In Spinal Cord this month . . .

This issue of the journal is the American Regional Issue and is one of four regional issues the others being French, German and Japanese.

I am most grateful to Dr David Apple, the Regional Editor of the American number, for his excellent work in seeking and dealing with several very interesting articles. He has obtained an excess of papers and, therefore, they cannot all be published in this issue but the few remaining ones will be published in June 1997.

The 1996 Atlanta Paralympics

In his Editorial on these Games, Dr Apple provides an insight into some of the problems that were met and overcome by his quite remarkable organisation. The statistics are really awe inspiring and without doubt all of the efforts were worthwhile and achieved their goals. Dr Apple and everyone who assisted with this world famous event are to be congratulated.

Clinical Case of the Month: Neurological Issues

An explanation of this new venture for the journal is given in a separate brief Editorial (p265). It will be seen that it links up and is associated with the publication of the revised 1996 edition of the International Standards for Neurological and Functional Classification of Spinal Cord Injury (p266). Dr Maynard and Dr Donovan provide details of these items which should, in a practical way, be of interest to all clinicians, medical and allied health who are involved with the management of people with spinal neural disorders.

Urethral cultures in female SCI patients

Montgomerie *et al* (p282) studied urethral and urine cultures in SCI females and, in control subjects, found poor correlations and wondered if these were due to an inability of organisms to adhere to the mucosa and colonize the urethra. Their work could have a practical bearing on the pathogenicity of urinary infections.

The AO anterior thoracolumbar locking plate

The fact that there is now an Association for the Study of Internal Fixation of the spine (thus, the inclusion of AO for this device) illustrates that there remain many real problems with the safe, reliable, single stage and anterior metallic fixation of the thoracic and lumbar spine when such a procedure is clearly and unequivocally indicated. A good description including the use and advantages is given by Thalcott *et al* (p286) of the AO anterior thoracolumbar locking plate.

Relationship of VO_2 , heart rate (HR) and the ratings of perceived exertion (RPE) during FNS ambulation

Further information on the physiology of the ambulation of paraplegic subjects is elegantly supplied by Jacobs *et al* (p292) whose research on such patients using an FNS ambulation system shows that the HR but not the RPE is an appropriate indicator of exercise intensity in the patients that they studied.

Cough in spinal paralysed patients

The very real importance of effective coughing in SCI patients is universally appreciated and, in the study by Wang *et al* (p299), their conclusion is that there is a clear direct relationship between the motor level of the neural lesion and the peak expiratory flow produced during coughing.

Postural hypotension and hyponatremia in patients with myelopathy

Frisbie and Steele (p303) find that the common (but not invariable) condition postural hypotension which can occur in patients with myelopathy above mid-thoracic level can be exacerbated by physical effects and pharmacological agents. Salt and water metabolic changes are discussed in their article as is the aetiology, the features of the syndrome and the management of postural hypotension in their patients.

Isometric elbow extension in C6 tetraplegic patients

The importance of the anterior deltoid muscle being active in isometric elbow extension is brought out in the researches of Gelfen *et al* (p308). They discuss the complexity of the synergic mechanisms which control muscle activity and the importance of these in the rehabilitation of patients with paralysed muscles.

The follow-up compliance of SCI patients

A problem that is familiar to all personnel involved with the care of SCI patients is that of compliance and this is carefully considered and reported on by Canupp *et al* (p314). The problem is, of course, not limited to this type of patient but is common throughout medicine. However, the authors 'bite the bullet' and after analysing their 163 patients they recommend certain measures to help to overcome the matter of compliance in health care.

Estimation of social adjustment following SCI

In the first of their two articles on this topic (the second paper will be published in the June issue of Spinal Cord) Glass *et al* (p320) take up the challenge: who is more realistic, the patient or the spouse? They show in their study of over 250 individuals that the SCI person's perception of social adjustment is at least as reliable as that of their closest relative; also that such patients do not tend to over emphasise their difficulties in relation to any claim for compensation.

The long term care of people with a high SCI

Mattson-Prince relates her findings in her geographic area in a study comparing the long term care of high tetraplegic patients with (a) the independent living model care and, (b) agency based care (p326). Various aspects of the complex and indeed expensive care of such patients are discussed and it was found by the author that the self managed group of patients had a better health outcome and fewer re-hospitalisations for preventable complications.

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Editor