer. Discussions continued long into the night in the galley lubricated by the odd drachm of very good Scotch whisky.

The 11th and last meeting was in Patras which is a long story. This was just before the ICS meeting in Athens in 1996.

We tried to keep the ISDU to be around the same time as the ICS but we never had a joint meeting."

iv) International Urogynaecology Association (IUGA)

In 1975 at one of the triennial meetings of FIGO (Federation International Gynaecology Obstetrics) in Mexico, Axel Ingelman-Sundberg convened a meeting of interested parties to found the International Urogynaecological Association, which began in 1975.

The Founding members were:

Axel Ingelman-Sundberg (Sweden)

Jack R. Robertson (USA)

Donald R. Ostergard (USA)

Ulf Ulmsten (Sweden)

Eckhard Petri (Germany)

Wolfgang Fischer (Germany)

Bozo Kralj (Slovenia)

Oscar Contreras Ortiz (Argentina)

Stuart Stanton (UK)

David Warrell (UK)

Abbo Hassan Abbo (Sudan)

The International Urogynecological Association (IUGA) is a non-profit international organization dedicated to the advancement of urogynecological knowledge around the world through education and the promotion of basic and clinical research on disorders of the female pelvic floor.

It is clear that ICS and IUGA have many interests in common and quite a number of urologists and urogynaecologists belong to both organisations.

There have been three highly successful combined meetings of IUGA and ICS:

Denver Colorado in 1999

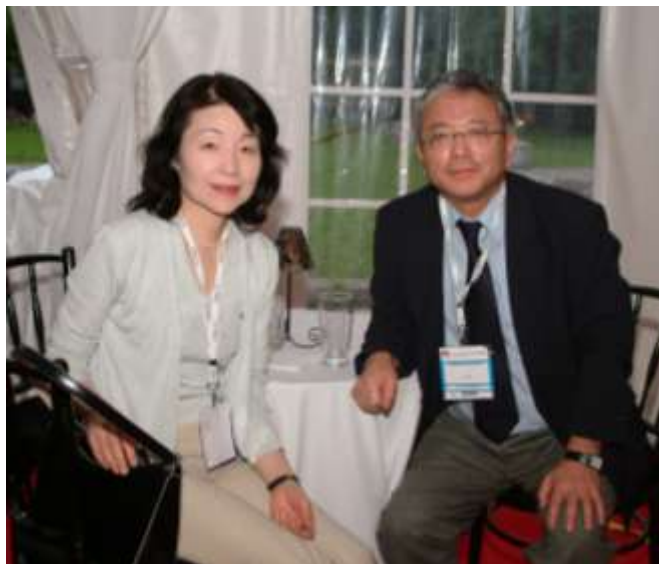
Paris in 2004

Toronto 2010.

v) Japanese Chapter of ICS

Dr Atsuo Kondo from Nagoya studied under Jacques Susset in Sherbrooke, Canada and completed a PhD in 1972. He returned to Japan and began using urodynamics studies in Nagoya. In 1977 he attended ICS in Portoroz presenting a paper on the mathematical analysis of urinary flow curves and was charmed with the international atmosphere. Vigorous discussions followed each presentation, and he recalled memorable social activities for members and their companions.

Dr Kondo wrote: "After this meeting he, Ken-ichi Imabayashi and Osamu Nishizawa, decided to propose to the ICS AGM in 1980 that a Japanese Chapter of the ICS be formed inside the Japanese Neurogenic Bladder Society which held meetings once a year."



Prof Osamu Nishizawa

It negotiated with Acta Urologica Japonica to publish the first 4 Reports on Standardisation of Terminology of lower urinary tract function, produced by ICS.

The second goal was to change the name of the 'Japanese Society for Neurogenic Bladder Research' to the 'Japanese Neurogenic Bladder Society', or NBS. As Dr Imabayashi observed this might have sounded like the name of a certain TV network in USA. So the Japanese Chapter of ICS became a part of the NBS.

Dr Imabayashi observed at the close of his first Report:

"The Japanese members of ICS are very pleased to be at the ICS, where we can learn many things, we can discuss many scientific subjects, and we can make mutual friendship with other members from various countries.

Unfortunately, we, including myself can't speak English so fluently and I am afraid this would make many troublesome and impolite situations not only in daily conversation, but also in scientific discussions. But we can understand most of your words, if you speak somewhat slowly. And we are now thinking about the necessity of much effort to make our English conversation more skillful, so that I hope you may recognise such a circumstance and you may show us much understating and cordial co-operation.

Thank you very much!"

Dr Kondo goes on:

"In 1980s and 90s, various pharmaceutical products, such as alpha-adrenergic blocking agents, anticholinergics, and bulking agents were produced in Japan or imported from abroad, which were then clinically tested and investigated for efficacy and adverse effects in randomized controlled trials. The majority of the products were successfully approved by the government. Because of our clinical efforts and co-operation, some pharmaceutical and medical appliance companies were generous to help us invite renowned researchers from abroad. As far as I remember they comprised Jacques Susset, Jack Lapidès, Scott Bradley, Robert Levin, Alan Wein, Edward McGuire and Emil Tanagho from the US, Paul Abrams, Stuart Stanton, PSJ Malone, and Chris Chapple from UK, Ted Arnold from New Zealand, Karl-Erik Andersson and Anders Mattiasson from Sweden, Tage Hald from Denmark, Kari Bo from Oslo, Udo Jonas from Germany and so forth. These invited guests met and talked to young doctors, gave special presentation, discussed points of interests, which undoubtedly

stimulated them by suggesting the importance of urodynamic way of thinking when to understand and solve problems involved in the lower urinary tract dysfunction.

In summary, I believe that the Japanese Chapter of the ICS made a considerable impact on Japanese young colleagues in appreciating the necessity and importance of urodynamic mind in the beginning of Urodynamics Era. Nowadays one will find that approximately 15 to 20 podiums or posters with discussion are accepted for presentation every year and 40 to 50 delegates will visit the host city of the ICS, which makes me proud of our colleagues and makes me excited to meet them all at the congress."



Dr Atsuo and Mrs Kondo, joining in the Maori Kapa haka choir at the Maori powhiri welcome ceremony in Christchurch 2006.

Dr Kondo's full letter is filed in the ICS Archives.

vi) **Pan-Pacific Continence Association**

The Panpacific Continence Society (PPCS) was proposed by Dr. Osamu Yamaguchi and was initiated by Korea, Japan and Taiwan. The first annual meeting was held in Tokyo in 2006, the second meeting was in Seoul in 2007. The 2008 meeting was held in Taiwan. The goal of PPCS meeting is to exchange clinical and basic science knowledge among countries in Panpacific region. The meeting will steadily invite more countries to participate in its meetings.



Prof Yamaguchi is also Editor in Chief of the LUTS journal.

**vii) Society for Urodynamics and Female Urology: SUFU
(Formerly Urodynamics Society, UDS)**

This account draws heavily on a paper by Saul Boyarsky (1998) in which he traces the roots and foundations of the Urodynamics Society as a scientific urologic research society back to the postwar information explosion of the 1950s and 1960s. It describes the then-separate islands of science and urologic practice which gradually became amalgamated through interdisciplinary and cross-professional collaborations and networks, aided by generous government subsidies and wise university policies.

In 1959, at the Albert Einstein College of Medicine (AECOM), Boyarsky established his laboratory in ureteral pathophysiology, leading to increased interest in ureteral pharmacology and investigation of the effect of spasticity on urinary flow in the bladder of individuals with spinal cord injury.

Saul was joined in his research, by Arthur Abramson, the Chairman of Rehabilitation at AECOM and a World War II paraplegic. They combined cystometry with electromyography of the pelvic floor, subsequently incorporating cinefluorography and arteriography in association with AECOM pioneer uroradiologists Milton Elkin and Neville Kaplan. Growing interest in the field led to the formation of the Society of Uroradiologists.

There were many attempts to stimulate the paralysed bladder to empty. The Vocational Rehabilitation Administration (VRA), later to become the Social and Rehabilitation Service (SRS), asked Saul to organise a Neurogenic Bladder Conference to review scientific and clinical aspects of the problem, involving many disciplines including pharmacology. The Symposium was held in 1965.

In 1968, Frank Hinman Jr. at the University of California, San Francisco, Norman Zinner and Rog Ritter at the University of Virginia, adding Art Sterling and others at the University of Washington, plus Saul and his group organised the Symposium "The Hydrodynamics of Micturition". In 1969, a subsequent symposium, "The Hydrodynamics of the Ureter and Renal Pelvis" was held, organised by Saul, Emil Tanagho, Paul Zimskind and Carl Gottschalk. Bioengineering was of increasing importance, and was integrated with urology by Zinner, Ritter and Sterling at the University of Virginia, Frank Hinman with Earl Miller at the University of California, Boyarsky and Glenn at Duke, Brantley Scott, with Jerry Tim and Bill Bradley, in Houston, and Jim Pierce at Wayne State. These developments led to the descriptive title of Urodynamics. Saul considered that Dr. David M. Davis, head of the Department of

Urology at Jefferson Medical College, an early supporter of UDS, should be credited with the first public use of the word “Urodynamics”.

Norman Zinner persuaded Saul Boyarsky to organise an informal club, the nascent UDS, to provide a focus for the regular coming together of enthusiasts in the field. Jim Glenn gave enthusiastic support, and the first meeting of what was later to officially be re-titled, the Urodynamics Society, was held in San Francisco in May 1969. The seeds for the foundation of the UDS had been sown at a meeting on neurogenic bladder at Duke University in 1965 as mentioned earlier (Perez and Webster, 1992). At first with the efforts of a small group of friends and enthusiasts a more formal structure began to emerge, leading to incorporation of the UDS in 1978. Saul Boyarsky, Frank Hinman and Jacques Susset were elected President, Vice President and Secretary-Treasurer respectively, with Donald Gleason and Edward McGuire making an Executive Committee of five. Norman Zinner became the coordinator of a committee of international councillors.

It initially involved several groups within the United States:

Tanagho EA

Norman Zinner, Art Sterling and Rog Ritter

Brantley Scott and Bill Bradley

Don Gleason, Bottaccini

Bob Levin, Bob Weiss, Alan Wein

As noted, the first president was Saul Boyarsky. Saul had a focus on the upper tract but the UDS quickly evolved into a Society involved with the lower system.

In 1972, the UDS considered establishing a number of projects including: establishing a Urodynamic journal, creating a “urodynamic primer”, and developing standardisation of nomenclature. In 1978, Jerry Blaivas was tasked with forming a committee on standardisation of terminology and procedures, the work of which, for the most part, merged with that of the International Continence Society. In 1982 the Journal “Neurourology and Urodynamics” was launched under the editorship of Jerry Blaivas, subsequently becoming the official Journal of UDS (now the Society for Urodynamics and Female Urology (SUFU), the ICS, and Societa Italiana di Urodinamica. A fuller account of the Journal is given in Chapter 8.3.

Those wishing more detail about UDS, and the fascinating overview of the support US Government organisations provided, directing and funding many aspects of medical research post World War II, should read the article by Saul Boyarsky. (1998)

Norman Zinner was keen to have a joint meeting with UDS and ICS.

Having worked in Leiden and being a member of both groups he was in a good position to bring this to fruition, holding a joint meeting in Los Angeles in 1980. A full description of the meeting is given in Chapter 3.

Following an agreement to do this again every 3 years, the 1983 Aachen and the 1986 Boston Meetings were officially joint meetings of ICS with the Urodynamics Society.

The UDS changed its name to SUFU in May 1998 and was officially incorporated in January of 1999. This permitted SUFU to accommodate the increasing number of urogynaecologists interested in urodynamics and in female urology. At that time, most gynaecologists were trained in urodynamics by urologists programs. There was great pressure from gynecologic organizations and from the AUA to include them or they would go their own way and make their own programs. Later there grew up many urogynaecology societies.

viii) The London Urodynamics Club

The desirability of exchanging ideas with other units locally such as the Institute of Urology, led to the setting up of the London Urodynamics Club which had its inaugural meeting in March 1974 and

has been active since, having had its 30th anniversary in 2004. It was organised by Peter Worth, then Julian Shah and more recently by Tamsin Greenwell.

ix) UK Continence Society (formerly the ICS-UK)

The editors are obliged to Dr Ian Ramsay for providing the summary below:

“Forming the ICS (UK) was discussed amongst the UK delegates at the 1993 ICS meeting in Rome at the instigation of Paul Abrams. There was a feeling that as the size of the International meeting was growing, the costs were rising, and the chances of getting work presented was getting smaller there may be a reason for having a UK branch of the society. As a first step it was agreed that there would be an initial meeting the following year to present some work and to discuss this further.

That first meeting took place in Bristol in Spring of 1994 under Paul Abrams’ chairmanship. It was low key - some 50 delegates were present and there were 3 half days of science. At the general meeting it was agreed that there was a place for a UK branch of the ICS with the following principles in mind.

1. It should be a low cost meeting so that Consultants could bring as many junior staff, allied medical staff and research staff as possible. This should involve having the meeting if possible in the Easter holidays in a University setting and using University accommodation if available.
2. The meeting would encourage presentations by junior staff and so as to avoid the problem of work being submitted to both ICS and ICS (UK) as the new society was called, it would be happy to accept work in progress.

The society would continue to be multidisciplinary as is the ICS.

Gordon Hosker was appointed Secretary/Treasurer, and a nominal annual fee for membership was agreed.

As this was a very low key meeting it was felt at that time that no Office bearers or constitution was required.

The meeting progressed along these lines for the next few years (the host centres and chairmen are listed on the UK Continence Society website (UKCS) (ukcs.uk.net), and increasingly the Society became more popular and busier leading to the inevitable problem of finding sites big enough to host the meeting.

A sea change came about in 2000 when the meeting was held in Belfast, with the conference in the Waterside Hall, the accommodation in city centre hotels, and the annual dinner (by then an established part of the meeting) in the City Hall. The attendance then was reaching 200. It was an excellent meeting but a significant move away from the original ‘low cost’ aims of the meeting.

Prior to that meeting Gordon had announced his intention to stand down after the Belfast meeting having done 7 years in the job. He asked for expressions of interest, and after receiving two with one then standing down! I was elected to take over as secretary/treasurer, which I did at the 2001 meeting in Manchester.

The membership of the society continued to rise and the workload of the secretary/treasurer post continued to increase and so with the backing of the membership at the 2003 AGM we appointed a part time secretary (Myra Glass).

The attendance at the annual meetings continued to rise and at the 2004 meeting in Bournemouth the attendance topped 400 for the first time. By this time the meeting was combining basic research

along with state of the art lectures, and whilst having moved away from the 'low cost' beginnings still heavily encouraged junior staff involvement.

Around this time it was becoming increasingly clear that our name was going to have to change. Our membership was confused as to which society they were in - many of them thinking that being part of ICS (UK) meant that they were members of ICS. Many thought that the two societies were one and the same thing. At the ICS (UK) head office (Myra's office in the Southern General Hospital) we were fielding a lot of calls and correspondence from people actually looking for ICS. Furthermore as ICS was a charity and VAT registered and we were not, we didn't want the Government becoming confused.

I put my case to the 2005 AGM in Glasgow and it was overwhelmingly agreed that a name change was appropriate and the UK Continence Society (UKCS) was agreed to be officially adopted as the sole title of the society from the 2007 meeting onwards.

Other changes were taking place. Due to the huge sponsorship available from Industry at that time, each annual meeting was making a significant profit with 50% going to UKCS and a healthy bank balance was built up.

In 2004 it was agreed that a working group (led by Doug Tincello) would look at the options of how best to utilise this money, and report to the AGM in 2005.

At that report it was agreed that the UK Continence Society (UKCS) would offer grants of up to £5000 to members for original research, and offer bursaries of £100 to research and/or paramedical staff to help with attendance at this annual meeting. This 'small grants group' was set up under the chairmanship of Steve Radley and has been running successfully since then.

In 2007 Philip Tooze-Hobson who was the British Society of Urogynaecology (BSUG) committee member responsible for urodynamics, brought to the society the problems of accreditation for urodynamics and discussions with UKCS, British Association of Urological Surgeons (BAUS) and BSUG are ongoing as to how accreditation should be taken forward. One of the suggestions was that UKCS as the only multi-disciplinary group might be the best placed to oversee this. It is realised that a change in structure of the society may be required to achieve this and other similar functions, because at the time of writing, there are no elected office bearers other than the secretary and treasurer and small grants group chairman.

In 2007 a proposal was brought to the AGM by a member who was a trustee of the Continence Foundation that the UKCS was merged with the CF. A lot of views were expressed for and against this motion and an agreement reached that a working party be set up to discuss this and report back to the 2008 AGM. One meeting of the group took place in 2007, but before the discussions could be taken forward to the AGM in 2008, the CF went into liquidation.

I decided that seven years (as Gordon had done) was a long enough tenure as Secretary/Treasurer of the Society and I stood down at the 2008 AGM. After much debate and discussion it was agreed that the job should be split into two posts and Philip Tooze-Hobson was duly elected Secretary and Ralph Webb as treasurer proving what we have always suspected that it takes 2 Englishmen to replace one Scotsman."!!

Ian Ramsay.

8. NEWSLETTERS AND PUBLICATIONS

.1 NEWSLETTERS

The first newsletters were published for a short time as the "Incontinence Reporter", which also produced a reference broadsheet containing references to recently published papers in the field, prepared by David Rowan. It was supported by Vitalograph and later by the Danish instrument company, DISA subsequently renamed Dantec.

The ICS Newsletters were prepared and distributed by the Honorary Secretary. They are held in the Society's archives in Bristol. Later newsletters were sent electronically, from the ICS office and prepared in conjunction with the Publications and Communication Committee (Chapter 4.9). They have achieved and maintained a high standard in both electronic and print media.

.2 PUBLISHING ABSTRACTS OF MEETINGS: The early days

Initially hard copy pre-prints of accepted abstracts were duplicated and sent to all delegates ahead of the meeting. At first the Proceedings of the meetings were published in the journal, *Urologia internationalis*, but this was not entirely satisfactory. The minutes of the ICS AGM in 1973 referred to frustrating delays in getting the abstracts into print in *Urologia internationalis*. For the 2nd meeting in Paris in 1972, abstracts appeared in 1974. The delays were occasioned as much by authors wishing to change their manuscripts, as to any problem with the publisher.

Proceedings of the ICS in the early years

1971	Exeter	See Doug James account of the first meeting
1972	Paris	<i>Urologia internationalis</i> 1974 29:163-236
1973	Copenhagen	<i>Urologia internationalis</i> 1975 30: 1-108
1974	Mainz	<i>Urologia internationalis</i> 1976 31: 1-136
1975	Glasgow	<i>Urologia internationalis</i> 1977 32: 81-268
1976	Antwerp	<i>Urologia internationalis</i> 1978 33: 3-204
1977	Portoroz	<i>Urologia internationalis</i> 1978 33:279-376
1978	Manchester	Publication in book form, of the meeting only.
1979-1986		Abstracts not officially published, but provided to delegates.
1987-		Abstracts for the meeting were pre-published in the <i>Neurourology and Urodynamics Journal (NAU)</i>

The long delays in publishing led the Society to discontinue using *Urologia internationalis*. The abstracts for the meeting in 1978 in Manchester were printed by Pergamon Press in a booklet form. This was the first time that papers were reproduced in a single bound volume compared to previous collections of cyclostyled sheets. Members voted at the AGM in 1981 against the general release of the Proceedings booklet, preferring the option to offer their papers to a journal of their choice. No other form of publication or circulation was desired by members, and contributors were free to offer their papers to a journal of their choice.

.3 NEUROUROLOGY AND URODYNAMICS (NAU):



Professor Jerry Blaivas founded the Neurourology and Urodynamics Journal in 1982 and was first Editor-in-Chief of the Journal.

In his editorial comment in the first issue, he indicated that the goals were to produce a journal that would provide a single reference source of original articles addressing upper and lower urinary tract and sexual function. It would have a multidisciplinary approach. (1982).

Dr Blaivas continued "At present these include basic scientists (physiologists, pharmacologists, biochemists, engineers) as well as clinicians (neurologists, neurosurgeons, gynecologists, urologists, psychiatrists, pathologists), who tend to publish in their own specialty journals for lack of a common forum. All these factors conspire to deny "neuro-urology readership" ready access to the most current ideas."

The first issue contained a State of the Art Review by Elbadawi (1982) on the neuro-morphological basis of vesico-urethral function, as well as two excellent papers on precise urodynamic assessment of urethral obstruction in girls and boys, by Griffiths and Scholtmeijer. (1982)

The first issue also contained an excellent review paper with the recommendations of the Urodynamic Society on procedures that should be available for routine urologic practice (Blaivas et al 1982). The abstracts for the Urodynamic Society meeting were first published in NAU in 1994 (13:655-679).



Atsuo Kondo and Jerry Blaivas at ICS in Aachen 1983. This was the year after Jerry had founded the Journal Neurourology and Urodynamics.

At the ICS meeting in London in 1985, it was agreed to approach Jerry Blaivas, the Editor of Neurourology and Urodynamics to publish the abstracts of the meeting in a dedicated issue of the journal, timed to reach all members ahead of the meeting. This would allow a proper referencing and quotation potential for work presented at the Annual Meeting, and for such papers to be recorded in Index Medicus. The Hon Secretary placed a proposal to the AGM in Boston in 1986, which was agreed. With sponsorship from Dantec and KabiVitrum, NAU published the abstracts of ICS in advance of the Bristol meeting in 1987. This was a great step forward. Publication of an abstract for the meeting would not disqualify the submission of the whole paper to NAU or another journal provided that the paper made reference to the prior abstract publication.

Official organ status of NAU

In 1985 Neurourology and Urodynamics (See NAU volume 4 #2) had become the official organ of the Urodynamic Society, a society which later changed its name to Society for Urodynamics and Female Urology (SUFU).

In 1995, NAU became the official organ of the ICS. In negotiating this status the ICS undertook to support the Journal by mandatory subscription. In turn the journal agreed to alter its structure to represent the interests of the ICS and give it a public voice. The principles of this were:

- The representation of all specialties in the multi-disciplinary membership of ICS and that this would be reflected in the composition of the Editorial Board.
- Publishing of abstracts, notices of upcoming meetings.
- NAU had an established reputation for attracting papers relevant to the Journal's goals and those of the ICS, not only from that Society's members but also from others
- For authors, to provide a prestigious vehicle in which to publish, and to be referenced in the Index Medicus.
- The cost of publication should remain as low as possible and should be incorporated into the annual membership fee for ICS members.

The NAU is the official organ of 4 societies:

- International Continence Society since 1995

- Society for Urodynamics and Female Urology (SUFU)
- Societa italiana di urodinamica since 2008
- Turkish Urodynamic Society since 2009
- The ICS and SUFU have representation by forming an executive committee for the journal and have representation on both the editorial board and in the team of editors.

Jerry Blaivas demitted office in 2005 and Prof Chris Chapple was appointed by the publisher as Editor-in-Chief. Under his baton the Journal has gone on developing further recognition and strength, building on the firm tradition set by Dr Blaivas.

Under Chris's baton the NAU has increased its citation index. Members of the ICS owe him considerable gratitude for all this.

A biographical sketch of Chris Chapple is in Chapter 2.3

APPENDICES

1. Delegates to the Continent Club
2. Papers presented at the Continent Club 1971
3. Full report on the 1980 meeting in Los Angeles 1980
4. Critique of the science at ICS 1980, by F Eugene Yates
5. Keynote speakers / State of the Art lectures at ICS scientific meetings 1989 – 2010
6. History of ICS: speech delivered at ICS in Cairo 2008 by Eric Glen

APPENDIX 1.**Delegates at The Continent Club Exeter 1971**

Aboulker P	Urologist	Paris, France
Adjmin	Urologist	Paris, France
Albrecht	Urologist	Germany
Alexander S	GS+Urol	Glasgow
Allen DS	Industry(The Medical Supply Association, England)	
Appell R	Urologist	USA
Armstrong DR	Industry (PJ Reynolds Ltd)	
Bates CP	Urologist	London
Boer PW		Netherlands
Benson		USA
Bonner J	Gynaecologist	Oxford (later moved to Dublin)
Caldwell P	GS+Urol	Exeter
Castro	Urologist	
Chisholm GD	Urologist	London
Collins CD	GS+U	Bristol
De Backer E	Urologist	Brussels, Belgium
Dorf S		Sweden
Edwards	Urologist	London
Essinghigh D	Urologist	Newcastle
Fennimore J	Industry (Smith and Nephew Research Ltd)	
Flack F	Physicist	Exeter
Garbe	Industry(Vitalograph)	
Glen E	Urologist	Glasgow
Griffiths DJ	Physicist	Exeter
Gruneberger A		W Germany
Hald T	Urologist	Copenhagen
Haubensak K	Urologist	Homburg/Saar, Germany
Hopkinson BR	Gen Surgeon	Birmingham
Horlington M	Industry (Smith and Nephew)	
Ivanovici F	Urologist	Netherlands
James ED	Physicist	Exeter
Janez J		Ljubljana
Jones C	Industry (Syntex Pharm :Ltd) UK	
Juskiewenski S	Urologist	Toulouse, France
Kirkland Ian	Paed. Surgeon/urologist	Edinburgh
Kluck P	Anatomist	Leiden
Koper A	Urologist	London
Kramer A	Urologist	Leiden

Lipsky H	Urologist	Graz, Austria
McDonnell	GP	Ayrshire, Scotland
Malvern J	Gynaecologist	London
Mathisen W		Oslo, Norway
Mensink H	Urologist	Netherlands
Moore T	Urologist	Manchester
Mortensen S	Urologist	Copenhagen
O'Donoghue E	Urologist	London
Ott, R	Urologist	Geneva
Pederson G		Sweden
Philip, Mrs A	Industry	
Plevnik S	Engineer	Ljubljana
Pompeius P	Urologist	Sweden
Richard OH		Switzerland
Romero J		Spain
Palm Lief	Urologist	Copenhagen
Rossier A	SCI	Geneva
Rowan D	Physicist	Glasgow
Sanford D		Sunderland
Schreiter F	Urologist	W Germany
Smeekes	Urologist	Netherlands
Smith B	Industry (Portex)	Surrey
Stanton S	Gynaecologist	London
Stoddart		Newcastle
Thomas D	Urologist	Sheffield
Tjon Pian N	Urologist	Leiden
Turner Warwick R	Urologist	London
Vignoli G	Urologist	Italy
Vincent, Sam	Paediatric surgeon	Belfast
Wagstaff, M	National Research Development Corporation	
Wheeler-Bennett	Dept of Health and Social Security, London	
Whitaker R	Urologist	London
White EH	Industry (Smith and Nephew Research Ltd)	
Wicklander		
Williams JP	Urologist	London

73 delegates listed here.

Their specialties as listed were:

Urologists	33
General Surgeons with an interest in urology	6
Gynaecologists	3
Physicists	5
MOH/Nat.Res Development office	2
Industry	9
Not stated	12
Anatomist	1
GP/ SCI	<u>2</u>
	73

N.B. All industry delegates & exhibitors were invited to take part in the discussion, paying a modest registration fee. Apart from charging a fee, this is a policy I followed

in subsequent years at local meetings and our annual meetings of the Scottish Task Force on Incontinence. Eric Glen

APPENDIX 2

PAPERS PRESENTED AT THE CONTINENT CLUB 1971

Uroflowmetry and Ureteral peristalsis and adrenergic drugs
Haubensak K
Homborg

What controls flow rate and stream speed in male micturition?
Griffiths DJ.
Exeter

Urinary manometry in spinal cord injury patients.
Effect of nerve stimulation during surgery.
Rossier A
Geneva

Quantitative assessment of urine loss in incontinent patients
Recent experience with implants
Flack F, James ED
Exeter

Continence and Incontinence
Bates CP
London

EMG of external urethral sphincters
Urine retention: an isolated sign in some spinal cord disorders
Ivanovici
Netherlands

Treatment of neurogenic incontinence b a bladder radio-implant
Alexander S, Rowan D
Glasgow

Use of pelvic floor potential to switch on stimulators
Vincent SA
Belfast

Summary of experience in Continence Aid Clinic
Glen ES, Rowan D
Glasgow

Film: Rotation of urethra
Edwards L
London

Investigation of incontinence

Hald T

Denmark

Vaginal balloon device for bladder control

Bonnar J

Oxford

New test probes for implant operations

Adjiman N

Paris

APPENDIX 3.

FULL REPORT ON THE 1980 MEETING IN LOS ANGELES

1980 in Los Angeles More detail from Norman Zinner, who writes:

Further to information under 1980 Meeting of ICS, those of you who read this today will wonder why it might be a challenge to plan a meeting. Unlike the current organizational arrangements, then all of the responsibilities for all aspects of the meeting, scientific, social, financial, and logistic fell upon the hosts and those they chose to assist them. For the first time in 1980, many members were to come from abroad at a time when this was not common. In organizing the meeting, we wanted to create something special and introduce some notions that were unique.

Organizing the meeting

We didn't realize what we had gotten into. Things then were not as they are now. There was a cold war going on, not much trans-Atlantic transportation being used, and those running meetings organized them and funded them on their own.

Before the advent of professional conference organisers, it was a policy of the ICS that the principal member from the host city, would serve as Chairman of the meeting and together with his committees raise the funds, handle all physical arrangements, and determine the style and scientific content of the meeting, and select the papers for presentation. As stated by Eric Glen in 1981, "Each annual conference had its own special feature reflecting the views of the chairman and his committee."

Fortunately Norman's wife Nancy, in her earlier years, had worked for a company that ran medical meetings and knew some of the ropes and took on the task of managing the local arrangements. I had been the fundraiser for the UDS (SUFU) from its inception and had established good connections with industry. I also knew the leading young (and not so young) thinkers in the US upon whom I could rely and brow beat (at the time) to force my will upon them when selecting the direction the scientific program should take. The committee included Jerry Blaivas, Bob Krane, Alan Wein). Art Sterling was Scientific Chairman and other Committee Members were Chris Constantinou, Don Ostergard, Shlomo Raz, Jacques Susset, and myself.

Raising funds

For good or for bad – everything except the scientific meeting itself hinged upon money. We couldn't ask those coming from overseas to pay the full proportionate costs – it was too expensive to

just come across the Atlantic and many were basic scientists and young professors without real means. The East Europeans had no money at all and would not be let out of their country with more than an airline ticket. We had to be prepared to cover all of their expenses other than their travel to the US. We expected that many attendees would not register until late and we knew the East Europeans would not know if they could even get out until shortly before the meeting date itself. This made planning difficult.

How much money could we raise from industry? What could we give it in return that would not jeopardize the integrity of the science? How could we make arrangements for banquets and the like without knowing how much money we actually had and how many would be attending? I decided upon six companies and in return for \$5,000 each would guarantee that they would have virtually 100% of the attendees spend 1 hour in aggregate among the six of them and listen to a formal presentation from each of them. More about how this was done later.

There was a need to supplement this with funds from the registrants and their guests but as mentioned we wanted to keep registrants' costs down. But since this was the first meeting held in the US and out of a certain sense of pride we also wanted the meeting to be fun and the experience one to remember. To this end the hotel had to be centrally located yet not overly expensive and the food and entertainment (as well as the meeting, obviously) had to be memorable.

Meeting Venue

At the time, the Century Plaza Hotel was a leading hotel in the country. It was beautiful and seen on TV news broadcasts throughout the world. It was a venue for many Hollywood events and US Presidents and notables had banquets there for various affairs, etc. Because it was important to keep costs down we were please that this prestigious hotel gave us one complimentary room for every 20 purchased. These were used to accommodate the East Europeans without fee. Arrangements were also made at nearby less fancy hotels for those seeking more modest accommodations.

You gotta feed 'em. Tips we learned on how to keep our sanity when nothing seemed certain (Planning a menu and making it work)

We didn't know how to plan for food and drinks without knowing how many would actually come and how much money we would have. The hotel had the professionals who understood these concerns, and in the end, we had the best of everything, white gloves, flowers on high pedestals so that they would not get in the line of vision of those at the table who would want to talk with others across the table, candles in fine candleholders, good wine, and not a penny for anything to any guest other than the modest registration fee, hotel room, and travel costs to get to the meeting.

It was comforting to know we could make all these choices for extras at the last minute at a time when we actually knew how much money we had and how many attendees and guests would be there.

To make this the best possible experience we wanted attendees to have the broadest possible exposure to things American. This included food beyond the banquets. Across the street from the Century Plaza Hotel was a beautiful plaza containing restaurants, various clubs, (including a Playboy Club) etc. that were fairly typical American business lunch sites. We prearranged for attendees to eat at each of four specific restaurants changing the restaurant for each attendee from one day to the next so that each person was able to eat at two different restaurants (delicatessen, steak house, Chinese, and Italian). This arrangement permitted the restaurants to count on a relatively large but specified number of guests and thus permit negotiation for the best prices. These costs were prepaid by the meeting and free to attendees who were given vouchers for specific restaurants.

The Scientific Meeting

Moderators and invited presenters would be balanced between the two societies.

The selection of papers was made under the leadership of Art Sterling, Scientific Program Committee Chairman, with Art Sterling, Al Wein, Jerry Blaivas and Bob Krane who all agreed to come to LA (pay their own way) to meet together and decide on methods for selecting papers. I was ex-officio. Everyone stayed at my house – two in one of my son's room, the others in two other rooms. My son's room had a bunk bed, one above the other. I think Al slept below Jerry the three or four nights they were in town.

It was proposed that the abstracts be reviewed without the committee knowing the authors. Everyone but Art thought this was ridiculous. They felt they would know who submitted an abstract because they believed they could tell by the nature of the work. So we played a game. We blacked out the names and sites of about ten submitted abstracts and gave copies to the three docs and asked them to say who had submitted them. They did not pick one correctly. That sold them. This was a first for the ICS and the UDS.

So we made a rule that all abstracts would have to include two additional items:

1. The fundamental scientific questions asked by researchers as their research study was conceptualized
2. The new fundamental scientific questions that were raised as a result of their study (that would form the basis of new work).

There was a loud roar of protest but they had to do it. About 1/3 of the abstracts were sent back to the authors because they did not have questions – or questions were not really scientific hypotheses and in the end, almost all abstracts chosen were those in which the work seemed to derive from a real hypothesis.

Scientific Theme

The scientific theme of the meeting was, "Where have we been, where are we now, and where do we go from here?" As stated by Eric Glen (WHERE HAVE WE BEEN? History of the International Continence Society, Page 61: Progress in Clinical and Biological Research, Volume 73, Female Incontinence, Zinner and Sterling, Eds, Alan R. Liss, Inc. New York, 1981)

The main objectives of the society were

1. Friendly and relatively informal interchange of information and opinions relating to the investigation and treatment of lower urinary tract dysfunction. The policy (sic) was to preserve 50 per cent of the Conference time for discussion.
2. Encouragement of junior members to participate thus maintaining vitality of the Society.

To accomplish this in a meeting as large as was anticipated at least some of the meeting attendees would have to be divided into smaller groups. But, we also wanted everyone to have the opportunity to hear all parts of the meeting. Timing of the Podium Presentations was divided approximately equally between presentation and discussion but the poster presentations presented a challenge. In the past, posters had been hung in a hallway or special room and attendees walked past them and viewed them, largely without discussion. We wanted those who submitted posters to present these posters to everyone and have the opportunity to have them discussed openly.

How we did it

This part of the meeting and the luncheons were organized by dividing attendees into four groups labeled A, B, C, and D (we were very creative in nomenclature). The reason for the groupings was to permit more intimate face-to-face conversations between participants and presenters, to have

everyone be able to view all posters and participate in all poster sessions and yet keep the groups small.

At any one time, three of the groups would be participating in a one hour poster session and the fourth listening to the sponsor's presentations. After the hour they would rotate to the next session on their itinerary. Each session was repeated four times and the presenters and moderators remained in their respective rooms. Part of the purpose was to see if a different group would comment differently on the same material if they hadn't heard what others said. The moderator who heard all three attendee groups discuss the posters in his sessions would summarize his sessions the following day in the grand auditorium. Thus, Group A, for example, went to poster session 1 and then rotated to poster sessions 2 and 3 and then to the sponsor session.

In retrospect, although we achieved the goal of creating moderated poster sessions for the first time, the way it was handled may have been too ambitious. But we also managed to fulfill our promise to the sponsors because they too had been allocated formal time to present to all who came to the meeting in a manner that virtually guaranteed attendance.

What about the exhibitors?

As mentioned specified times were set up for each group to meet with exhibitors according to their grouping. Chairs were set up in front of each booth in the ballroom. Each company had 10 minutes to present its information with company scientists – not marketing representatives – making the presentations. Attendees were required to sign in at all exhibitors' locations to be eligible for the single \$1,000 prize to be given at a drawing held during the main banquet of the meeting. This was enough of an incentive to have virtually all attendees attended all six company presentations and to boot, the discussions were limited to the science of the drug or device and not to marketing.

The Great Debate!

At that time, there was a great controversy about the subject of urethral closure pressure profiles. In the main, Europeans thought a lot of urethral closure pressure profile measurement and Americans did not.

So, we had a debate – the first real debate (not a discussion) ever held at an ICS or UDS meeting, using the Oxford Union debating rules. The question was: "The UCPP should be used for Diagnosis and Management of Female Stress Incontinence". The European team (Bo Coolsaet, Derek Griffiths, and Udo Jonas) took the affirmative and the American (Jerry Blaivas, Art Sterling, and Bob Krane), the opposing. Each team arrived in Los Angeles a day in advance and met with the debate coach of the USC (University of Southern California) debate team, Robert Gass. He was also going to be the judge. The moderator was Jacques Susset.

To add spice we gave the audience a role in deciding the winner as well. We borrowed an applause meter from a TV quiz show and before the judge ruled, we asked the audience to applaud for who they thought were the winners. As it turned out, the judge ruled for the Americans, the audience for the Europeans. This debate is published in **Neurourology and Urodynamics, 2:81, 1983, Zinner, Susset, et al.** It was also videotaped and recorded and can be made available through the offices of the ICS.

The intensity of concentration in the audience is hard to describe. It was amazing for an audience of this size. When the debate was announced the audience was told about the process and what had gone on before that moment. They were asked to remain entirely silent until the debate was over. There was a solemnity that is hard to describe. So – it was with rousing laughter and applause that as the announcements were completed just before the debate began and the team members

introduced, there came the booming of the grand and proud strains of Verdi's Triumphal March from Aida. With that, from the rear of the hall, draped in academic gowns and tussled caps Bob Krane (who had organized this), Jerry Blaivas, and Art Sterling marching in as if at a college graduation.

Wrapping it up

To further the purpose of the meeting which was to have as much science and as much value at the meeting as possible, talks were given by Saul Boyarsky ("Where have we been"), Don Gleason (Where are we? [Diagnosis]), Tage Hald (Where are we? [Pathophysiology]), and Stuart Stanton (Where are we? [Treatment]). Then there was a "Summary of the Meeting with the Theme: Where Should We Go From Here?" by Eugene Yates, PhD., Director of the Crump Institute, UCLA. It was his task, in 30 minutes, to assess everything he heard at the meeting, evaluate it, and present his ideas of what it means, what is lacking, what directions we should take in the future. A verbatim copy of his address it attached and should serve as an example of what an outsider to our field can contribute. We sought someone "knowledgeable in all the elements of the field – mathematics and physics, anatomy, physiology, endocrinology, clinical medicine, and experimental design – yet without particular knowledge or past exposure to the field of female incontinence. Dr. Yates met those requirements as an endocrinologist, biomedical engineer and then Director of the Crump Institute for Medical Engineering at UCLA. Above all of this, he was an all around brilliant man who convinced us that he was capable of grasping all the science we had to throw but view it from a new perspective. During the meeting he sat between Tage Hald and Art Sterling (doctor and engineer) during all presentations. They would tutor him and answer questions but not impose their biases upon him. At the end of the meeting, he would give a half hour discussion of his views of the meeting, the science, and where he thinks we are right, wrong and where we should go. His presentation was recorded and printed verbatim in the introduction to the book of the contents of the meeting. A copy is available included as Appendix 3 in this Book.

Social Events

We were cowering at the thought that we mere Americans would host a meeting in a hotel (no matter how nice – in the middle of a large city) and compete with the Europeans who had conventions and social events in thousand year-old castles with colored lights shining on drawbridges across moats, fireworks seen from the boats on the Rhine as we approached the castle and hearing trumpets with flags beneath them blaring as we walked into the main gate. What would we do? We decided, what the heck, we'll do, "Real America". We couldn't out-castle the Europeans so why not just be American? And what is more American than a Mexican Fiesta, a live astronaut, and a cowboy. For the opening night event there was a Mexican Buffet with wagons and stands, each offering different selections of traditional Mexican food. Servers were in typical Mexican outfits and there were dancers and mariachis strolling alongside the pool and fountains. Despite all our planning however, about an hour into the Fiesta the hotel management came to me to say they had run out of Mexican food. There were more who attended than had told us just two days earlier and although they checked in at registration, those at the desk didn't know they should tell the hotel about the larger size of the group.

Hurriedly, the cooks went to the reefers, brought out roast beef and finished the banquet with that. So much for all the hard planning. But now, at least, we knew how many were there.

For the banquet Jerry Carr, the astronaut was the featured speaker. As mentioned earlier, we didn't have Kings or Princes or the grandeur of Europe and our challenge was to do something American that would at least provide a flavor of the US to provide memories to those who had never been here before. Jerry Carr at the time was the astronaut who had been in space longer than anyone

else. He gave a 30 minute talk with videos of his adventure and walked among the guests, and signed autographs.

We didn't want the usual loud music during the meal and had a string quartet playing classical music but once the dessert was over, out came the dance band.

For the afternoon – evening outing, everyone was bussed to the ranch of the famous movie actor, Monty Montana. He had been featured in many Western movies and had a large ranch about an hour outside of Los Angeles. The site of his ranch had been used for the setting of many of our Westerns and probably recognized by some in attendance. Iron-eyes Cody, the famous Indian from cowboy movies and others were there showing their “stuff”. We had rodeo events, trick horseback riding, lassoing of cows and pigs, hayrides, and plain old western chow served from a chuck wagon.

Where did the help come from?

A meeting such as this needs help. It couldn't be managed without a staff but that would cost money and we had very little. Someone had to show guests around, help with information about Los Angeles, run up and down the aisles handing out microphones, make telephone calls, attend to the correspondence, staff the reception desk, and all the rest. Torrance Memorial Hospital Center where I did most of my surgeries had an auxiliary made up of volunteers. Ms Lorraine Davidson led this group and provided enormous help. We are greatly indebted to Lorraine Davidson and her volunteers for all their efforts.

After the meeting, about 100 of the guests came to my home for a personal party hosted in my yard.” Ted recalls: “This was a wonderful party put on by Norm and his wife Nancy. They had a swimming pool outside and I recall a beautiful woman playing music on the harp beside the pool. Great ambience!”

APPENDIX 4

CRITIQUE OF THE SCIENCE AT ICS 1980

**Urodynamics and the Study of Female Incontinence:
The State of the Art as perceived by an outsider, with a modest proposal;
Or, whither incontinence research?**

F. Eugene Yates

[This paper is reproduced with permission of the Editor and with our thanks]

PRELUDE — AN ASIDE TO THE READER, AND APOLOGIA

The following informal commentary was prepared from a tape of the summarizing talk given by the author at the First Joint Meeting of the International Continence Society and The Urodynamics Society, in Los Angeles on October 12, 1980. The author is an endocrinologist and biomedical engineer, with no research or clinical experience concerning the mysteries of the lower urinary tract of the human being. His lack of background, it was hoped by the conference organizers, would not only permit him an objective view of the state of the art, but would also support recommendations for future courses of research. The reader must judge for himself whether or not these hopes were (implausibly) fulfilled.

The commentary begins with an account of how the author prepared for this task. It then notes what matters seemed especially appealing about the conference, before turning to criticism of the shortcomings observed. It concludes with specific recommendations for strengthening understanding of the pathophysiology of incontinence.

It at first occurred to the author that any written version of his extemporaneous talk should be cast in a technical prose style, and festooned with important references. But the loose, rambling, and informal conversational style of the original talk seemed, in retrospect, more appropriate for the unconventional assignment. It was left that way.

INTRODUCTION

My comments on your now concluding Conference should be regarded as an experiment in the sociology of science. Can an expert in one field arrive at useful judgments about another field, in which he is naive? Can a brief, intense immersion in the currents and tides of thought that flow in a meeting like this relieve one of his innocence, with respect to your specialty? A subsidiary question is: Why would anyone accept such an assignment?

1. I am curious about the sociology of science, and I deplore departmentalization of knowledge;
2. I know almost no one here, and so I can't very well either enhance or destroy my reputation by trying to meet the demands of this task;
3. Dr. Zinner, whose idea this was, is very slow to take "No!" for an answer.

It was agreed that I would attend all the workshops and regular sessions that one person could, for the duration of the meeting. I did so, thereby finding myself in continuous session from noon Thursday, October 9, until noon Sunday, October 12. Even in my own field I am not that attentive!

Furthermore, at night I read books and papers brought to me, on request, by my wife. While I was in the sessions, she was in the UCLA Biomedical Library assembling the stack of references I would need that evening. I particularly paid attention to the older literature of your field, so I could see how much progress you had made since the classical paper in 1933 by Denny-Brown and Graham Robertson, which I used as my starting point. Among my reading were old papers by Arbuckle, Paquin, Carter, Quesadas, Scott, and Zinner, and others. I stopped with a paper by Sundblad (1971) — a monograph that I thought was of high technical quality. Books I read were the new "Surgery of Female Incontinence" by Stanton and Tanagho (1980). I got the book here, from the exhibit table in the lobby, thereby gaining an advantage, because the book won't be out in the market for another month. Subsequently, Saul Boyarsky directed my attention to three other books that were very helpful (Boyarsky and Labay, 1972; Hinman, Jr., 1970; Lutzeyer and Melchior, 1973). So much for my crash course in urodynamics and female incontinence. I turn now to my impressions about your work, and the questions you ask.

You will have the specific content of this meeting reviewed in the summaries that follow (Gleason, Hald, Stanton, Torrens, Schafer, Wein, and Hinman). Therefore, I am free to dwell on broad themes, supported by their excellent summaries. Not surprisingly, they say things I had planned to say myself, but I am not dismayed — rather I am reassured that perhaps an outsider can identify the matters of importance for you. Let me now try.

WHAT I LIKED ABOUT THE MEETING

Your discussions were candid and to the point. The meeting was organized to minimize speech-making and maximize exchanges of experiences or ideas.

It was good to see urologists and gynecologists in collegial rapport. The mixture of engineering and medicine at several points was very engaging to me. (I direct a medical engineering institute, and so have this bias.)

WHAT I DIDN'T LIKE (i.e., YOUR WEAKNESSES AS I SEE THEM)

It is unfortunate that I have to say some things that are going to sound highly opinionated. What I intend is that they should represent the most useful reflection I can give on where you are, and where you might go.

I did not like the immaturity of your statistical work. The methods used for data analysis, for experimental design, for arriving at classification rules for grouping patients — all were below the level I am used to seeing in other branches of medical science. Your outcome studies and drug trials were especially feeble — even embarrassing. There was a confusion among types of data, with injudicious mixing of physical measurements, patients' testimonies, clinicians' observations of signs, the patients' estimates of outcomes, and the clinicians' estimates of outcomes — all stirred together as if they had equal weights.

As I see it, experience has clearly shown in other fields that the opinions of clinicians and of patients both are important, yet extremely unreliable, as sources of scientific information. Both parties have illusions. Many precautions must be taken before mixing in their reports with quantitative and more objective data. You invoked a sort of pseudo-quantification, to pass for real quantification, but "90 per cent improved" is a phrase that can't be a quantitative statement unless the criterion for assessing what would constitute an improvement is stated explicitly in advance of the study, and the measures to be used to establish the reality of any changes are also defined in advance. A retrospective judgment about the degree or kind of improvement is a very shaky basis for forming any kind of inductive inference. At best, it can provide motivation for undertaking a proper prospective study.

WHY CLINICAL WORK IS RARELY SCIENTIFIC

In accusing you of the above shortcomings, I am merely pointing out some general limitations of clinical medicine and clinical research. They are not peculiarly your own, but are inherent in the clinical situation. That is why it is important to me that you know that I too am an M.D. I have had patients, and I have deep respect for the fact that patients are not merely experimental objects. I know that you all practice under constraints very different from those that I have in my animal experimental laboratory. So when I say that some of your data are faulty, it is not that I blame you; it is only that I wish to expose a problem, to point out that zero plus zero still equals zero. Bad data do not become good data just because they are hard to obtain, or because there are lots of them.

Statements of personal authority (e.g., "in our hands ...") can be valid clinically, because some physicians and some hospitals do have better records than others for the same tasks (e.g., triple coronary bypass). Nevertheless, the hazards of relying on personal authority are many.

Furthermore, it doesn't help to claim that physician A does the bypass operation with lower mortality post-operatively than does physician B - unless we can find the basis for the difference. (Does observer A select patients by a different rule than is used by B?) In my scientific endeavor, if I

tried your authoritarian style ("In my radioimmunoassay."), I'd be laughed out of town, or drummed out of the corps. Assays do differ, especially when they are newly developed, but we always take on the task of objectifying the differences until the assays give measurements independently (very nearly) of the assayist. Then the rules for proper assay are made community rules of evidence. Of course, you clinicians try to achieve the same objectivity, but there is no way you can succeed, because the intentions are so different in science and in clinical medicine. You all know this, but even so, the difference is worth restating here, because it was so evident at your meeting.

The chief aim of science is to test an hypothesis using evidence obtained according to community rules. And after this is done, the aim is to obtain a strong, general inference. In contrast, -the aim of clinical work is to make a proper diagnostic classification of a particular patient's case, so that an effective and appropriate helpful action may be taken in that individual case. There will never cease to be a tension between these two different aims. As a result, a clinical scientist is in a tough spot. There are times when, as a scientist, he would like to choose one course of action, whereas, as a clinician, he would choose another. The recent discussions over Martin Cline's innovative treatment, is an illustrative example.

Martin J. Cline is a very competent molecular biologist (scientific persona) and hematologist (clinical persona). You recall that he recently tried to introduce a human globin gene into two patients seriously ill with beta-thalassemia, before it had been proved that the "artificial" gene, obtained by modern methods of molecular biology, would actually be efficacious, or that its administration would be safe. Safety and efficacy usually must be proved in animal work before clinical experimentation is permitted.

Cline was criticized for his act.

Why did he proceed? (Although he and I are in the same department of the same school, we do not know each other, and most certainly, I do not know his real motives.) I am using the highly publicized facts of his acts and reporting of them to make my point. From here on, the physician I invoke is a fiction.) Imagine four arguments:

(Argument 1) Suppose that the physician-scientist decided to introduce the "synthetic" gene, even though it was unlikely to work, because science is invigorated by demonstrations of real possibility (i.e., if the gene cured the disease, it would then be known that the approach was valid, and worthy of commitment of substantial resources now).

(Argument 2) Suppose that the physician-clinician suffered from the impotence and desperation any physician might feel in the face of the impending death of a patient in his care, and therefore, determined to do the one thing, uniquely his capability, that had never before been tried to save a life in these sad circumstances.

Both the scientist and the clinician, thinking thus, would concur, and the act would be seen as justifiable.

(Argument 3) But, another scientist might argue: the proposed gene transfer would be done under such uncontrolled conditions that the act would have no scientific merit, whatever the outcome. In any case, animal work to date gives no reason to expect the gene to be expressed. Therefore, the act would be incompetent.

(Argument 4) Another clinician might argue that the patients would be subjected to unknown risks, under conditions such that no benefit could reasonably be foreseen; therefore, the act would be unethical.

From the four pro and con, clinical and scientific arguments I have simulated above, we can establish a decision-making matrix:

Should the gene be administered? (Yes, No)

<u>Scientific Position</u>	<u>Clinical Position</u>	<u>Decision on Pair</u>
Yes (Argument 1)	Yes (Argument 2)	Yes
Yes (Argument 1)	No (Argument 4)	?
No (Argument 3)	Yes (Argument 2)	?
No (Argument 3)	No (Argument 4)	No
GRAND DECISION ?		

I leave it to the reader to decide whether or not a "scientific yes" has equal weight with a "clinical no," and vice versa. How are we to decide the two middle rows of the matrix? And then, after all four arguments are properly weighed, how do we deal with the whole matrix to extract one binary outcome — either to do, or not to do, the act in question?

My point is that clinical categories are not naturally also scientific categories, and so mixing them requires special policies and a keen awareness of what is being done. The situation is not hopeless, however, for even psychological structures can be made statistically computable (see, for example, the work of Shepard (1980)). I am suggesting that the weighing factors for ranking clinical vs. scientific evidence, and for clinical vs. scientific desiderata in treating a patient, might be worked out by applications of decision theory and multidimensional or non-dimensional statistical representations. (The ultimate ethical and practical decision must always be made by clinician qua clinician, even if he doesn't know how he makes it.)

Fortunately, scientific work very often provides a secure basis for improved clinical practice (without requiring dehumanization of the patient). How can science now help your practice? I shall answer by calling your attention to four general trends that are developing rapidly in other branches of medical science that are pertinent for you. Then I cite six specific kinds of endeavors that you are already doing, that you surely will, and should, expand and strengthen. Finally, I'll close by urging upon you four kinds of enterprise that you seem to be neglecting now, but that could be (my guess) profitably exploited by your field.

Before I offer these suggestions, I have two pieces of rather general advice that apply to your field, as well as to other clinical specialties:

1. *It is important to doubt conventional wisdom.* When malignant hypertension was being discussed as recently as the early 1940's, it was believed that the patients needed the high blood pressure, and that attempts to lower it would be therapeutically disastrous. The 'wisdom' was just backwards! As Josh Billings said: "It's not what we don't know that hurts us; it is what we know that ain't so."

2. *Lack of correlation between symptoms and objective data is not a sufficient basis for discrediting a study, or a plan of action.* For example, glaucoma and malignant hypertension are two diseases that

are dangerous precisely because there are no symptoms: the physical measurements determine what must be done. Dr. Gleason makes that point for you very well; he notes that other branches of medicine have "authoritative" methods: on the basis of the outcome of a measurement, you can hospitalize a patient. He asks the rhetorical question — I think a very good one — "Do we, in urodynamics, have methods of such authority? If not, perhaps that is where we should be going." At times the situation can be reversed - that is, there are disorders that are primarily symptomatic and for which physical measurements show nothing. Schizophrenia is one of these. We don't yet know the physical abnormalities, though increases in the number of dopaminergic receptors in the nucleus accumbens may be one.

GENERAL TRENDS IN MEDICAL SCIENCE THAT MAY HELP YOU

I have seen four trends in other branches of medical science that I think have value for your work. These are:

1. Use of new methods of measurement and analysis,
2. Use of multiple simultaneous measurements,
3. Use of longitudinal measurements, and
4. Design of unbiased outcome studies.

1. *Methods set trends.* You see in other branches of science certain methods, which were at first objected to, get accepted later as they become more familiar. Transmission electron microscopy is an example. When the transmission electron microscope first began to show us sections at resolutions of 10 Å or less, there were two complaints. One was that there were fixation artifacts, and the other, that the sampling problem was terrible (i.e., that the electron microscopist was looking at only a couple of square micra of tissue, so how could he ever know what was going on in a whole kidney or even a whole region of a cell?). As time has gone by, both objections have subsided through the use of better technique; by correlations among the morphology, the biochemistry, the immunochemistry, and the physiological status of the cells; and by the development of new techniques like scanning electron micrography. So methods at first stoutly objected to as technically defective can become accepted and find their proper place. And they are improved as they are used.

2. When you are dealing with a complicated system, with many degrees of freedom, there is no way to avoid having to make *multiple simultaneous measurements* to describe it. For example, consider a physiological problem of a complexity equivalent to that of the control of micturition that has recently been solved. It is the menstrual cycle of the primate. It was not possible to work out the signals in the primate menstrual cycle (all of which are understood now) before measurements of luteinizing hormone (LH), follicle stimulating hormone (FSH), prolactin, estradiol, and progesterone all could be made simultaneously. I have listened for years to arguments about how the menstrual cycle might work — and they sounded like some of your discussions. We were buried in inappropriate or inadequate data, and it was simply not possible to understand the workings of a menstrual cycle until all the hormonal patterns were seen. Then it was found that progesterone is irrelevant for the LH pre-ovulatory surge, that estrogen is running it.

The study ultimately had to be done in human beings, and it had to deal with multiple simultaneous measurements by a then-new method, the radioimmunoassay. Sure — there are details left to be worked out, but the confusion has subsided, and people are now defining the next generation of problems. In your case, you also confront a system with many degrees_ of freedom, but your current data are not capable of defining the state of that system, normal or pathological, because you lack sufficient simultaneous measurements.

3. *Another trend is longitudinal measurements.* Longitudinal measurements (i.e., measurements repeated over time in the same individual) can define the natural course of a disease, or reveal the natural behavior of a system if it is physiologically normal. An example is what has happened as we began to take repeated measurements of insulin levels in diabetics. The first advance occurred with the advent of the radioimmunoassay, when we found that the obese, maturity onset (Type II) diabetic had high insulin levels, instead of the low levels everyone thought he would have. Immediately, all discussion changed. But then, as insulin levels were followed around the clock in normal subjects, it was discovered that they do not drop to zero between meals or during sleep. We now believe that the non-zero, low, basal insulin level at night is critical to prevent microaneurysms in the retina and other vascular disorders. We still have to control the blood sugar during and after eating, but the actual pattern that we discovered by repeated determination of insulin levels was so different from that produced by injection of insulin that the inappropriateness of the traditional therapeutic regimen finally dawned on us. To get the true requirement, we had to have a new method (RIA) and longitudinal sampling schedules. These are all problems you also have.

4. Another trend is the design of *mature outcome studies*. Even that most subjective of all the branches of medicine, psychiatry, has, in the last ten years, undertaken some honest, hard, unbiased outcome studies. As a result, there is now emphasis on medical models of mental disorders, on crisis intervention or short-term therapy (as opposed to long-term therapy), and on selective use of a few drugs for a short period of time. Psychoanalysis is now employed only very selectively. The change in emphasis was brought about, in part, by outcome (including cost-benefit) studies. Psychoanalysis still has its zealots, but its place in clinical medicine is (pardon the expression) shrinking. Freud's original aim, properly abandoned as impractical then, is once again at the forefront — to find a physiological basis for mental processes and illness. The immunohistochemical methods that map neuropeptide and other transmitters and modulators are transforming research on mental illness. Again, *'die Methode ist Alles!'*

Now, where should you go? Inevitably, there are *certain things that you are going to do in your own good time*. You have started six trends I can see from the little reviewing of the literature that I have done.

1. For example, you are going to use more computational aides. Computers (especially microprocessors) will help with data acquisition. What we saw of computer aids at this meeting sounded about ten years outdated to me — not in the sense that you were doing it wrong — but only in that the fields in which I work went through that advance ten or fifteen years ago. We expect that there are times to monitor multiple channels and put data on magnetic tape for processing later. You will be doing that at some clinics. But it is not necessary in everybody's office.

2. You are going to get around to broader interactions. You will put the "G" of the "GU" system back in your accounts, explicitly showing that the genital tract and its status has some bearing on the status of the female urinary tract. (We heard of several instances — estrogen effects on the urethra, for example.) You will pursue those interactions, but they are not high on your agenda. Nor do I think that they need to be. You will also make correlations better than you now do between the upper and lower urinary tract. We heard that the bladder and urethra probably should be considered as a unit. Well, it is quite possible that the upper and lower urinary tract have methods of communicating with each other, some of them already known. Nevertheless, it may be a practical advantage that bladder and urethra are appropriately separated (intellectually) from ureters and kidneys, at this early stage of maturation of your science. Later, you will reconnect, the upper tract and the lower tract.

3. You will also *begin to do receptor studies*. You will look for alpha-adrenergic and beta-adrenergic receptors, the estrogen receptors, and so forth. As an endocrinologist, I can tell you that we now have reached a point of contempt for what we call "grind-and-bind" studies, in which it is rarely proved that the bindings are physiologically relevant. Even if it is proved, the interpretations are not clear and, in any case, our discovery is that a great deal of variation and interesting information lies at the post-receptor, "activation" stage. You will go through exactly that same sequence of discovery as you begin to map out receptors on your various target organs. You will find a post-receptor processing which is more mysterious. So I do not urge that you jump into receptor studies. If you do pursue them, I trust you will not do it in ignorance of what we endocrinologists have learned, because we have done such studies for a long time. So have the pharmacologists.

4. I now come to two trends that strike me as quite useful: *protocol standardization* and the creation of patient or *disease classification rules*. Chapter Two, by Stanton, in his book with Tanagho, is very good in this respect (Stanton and Tanagho, 1980). It helps to show both how acquisition of the patient's history might be standardized, and how urodynamic data might be standardized. You would need, of course, a hierarchy of tests, some to be used more routinely than others. You are going to do that out of desperation — you are going to have to do it. And when you do it, you will gather data that will then be more comparable between one place and another, and rules for patient selection of surgical procedures will become more and more alike in various clinics. Your science will mature accordingly.

5. Are you going anywhere with *electrophysiology and neurophysiology*? We physiologists have found that electromyographic (EMG) data are not as informative as it seems they should be.

As you all know, we would like to read the EMG of the stump of an arm in order to control the artificial hand. There is a large literature on such attempts, and they have not been very successful. You, too, will have difficulties, and I am not optimistic that you will make rapid advance there. Obviously, you need to consider neurophysiology, because it is part of the system you study, but I do not see that you are going to have much better luck than the rest of us. I heard Dr. Tanagho give essentially the same comment in one of the workshops.

6. With respect to drugs, I noted that *pharmacology* was not much in evidence at this conference. It happens to be one of my interests. All I can tell you is that dose-ranging, sampling of plasma levels, and controlled delivery of drugs are all considered essential these days to make any progress in the pharmacology of a complex system. What I heard here was bad. Pills were given, usually three times a day at one-dose level, casually; there was no knowledge of patient compliance or even that the drug was absorbed! Believe me, the pharmaceutical industry and the pharmacologists are far ahead. The studies you presented were so primordial that they weren't modern studies at all. If you are going to do the pharmacology of the bladder, to examine the role of the autonomic nervous system, you must come up to the current standards of pharmacologic investigation.

WHAT YOU NEED MOST

Now, I come to my final advice. Malvern concludes Chapter One of the book to which I have been referring (Stanton and Tanagho, 1980) with this remark: "There has been a pooling of research in various specialties, and more sophisticated equipment and techniques have led to improved dynamic studies in the human subject. Nevertheless, it is the impression of most investigators in this field that what is known represents only the tip of an iceberg." What struck me most was *how badly you need to know the timing of the events in the voiding phase* of the operation of the urinary system: when the detrusor is activated, and when the various components of the urethra and those

structures surrounding it (its own longitudinal smooth muscle, the striated muscle, the external sphincter, pelvic floor muscles, and the abdominal muscles) are brought into play. What is the timing of those events? Is it normally invariant? In other words, you need to know the control algorithm as it manifests itself in a timing sequence. It is astonishing to me, after having read Denny-Brown's paper last night, to be at this meeting today and realize that this question is 50 years old and is still not answered. I believe that the answer is in reach of your present methods. It may require much more intense animal work than you have done. Now, I know that we stand upright, and that most animals do not, and therefore there will be differences between the way a bitch micturates and the way a woman does. Nevertheless, I am not convinced that you are exploiting animal models adequately to get at the neural algorithm used to control this fundamental act. It is obviously an act subject to hierarchical control. This control, it seems to me, could be worked out now.

But the study would raise a need for instrumentation that you do not have; a need for applied mathematics which you do not have (or are not using) in order to deal with the high dimensionality of the data, and with the large number of variables to be followed; finally it would invoke the need for mathematical modeling of what you do know. I want to close with a comment on your chances to meet these needs.

For instrumental needs, there is, for example, at Stanford University a group led by James Meindl and James Angell, who have devoted a large enterprise to new transducer design, and to telemetering of data. (Not surprisingly, they are mainly working with cardiovascular physiologists.) They (among others) are showing the way. As soon as you get small transducers and devices that can record data for read-out later, and can telemeter data from the inside of an animal to the outside without breaching the skin, you will find that your notion of what is physiologically normal is affected; it is changed. The early attempts by Zinner and Sterling to find out some of the patterns of normal urination with the drop spectrometer are in this spirit. Now, I believe that it would be possible to use a thin fiber device (I will not design it for you here) that would not occlude the urinary flow, so that a segmented transducer might be placed in the urethra to distinguish the state of its proximal, middle, and lower third segments under conditions of normal activity. These data could be acquired (without tethering the subject or the animal) and stored for read-out later. The question of telemetering and of transducer design is at least at the edge of the present state of the art. Some of you will probably undertake that kind of collaboration with engineers.

Dr. Gleason mentioned needs for classification rules and pattern recognition, so I come now to mathematical issues. There is, in the world of applied mathematics, the technique called cluster analysis that I mentioned earlier (Shepard, 1980), and another called "team decision theory," for multiple controllers, which have some bearing on how you deal with the multi-faceted information you are now about to get. What I am suggesting is — don't go forward in isolation. These aids exist now. They have their own limits, but they stand ready to be of service for the new round of physiological work that you clearly need to undertake.

I will close with a word about mathematical models. I have been in the modeling business for over 20 years, and I have been impressed that the models that are useful, that do not provoke more argumentation than they solve, are physiological models dealing with what the engineer would call "plant processes." For example, pharmacokinetic models — of distribution, binding, metabolism, excretion of drugs — work because they involve transports and transformations as unit processes. These can be expressed mathematically by using physical or chemical principles. My prediction is that fluid mechanical models of bladder-urethra units as plant processes would now help you find what is essential in the data you are gathering. Your models will be parametric, for the most part.

There are numerous techniques for identification of model parameters. They also are ready to be at your service, and they are quite advanced. But when you come to the control of physiological processes, the algorithms are not known, and so we don't know how to write the control models. In the world of analysis of physiological systems, plant processes can be modeled, and control processes usually cannot. Therefore, control of micturition (in the sense of how the hypothalamus collaborates with the pons, collaborates with the spinal cord, collaborates with the afferent and efferent arrangements peripherally, with the nervi erigentes, the pudendal nerves, and the channels of the autonomic nervous system, and the somatic nerves and the frontal cortex, etc.) seems to me now absolutely beyond reach of mathematical modeling. All of us, in each branch of physiological control, will have to wait a while for progress. Such models aren't immediately on your agenda; some daring souls will try, but I would not encourage them strongly. The *plant process*, with fluid dynamical models, seems to me the essential starting point.

So I see in your future new instruments and transducer designs, statistical and applied mathematical studies using multivariate regression techniques. I see physiological, plant-process modeling. Of course, there will be objections, and these objections cannot be overcome in advance. But then, there would never be *any* achievement if all objections had to be overcome in advance.

I have not provided references for the many techniques I have mentioned. My aim has been to highlight rather than to document, and the literature on transducers, telemetering, modeling, and statistical analysis is very large. "Of making many books there is no end, and much study is a weariness of the flesh" (Ecclesiastes 12:12). The important point is to remember that you are not alone. Others have developed much that will meet your needs. You may require interdisciplinary collaborations, as most of us do these days. My main message, I suppose, is: Act boldly to broker those collaborations. You need the help, and your clinical problems deserve that benefit. Having thus preached at you, I close with words from The Preacher (Ecclesiastes 4: 9-10):

Two are better than one; because they have a good reward for their labor. For if they fall, the one will lift up his fellow: but woe to him that is alone when he falleth; for he hath not another to help him up.

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APPENDIX 5

KEYNOTE SPEAKERS / STATE OF THE ART LECTURES

ICS SCIENTIFIC MEETINGS 1989 – 2010

According to the Newsletter of December 1989, David Vodusek introduced these by way of an expert introducing the topic of the session that would follow. These were progressively adapted so as to become stand-alone contributions by experts in their field on topics currently exercising interest of the members. They have proven to be an important and popular addition to the ICS program. Unfortunately some details are missing despite diligent searching.

1989	Ljubljana	
	A.R.Mundy	Neurogenic Micturition Disorders
	D.B.Vodusek	Clinical Neurophysiology
	A. Mattiasson	Pharmacology
1990	Arhuus	
1991	Hanover	
1992	Halifax	
1993	Rome	
	A Elbadawi	The functional pathology of human detrusor: the new frontier in voiding dysfunction
	Derek Griffiths	The diagnosis of obstruction: towards an ICS standard.
1994	Prague	
	John DeLancey	Pelvic floor anatomy
	Jean F Wyman	Quality of Life
	David Fonda	Continence: worldwide organisations
1995	Sydney	
	Harm-Jan van Rollema	How far can you go with the flow?
	Clare Fowler	The clinical value of neurophysiological investigations in patients with bladder symptoms
1996	Athens	
	John Gosling	Modifications of bladder structure in response to outflow obstruction and aging
	Neil Resnick	Incontinence in the geriatric population: old myths and new insights
	Robert M. Levin	Cellular and Molecular aspects of bladder hypertrophy and aging
	Linda Cardozo	Estrogens for Continence
	Werner Schafer	Role of Pressure / Flow Studies in Obstruction

- 1997 Yokohama**
 Takamichi Hattori Vesicourethral dysfunction in degenerate neurological diseases
 Masahito Kawatani Reorganisation of excitatory inputs to parasympathetic ganglia of the urinary bladder in response to partial denervation produced by interruption of sacral preganglionic outflow
 Yasuhiko Igawa Intravesical capsaicin in spinal cord injury: Basic science and clinical application
- 1998 Jerusalem**
- 1999 Denver**
 Alan Wein, Chris Payne, Mike Chancellor Drug therapy for incontinence: Contemporary Therapy, State of the Art and Future possibilities
 Frank Hinman Jr Impact of piddling on Quality of life
 J Levine Pain and inflammation: neural mechanisms
- 2000 Tampere**
 Tage Hald History of urodynamics in Scandinavia and the first steps on ICS
 Karl-Erik Andersson Future perspectives of medical treatment of overactive urinary bladder
 Ulf Ulmsten Does release of tension reduce stress? Some aspects on surgical treatment of female stress incontinence
- 2001 Seoul**
 Philip van Kerrebroeck Nocturia: Advances in Etiology, classification and treatment
 Werner Schaefer Urodynamics from BPH to BPO and LUTS
 Linda Cardozo Impact of anti-incontinence surgery on genital prolapse
- 2002 Heidelberg**
 Clare Fowler Neurourology: Basics – Neuro-Anatomy and Neurophysiology
 Helmut Madersbacher Neurourology: Present – Diagnosis and Therapy
- 2003 Florence**
 Michael Kamm New Treatments for Functional Bowel Disorders
 Michael Craggs Innovations in Neurourology
 John DeLancey Female Pelvic Anatomy: from Past to Present
- 2004 Paris**
 Roger Robert Perineal Pain
 Jennifer Berman How to Evaluate Sexual Function in the Female
 Clare Fowler Functional Brain Imaging and Bladder Control
- 2005 Montreal**
 William C. de Groat The urothelium as a sensory organ in normal and pathologic conditions
 Jennifer M. Skelly Multidisciplinary approach to treating incontinence: how we are doing and where are we going?
 Brian K. Kwon Spinal cord regeneration following trauma

	Derek J. Griffiths	New urodynamics
	Bradley P. Kropp	Tissue engineering in urology: where are we now and where are we going?
	Neil M. Resnick	The aging urinary tract
2006	Christchurch	
	Justin Oakley	Current Ethical issues for health professionals involved in continence care and management
	Steiner Hunskaar	Epidemiology of urinary incontinence in women: from prevalence and risk factors to targets for clinical interventions.
	Chris Norton	Evidence-based management of Faecal Incontinence
2007	Rotterdam	
	Piet Hoebeke	Voiding dysfunction – from childhood to maturity
	Andrew Browning	Obstetric fistula; past present and future
	Gert Holstege	Mind the bladder
2008	Cairo	
	Carl Hermann Hempen	Traditional Chinese Medicine and the urinary bladder
	Don Ostergard	How to manage innovations
	James Yoo	Stem cells and urinary incontinence
	Mario de Gennaro	Congenital genitourinary anomalies: from childhood to adult life
2009	San Francisco	
	John O L Delancey	Pelvic Floor Biomechanics: Imaging, Modelling, Insight and Change
	William C de Groat	Bladder Reinnervation: Can New Nerves Improve the Function of the Neurogenic Bladder?
	Jack Christian Winters	Urodynamics in 2009: Utilization, Education and Best Practices: Are They Aligned?
	Kate Lloyd	Medical Education and the Pharmaceutical Industry – Things ain't what they used to be
2010	Toronto ICS/IUGA	
	Michael Chancellor: Ulf Ulmsten Lecture	Sphincter regeneration with muscle stem cells: cell therapy: discovery science to clinical trials
	Abdul Sultan	What the reconstructive pelvic surgeon needs to know about the anal sphincter in 2010
	Stuart Bauer	Recent advances in childhood and adolescent LUT dysfunction

APPENDIX 6

Speech on History delivered by Eric Glen at the ICS Chairman's Dinner in Cairo in 2008

Chairman, (Sherif Mourad)

I feel very privileged to have been invited to attend and address this 38th Annual Meeting of ICS, and I am delighted to be here in Cairo, especially so, since it happens to be my birthday.

The Society has come a very long way since the first meeting in Exeter all these years ago. (1971) I had the honour and pleasure of being the Organising Secretary for the first 14 years, having brought about its creation, and I can tell you that it was difficult at times not to think about it as MY CLUB, and perhaps my successors had a similar experience while creating such major developments in the Society.

My colleagues, David Rowan, then Membership Secretary, and Patrick Bates, Treasurer, had the benefit of input from stalwarts such as Norman Zinner, who reminded me at a number of Annual General Meetings that the democratic voice of its members was an essential strength of the Society. After recent troubled times, I feel that the Society will be rejuvenated by its new structure, thanks to the courage and conviction of members like my friend Werner Schaefer, and fellow reformers.

Looking back to the early days, I was greatly impressed by the strength of support and encouragement given to me, a trainee at the time, by senior international authorities like the 3 Peters, Caldwell, Aboulker, and Gammelgaard, Richard Turner Warwick, Geoff Chisholm, Saul Boyarsky and many more. The Society owes a debt of gratitude to these giants. What is less well known is that the Society gained greatly from the background support of my then employer, the West of Scotland Regional Health Board, who provided postage and printing facilities in the early years. This support and that of the commercial exhibition subsidised the activities of the Society. Only David Rowan knew of the hard work performed by my wife, Patricia, and our 3 sons, folding the news letters and communications, and putting them in envelopes and so on. Our sons were rewarded by collecting foreign stamps from all the correspondence, and meeting the many visitors to our home. They still remember Richard Turner Warwick's recipe for a "safe" Gin and Tonic!

We were determined to keep costs down for as long as possible, to facilitate participation by trainees and those in multidisciplinary, less well paid professions.

Times change, and it is harder to obtain ethical financial support for travel and study leave, especially in the current banking turmoil. There is international pressure to use teleconferencing to reduce or replace conferences such as this one. Teleconferencing has its role, but it can never, and should never, replace the invaluable face to face meetings, where communication is on a much more personal basis. The cut and thrust at question time, and meeting and debating with the experts is invaluable, as is experiencing exposure to different cultures and environments, one of the benefits of the social program, although the cost is a problem for many. Conferences such as this must be maintained.

Although the conference proper is yet to start, it is obvious that it will be one of the best. The setting is unbelievably awesome, and the Gala Dinner at the Pyramids with the promised entertainment is yet to come.

Many times I have been asked about the motivation for my creating the Society, and for my eventual decision to demit office. Different people have different motivation. In my case there was a mixture of curiosity as to the use of electrical stimulation, and diagnostic techniques, initiated by the distress of a middle aged man suffering from double incontinence. He gained control by electrical stimulation, using an intranal plug electrode.

Having visited Caldwell in Exeter, Aboulker in Paris, Tage Hald and Gammelgaard in Copenhagen, all of them enthusiasts with the spirit of scientific curiosity, I responded to Professor Aboulker's teasing that we should have a club tie by saying that we would first need to form a club. Aboulker and the others thought that this was a good idea, and so the

Society was born. The subsequent meetings also satisfied my wanderlust, which started when I worked near the river Clyde, passing the many foreign going ships with their frames for tropical awnings. While a trainee, I had a spell as a ship surgeon with the Royal Fleet Auxiliary based in Singapore. We carried stores for the aircraft carrier and escorting ships. Courtesy visits and NATO exercises involved voyages to Western Australia, Hong Kong, Philippines, Sri Lanka and Okinawa. We did not visit Egypt, so I am especially pleased to be in Cairo now. My love of travel seems to have rubbed off on my sons, 2 of whom married South American girls. The third boy is a cardiologist. He married a Highland girl, and is now running international courses in Scotland. All of our 9 grandchildren are or are becoming bilingual, Spanish for all, with the cardiologist's family adding Gaelic. Great fun!

Recently, Norman Zinner asked why I had decided to demit office. After 14 years, I thought it was time for ICS to have new blood, and that it was time for a younger person to be at the helm. Continuity is important, but for the Society to survive and prosper, especially having reached this size, I believe a regular change in personnel is also essential. The new constitution should ensure that.

Finally, some of us regret the overwhelming demand for controlled trials, with rejection of simple case reports or projected theories. Many years ago, I had a short paper published, I think in the Lancet, reporting the successful use of electrical stimulation in a small group of incontinent individuals. The journal attached the opinion of an expert, stating that this should be subjected to a blind controlled trial. I had to point out that stimulation by an intranal plug electrode produced a sensation that would differentiate active treatment from inactive in patients with normal sensation, such as the reported group. A controlled trial in neurologically impaired individuals would be possible, but the underlying clinical condition would be very different. Nowadays, it is very unlikely that my small trial would be published, but I would suggest that publication was justified, to stimulate interest in the technique.

To extend this theme, I would refer you to a recent BMJ editorial entitled "Dare to use your own intelligence", which quoted Karl Popper, professor of logic and scientific method. He stated that "our current convention for advancing medical understanding systematically ignores the outliers, but these are the patients who refute the current state of theory and require a new understanding to make sense of their experience. More can be learnt from those who are the exceptions to the apparent rule than from those who conform. Medical research should seek to explain the phenomena of clinical experience" The article ends with this quote from Kant: "Dare to use your own intelligence! This is the battle cry of the Enlightenment". Think on't.

Have a great meeting. I give you a toast: long live the ICS.

(Eric Glen, honorary member ICS: presented at the Chairmen's Dinner, Minsterley Palace, Cairo, 20 October 2008, by invitation)

Ref: Dare to use your own intelligence, Iona Heath: BMJ 2008; 337: a 1319

EPILOGUE

Compiling material for the History

Gathering and selecting material for this History has been an interesting yet time-consuming exercise for us as editors.

It is possible that we have made errors in compiling material either by omitting important details, or by our interpretations of events differing from those of other members, or by lack of appropriate information. Therefore, we invite all those who might have relevant material not submitted to date, to send it to the ICS office, so that it can be included in the archives and considered for any subsequent revision of this living document.

To facilitate any future History the editors suggest that the convenor of each annual scientific meeting should provide to the Office a synopsis of the meeting, innovations tried which worked or that did not, and any photos. Similarly, each General Secretary on demitting office could be invited to make a Report on the Health of the Society, and the extent to which aspirations held on taking up the position, were achieved while in office.

The Editors also suggest that the Society appoint a member as Honorary Archivist to assist the Office to oversee the collection of archival material and to ensure that appropriate material and photos are gathered and kept.

Directions followed by ICS over the past 40 years

In looking to the future we need to be aware of the past. The independent review by Yates, included in the Appendices from the LA Meeting in 1980, drew attention to the direction our science was taking at that time. Many of his observations are still relevant.

While efforts continued since then to focus on encouraging the science and scientific exchange, these endeavours were accompanied by an increasing emphasis on caring for patients, educating the public and in encouraging help-seeking by those too embarrassed to ask. This combination has been a great strength of the ICS.

By maintaining and expanding its multidisciplinary approaches, by expanding internationally to include an increasing number of countries especially those in the process of developing, and by continuing efforts to improve communication and standardisation of the terminology used, ICS has kept true to the aspirations of its founders.

This book has detailed the history of the past 40 years and documented the creative efforts of those who foresaw the need for an organisation such as ours and expresses appreciation for their diligence in making it happen. We owe them a great debt.

What of the future directions?

What will the future bring?

In 40 years, the urodynamics world has changed from hesitant steps in physical measurement to a world involved less with "urodynamics" the physical science and more towards "urodynamics", the neuro and molecular sciences. What have we missed and what have we accomplished? Have we done all we could with bladder pressure, urethral resistance and the like? Where will the new young leaders with their new and more advanced sciences take us? The issues around directions of

research and the science are under discussion by the board of Trustees within the 3 year strategic plan presented by the General Secretary, Jacques Corcos.

What will happen during the next 40 years? Will the ICS focus still be on those issues we now address or will they change entirely? Will we be treating voiding dysfunction and incontinence or will we be preventing these conditions or handling them in other ways? If so, how? What will be the role of the computer?

Will there be a continuing role for surgery? Who will be the drivers if so much of what we do now, is prevented or handled in different ways. How will they be trained?

Who will be paying for all of this as yet undeciphered change?

Will large international meetings still be acceptable in a climate of increasing concern for costs, problems with global warming and diminishing resources such as lack of fuel? Communication technology will continue to improve, and enable meetings to be held "on line" in real time. What might this do to our society? Could positive effects of minimising the need to travel to meetings ever compensate for the loss of value from face to face contact and exposure to other cultures?

Finally, having taken a good look at the past, the editors hope that in addition to the human interest, the information contained in this publication may help to inform future decision-making and progress. We all have reason to be proud of our heritage and hope the efforts of those in the past are viewed not as an end but as a step in a journey to something better.

Our best wishes to the Society for the next 40 years and beyond.

The editors.

Ted Arnold, Eric Glen, Norman Zinner

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