



Editorial

Since the first issue of '*Paraplegia*', which was published in May 1963, there have been many changes in the Journal: the colour, the format, the number of yearly issues, the publishers, the name and the logo. The most important change was the new editor, Mr Phillip Harris following in 1980 the late founder Sir Ludwig Guttman. But in the same period many things have changed within the paralysed peoples' etiology of traumas and diseases, their chance of survival and their life expectancy, as a result of improved diagnostic facilities, rescue systems, special spinal centres with well trained and experienced staff of many different professions working as a team and finally the steady improvement of technical aids of many sophisticated types. The small international family of specialists from the early days was growing up and includes many allied scientists, administrators and politicians interested in the field. The pool of internationally gained experiences and knowledge became larger and larger over the years and needed urgently an exchange between all of the people concerned. Thus Sir Ludwig Guttman started the journal in May 1963, two years after the foundation of the 'International Medical Society of Paraplegia' (IMSOP). That was the first issue of the journal called '*Paraplegia*', and it was to 'serve as a structure to invite the widely scattered members of the Society, and above all be designed as a central international source of information for everyone actively engaged or interested in the manifold aspects of paraplegia and tetraplegia quadriplegia'. It is to provide an international forum for an easy interchange of ideas . . . as well as to promote further elucidation of many and varied aspects of this problem that this new journal '*Paraplegia*' is dedicated' he wrote in the foreword.

Looking back over the past 35 years everybody will agree, that the wish 'Long may it flourish' was a good one, and this has come true. Everyone obtains excellent information about what is going on, and can submit their new articles on a wide variety of topics for consideration for publication in '*Spinal Cord*'. Indeed the journal, which is now called '*Spinal Cord*' has gained an international reputation as a very distinguished and serious medical scientific journal.

One of the main hindrances for the submission of a paper for non English speaking people is that of language. Some authors are publishing very good and interesting articles in their native language elsewhere, but these publications are getting lost in the international literature. This is a great pity and at times a disadvantage. Thus it was a very good idea of the Editorial Board to start the Regional Issues some 10 years ago, in particular for the non-English speaking regions. But this takes time and patience to

attract and induce authors to write contributions for these regional issues. At last we have the publication of the 'German Regional Issue', which has taken more than 6 years from the first idea and agreement to have this Issue. Thus we are most grateful to the Editor for his encouragement, patience and help as well as to the authors for their good cooperation in preparing their contributions for this Issue. We would also like to mention the grateful splendid cooperation that the publishers offer to us.

Most of the authors are members of the 'German Speaking Medical Society of Paraplegia' (DMGP), founded in 1985. This Society is open to all people actively interested in the field of paraplegia. Members come from Germany, Austria, Switzerland and The Netherlands. Special meetings are held once a year in the different countries concerned and the proceedings are published regularly in the German language.

Many of the aims of the journal '*Spinal Cord*' are illustrated by the articles published in this, the German Regional Issue.

The articles from Meinecke and Exner describe questions of general interest and provide a sophisticated statistical outline, based on a 20 year collection of patient admissions, readmissions and outpatient treatments in the whole of Germany. Berghammer *et al** enlarge on the information concerning some of the social aspects of SCI, in particular with regard to professional rehabilitation. Bötel began his work on SCI patients in Germany about 1975, on surgery for the spinal cord injured, dealing mainly with road traffic accident victims. Previously many had SCI as coalminers or steelworkers, and there was a high incidence of severe additional injuries. There is nearly no difference between the incidence of SCI in coalminers in the 50s and in the present-day population. But there is a considerable difference in the general etiology of spinal cord injuries in different parts of the world. Combined spinal cord and brain injuries are often encountered as a result of trauma, being the first or second place among all people with polytrauma. Strubreither's *et al** contribution deals with the neurological and psychological aspects of this group, a very difficult problem for many isolated common SCICs. Kluger is one of the most experienced orthopedic surgeons concerning the management of patients with tumor-related spinal cord lesions. Of special interest is the psychological approach of this group regarding indications for surgery in patients with malignant tumors. With regard to the complication of pressure sores, this is still a prime problem. Different kinds of flaps are in use over a period of more than 30 years. The techniques have improved greatly due to increasing experience and better

understanding. Schmidt *et al* present their methods in severe examples, and describe two new procedures. Heterotopic ossification (POA) requires special attention as there is so far no satisfactory therapy for prophylaxis or surgical intervention. Meiners *et al* try to solve the problem by preserving the femoral head and neck and by delayed and careful postoperative physiotherapy, and by X-ray radiation. Pain is one of the most disturbing features in the overall situation of people with a severe spinal cord lesion, and there are many questions to be answered. In the multicenter study by Störmer *et al* there is an attempt to clarify some of the questions of this manifold situation and the authors come to the conclusion that the problems are closer to psychosocial rather than to medical variables. Stöhrer *et al* present their results of 'Bladder autoaugmentation' as being one way to preserve the upper urinary tract from damage in patients with a low capacity high pressure bladder, before intestinal surgery is considered. This will improve the patient's general health and life expectancy. One of the most disturbing social problems of spinal paralysed men is that of infertility. Löchner-Ernst *et al* describe the present facilities available to solve this situation, and they report their longstanding excellent results of treatment. The main concern of all people working with and for those with spinal paralysis is how to improve the chances for neurological recovery. Scientists all over the world are working very hard to find a solution and to clarify the situation. One group of fundamental research is that of Schwab and his coworkers; another one consisting mainly of clinicians, is that of Brook and his coworkers. Both articles describe this very complicated field of research very clearly, in a way which will be understandable for non-specialists. The research studies may become extremely successful for our patients, their relatives and the entire society, and we are very pleased to have these papers.

In summary the German Regional Issue offers a manifold overview of the 'SCI situation' and of the specific interests being shown in German speaking countries. It must remain an incomplete review, but it clearly shows that in this Region of Europe the basic principles of all aspects of SCI raised and developed by the late Sir Ludwig Guttmann, a fatherly friend to some of us have not been neglected. As the basis of daily work they are being supplemented by modern knowledge, longstanding experiences, new tasks (i.e. for lesions above C₄ neurological level), based on new opportunities and sophisticated, critical research. German people are greatly indebted to this outstanding person who escaped from Germany in 1939 because of his Jewish race, and who visited Germany again for the first time in 1959 in order to help in the organisation of better conditions for spinal paralysed patients, and to assist people concerned with the building of appropriate spinal centres with facilities for improvement in treatment. We will never forget this wonderful friend; one part of the Heidelberg Centre, some streets near the German SCICs and the award of DMGP are dedicated to him, and bear his name.

Gerhard Exner
Hamburg

Hans-Jürgen Gerner
Heidelberg

Friedrich-Wilhelm Meinecke
Reinbek

*Note: Because of limited space in this issue of *Spinal Cord* the articles by Berghammer *et al* and Strubreither *et al* will be published in the August 1997 issue of the journal.