

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 "Continnence 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 Continnence 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!

6. 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). 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. A paper by Paul Abrams outlined the history of urodynamics and of ICS (1993). 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)

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