

## THE CORNEAL GRAFTING ACT, 1952\*

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AFTER World War II the impetus of interest in keratoplasty quickened again, and with the advent of new technique and new methods an adequate reservoir of donor grafts became imperative. In the United Kingdom the expansion of this branch of ophthalmic surgery had been sadly hampered by the impact of two wars, the lack of instruments, and the absence of trained personnel. Even when these difficulties had been overcome, the acute shortage of donor material still remained, and it was evident that the supply of living grafts from excised pathological eyes would no longer be adequate. This possibility had been foreseen by Tudor Thomas, who was the first to organize the collection and registration of such eyes in Great Britain, but World War II seriously restricted the expansion of his work.

Filatov (1937) pointed out the value of cadaver material, and it was natural for eye surgeons to examine this potential source of donor supplies. The use of cadaver material for medical purposes, however, was governed by the Anatomy Act of 1832 (2nd and 3rd William 4, cap 75.), which put a stop to the practices of the "resurrectionists", and aimed at ensuring a legal supply of subjects for anatomical dissections from the bodies of unclaimed persons dying in public institutions. That Act did not help the provision of material for corneal graft surgery, since a complicated legal procedure has to be carried out before the body is available, and does not permit the removal of a fresh organ from the body since this is permissible only on a Coroner's order. Nor did the Act allow any person to bequeath his or her own eyes for graft purposes, as in law the dead body has no property. Legal opinion was that the removal of cadaver eyes for graft purposes, even with the consent of relations was, therefore, illegal. In addition, a large number of enlightened people in Great Britain who wished to bequeath their eyes for corneal grafts were, by law, prevented from doing so. It seemed, therefore, that if these obstacles could be removed the supply of donor material would be legally increased; surgeons would not run the risk of legal actions and the voluntary bequest of eyes would probably be sufficient for anticipated needs.

A campaign was set on foot to educate the British public regarding the possible successes and limitations of corneal graft surgery and the urgent need for donor grafts. The Press were asked to avoid inaccurate sensationalism in their accounts, the Broadcasting and Television Services co-operated

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with factual programmes, and public bodies like the Women's Voluntary Service conducted enquiries before giving support. The Royal College of Surgeons of England lent invaluable aid. In this way the whole country learned from medical sources of the indications and scope of the operation without the inaccurate enthusiasm and glamour which has so frequently been attached to reports of corneal graft surgery in many countries in the past.

This campaign succeeded in influencing the Government and Members of both Houses of Parliament, with the result that a Bill was presented to the House of Commons on May 21, 1952. This Bill met with no opposition and rapidly passed through all stages to become law on September 24, 1952. The text of the Act is printed on the opposite page, by permission of the Director of Publications, Her Majesty's Stationery Office.

In operation the Act is entirely voluntary and it will be noted that its terms may be carried out "in the absence of objection".

To implement the Act, Regional Centres have been allocated by the Ministry of Health throughout Great Britain for the establishment of Eye Banks, and, with co-operation on the part of doctors, relatives, and eye hospitals, there will be little difficulty in maintaining a local reservoir of donor supplies which will facilitate the expansion of keratoplasty.

For domiciliary cases a suitable scheme has been evolved at East Grinstead and it is working well. A sterile set of enucleation instruments complete with a container of liquid paraffin B.P. is always kept ready at the hospital and when a death is reported by the general practitioner or relatives the eye surgeon on duty proceeds to remove the bequeathed eyes. It should be remembered that eyes removed up to 10 hours after death are suitable for optical grafts, and that there is, therefore, no need for embarrassing urgency. Relatives have always been helpful and co-operative treating the procedure with a sense of dignity and duty. Cadaver eyes thus obtained may be used up to 10 days after preservation in liquid paraffin at 4° C. in the Eye Bank.

To summarize: this Act allows a registered medical practitioner to remove eyes soon after death for graft purposes subject to certain conditions, and legalizes the bequest of eyes for graft purposes; it ensures a legal source of donor eye grafts and it may well be necessary to extend it in the future to include other structures for *post-mortem* graft purposes.

#### REFERENCE

FILATOV, V. P. (1937). *Lancet*, 1, 1395.

15 & 16 GEO. 6  
& 1 ELIZ. 2

*Corneal Grafting  
Act, 1952*

CH. 28

An Act to make provision with respect to the use of eyes of deceased persons for therapeutic purposes.

[26th June, 1952.]

**B**E it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

1.—(1) If any person, either in writing at any time or orally in the presence of two or more witnesses during his last illness, has expressed a request that his eyes be used for therapeutic purposes after his death, the party lawfully in possession of his body after his death may, unless he has reason to believe that the request was subsequently withdrawn, authorise the removal of the eyes from the body for use for those purposes.

Removal  
of eyes of  
deceased  
persons.

(2) Without prejudice to the foregoing subsection, the party lawfully in possession of the body of a deceased person may authorise the removal of the eyes from the body for the purpose aforesaid unless that party has reason to believe:—

- (a) that the deceased had expressed an objection to his eyes being so dealt with after his death, and had not withdrawn it; or
- (b) that the surviving spouse or any surviving relative of the deceased objects to the deceased's eyes being so dealt with.

(3) An authority given under this section in respect of any deceased person shall be sufficient warrant for the removal of the eyes from the body and their use for the purposes aforesaid; but no such removal shall be effected except by a registered medical practitioner, who must have satisfied himself by a personal examination of the body that life is extinct.

(4) Authority for the removal of eyes shall not be given under this section if the party empowered to give such authority has reason to believe that an inquest may be required to be held on the body.

(5) No authority shall be given under this section in respect of the body of a deceased person by a person entrusted by another person with the body for the purpose only of its interment or cremation.

(6) In the case of a body lying in a hospital, any authority under this section may be given on behalf of the person having the control and management of the hospital by any officer or person designated in that behalf by the first-mentioned person.

(7) Nothing in this section shall be construed as rendering unlawful any dealing with, or with any part of, the body of a deceased person which would have been lawful if this Act had not passed.

(8) In the application of this section to Scotland for subsection (4) there shall be substituted:—

“(4) Nothing in the foregoing provisions of this section shall authorise the removal of eyes from a body in any case where the procurator fiscal has objected to such removal.”

Short title,  
extent and  
commence-  
ment.

2.—(1) This Act may be cited as the Corneal Grafting Act, 1952.

(2) This Act shall not extend to Northern Ireland.

(3) This Act shall come into force three months after the passing of this Act.