bers have a width of 0.24 mm and a depth or caliper of 0.32 mm with a rounded rectangular-like configuration in cross section. The distance between diametrically opposed footplates **38**, **68** and **48**, **58** is 13.5 mm to permit the intraocular lens to be received in anterior chambers having various diameters within the normal range. The fixation members extend from the lens body at an angle of about 10° to space the posterior surface **16** of the lens body from the lower surface of the footplates by a distance of 0.50 mm, this angulation or vaulting of the fixation members being illustrated in FIG. **2**.

The intraocular lens **10** can be very easily implanted in the anterior chamber of an eye as shown in FIGS. **3**, **4**, **5**, **6** and **7** wherein an eye **78** is shown with an iris **79** and a incision **80** of a length from 6.0 to 6.5 mm. To implant the intraocular lens **10**, the lens body **12** is held by a standard Shepard or Clayman type intraocular lens holder **81** at twelve o'clock and inferior fixation member **60** is introduced through the incision and moved to the side as shown by the arrow **82** to permit inferior fixation member **40** to move through the incision such that the intraocular lens **10** is no in the position illustrated in FIG. **4** with inferior fixation members **40** and **60** in the anterior chamber. The intraocular lens is now advanced directly radially into the anterior chamber to the six o'clock position as shown by the arrow **84**; and, when the footplates **48** and **68** of the inferior fixation members are seated in the angle of intersection between the cornea and the iris as illustrated in FIG. **5**, the inferior fixation members can be compressed sufficiently to allow the superior fixation members **30** and **50** to move into the anterior chamber in a single movement such that, when the lens body is released, the footplates **38** and **58** of the superior fixation members will seat in the angle and the intraocular lens will center itself. Alternatively, the intraocular lens can be released once it is in the position illustrated in FIG. **5**, and the superior fixation members **30** and **50** grasped one at a time with a MacPherson type forceps **86** and introduced into the anterior chamber through the incision allowing the footplates **38** and **58** to be seated in the angle. During the maneuvers illustrated in FIGS. **6** and **7**, the intraocular lens **10** will be moved slightly to the left and to the right respectively, and it will be appreciated that the inferior fixation members **40** and **50** flex along their entire lengths, as shown, to permit this movement.

The intraocular lens **10** is shown in FIGS. **8** and **9** after implant in the anterior chamber; and, it will be appreciated that each fixation member contacts the angle only at its footplate to provide maximum stability by four point fixation with minimum drainage blockage in the angle. Additionally, it can be seen from FIG. **8**, that the fixation members flex along their entire lengths due to the continuously curving configurations thereof. More particularly, the proximal legs flex inwardly toward the lens body as do the distal legs with the smooth continuous curve of the junctions allowing movement of the fixation members toward the longitudinal axis and towards the lens body while creating no stress points and minimizing the possibility of breakage. The vaulting or angulation of the fixation members spaces the posterior surface **16** of the lens body **12** from the iris **79**, as shown in FIG. **9**.

With the proximal legs joining the distal legs via the smoothly curved junction portions, any radially applied force on a footplate of a fixation member flexes both the distal and proximal legs establishing each fixation member as a very long and flexible, single fulcrum member with all portions thereof acting in concert rather than being isolated from each other. The slight inward curvature of the distal legs increases the fulcrum length; and, since the distal legs extend substantially transversely to the longitudinal axis, the radial vector from any force applied to the footplates is minimized.

The junction portions of the inferior fixation members **40** and **60** and the superior fixation members are laterally aligned in spaced relation on opposite sides of the longitudinal axis **18** and are located at distances less from the end peripheral edges less than the distance of the footplates from the end peripheral edges to permit maximum flexibility, and the fulcrum length of the fixation members is increased by curving the distal legs of the fixation members toward the end peripheral edges of the lens body.

Inasmuch as the present invention is subject to many variations, modifications and changes in detail, it is intended that all subject matter discussed above or shown in the accompanying drawings be interpreted as illustrative only and not to be taken in a limiting sense.

What is claimed is:

1. An intraocular lens for implant in the anterior chamber of an eye comprising

a lens body having a configuration to define first and second opposed end peripheral edges, first and second opposed side peripheral edges connecting said first and second end peripheral edges and a longitudinal axis extending centrally through said first and second end peripheral edges, said first and second end peripheral edges being curved, and said first and second side peripheral edges being curved, the radius of curvature of said first and second end peripheral edges being less than the radius of curvature of said first and second side peripheral edges;

a first fixation member connected with said first side peripheral edge including a continuously curving proximal leg extending toward and beyond said first end peripheral edge and toward said longitudinal axis, a continuously curving junction portion connected with said proximal leg, and a continuously curving distal leg connected with said junction portion to extend in a direction substantially transverse to and away from said longitudinal axis to terminate at a footplate adapted to be received in the angle of intersection of the cornea and the iris in the anterior chamber of an eye;

a second fixation member connected with said first side peripheral edge including a continuously curving proximal leg extending toward and beyond said second end peripheral edge and toward said longitudinal axis, a continuously curving junction portion connected with said proximal leg, and a continuously curving distal leg connected with said junction portion to extend in a direction substantially transverse to and away from said longitudinal axis to terminate at a footplate adapted to be received in the angle of intersection of the cornea and the iris in the anterior chamber of an eye;

a third fixation member connected with said second side peripheral edge including a continuously curving proximal leg extending toward and beyond said first end peripheral edge and toward said longitudinal axis, a continuously curving junction portion connected with said proximal leg, and a continuously curving distal leg connected with said junction portion to extend in a direction substantially