Spinal Cord (1997) 35, 793–795

ENVOI

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After a long association with the journal, indeed 34 years, 17 as an Assistant Editor and then 17 as the Editor, I felt that I should demit editorship. All good things must come to an end! Following the death in 1980 of the distinguished, dynamic pioneer for the study and care of spinal cord injury (SCI) patients, Sir Ludwig Guttmann, the International Medical Society of Paraplegia (IMSOP) elected me as Editor and gave me complete freedom and independence and also full responsibility for the journal.

Sir Ludwig was a hard taskmaster and somewhat demanding and seldmon failed with his requests. He and I built up a very close and most pleasant friendship. He suggested that I should give up Neurosurgery and should specialise in spinal medicine. However, I felt that Neurosurgery was my true vocation and would be a good base for my special interests in medicine including spinal injury and disease. Sir Ludwig himself was a Neurosurgeon and became the Director of a Neurosurgical Department in Germany prior to being forced to come to England. Their loss was Britain's gain with the wonderful benefits that Britain subsequently received from Sir Ludwig. I am indeed most grateful to him for being one of my chief medical mentors.

My early postgraduate training was with Professor Norman Dott CBE, a distinguished pioneer of British Neurosurgery, I was his House Officer (Resident) in the Acute Brain and Spinal Cord Injury Unit in Bangour General Hospital near Edinburgh from 1944 to 1945. After this I was a Medical Officer in the Royal Army Medical Corps and was fortunate to be posted to the Military Hospital for Brain and Spinal Injuries in Oxford, England under Brigadier Sir Hugh Cairns, Director of Neurosurgical Services and Air Vice-Marshal Sir Charles Symonds, Director of Neurological Services for Her Majesty's Forces.

One's first experiences of being an Editor was for the medical student journal of the Royal College of Surgeons of Edinburgh from 1941.

The early days with Sir Ludwig and Mr Jim Cosbie Ross, a distinguished Neurourologist and the Editorial Board of the journal were indeed halcyon ones, so much of importance was happening in the ever widening and expanding field regarding spinal cord injuries.

The duties of an Editor of an international medical journal are many and varied: to attract important articles from authors world wide providing clearly written and attractively illustrated, elegant scientific papers which will inform the readers about research studies and new items of ongoing work in some of the many varied aspects of SCI. To develop, modify and update the journal, forever improving every aspect of it. To appoint an Editorial Board of excellence on a world wide basis, encompassing the multidisciplinary aspects of SCI, attracting people of distinction who are seriously interested in the journal and who will offer their special expertise. In the 30th anniversary issue of the journal in 1992, in 'The Way Ahead' I set out some of the details of duties of an Editor, including an insight into a number of the practical problems that may confront him, including salami publications, dual publications, the Ingelfinger Rule, fraud, poor statistics, ethical problems, offerings of 'miracle cures or breakthroughs' and plagiarism.[1] I should add that such matters are only occasionally encountered by Editors. I agree with the quotation relating to Dr Stephen Lock, a distinguished Editor of the *British Medical Journal*, that 'All editing is a balancing act . . . the Editor must serve not only his science but also his readers in their moments of relaxation and thoughtfulness', and also, the wise words of the famous newspaper Editor, CP Scott, 'Comment is free but facts are sacred'.

The statistics concerning the epidemiology of SCI are quite striking, thus Green *et al* (1987)[2] observed that SCI represents a multibillion dollar annual health care problem in the US and throughout the world. These would be patients who had a SCI due to trauma and are obviously of major concern and interest. The term 'Spinal Cord Injury' (SCI) may refer to SCI from trauma but may be qualified also, to denote non-traumatic causes of SCI, indeed as I understand it overall, world wide, the commonest causes of SCI resulting in spinal paralysis are from diseases and disorders of the spine and spinal cord, the commonest cause is probably tuberculosis of the spine. Other 'medical' causes are cervical spondylosis, intervertebral disc diseases, multiple sclerosis, and still in some parts of the world anterior poliomyelitis, also other forms of myelitis, spinal neoplasms, spinal dysraphism and AIDS. Statistics are vital to our knowledge and understanding of injury and disease and are vital for papers that are submitted for consideration for publication in a scientific journal. According to Bracken *et al* (1990)[3] the morbidity of SCI is estimated at 6% within the first six months of injury for patients treated at major SCI centres and the morbidity rate is more than 100% since each SCI

victim experiences one or more systemic complications associated with their paralysis. Leonardo da Vinci stated that 'No human investigation can be called true science without passing through mathematical tests'.

Special training and education are mandatory for those working in the exacting and wide field of SCI, whether basic science or clinical science or indeed both. It should be comprehensive and structured. Such people should be in a position to be able to help to add to our knowledge of the spinal cord and the spine, indeed concerning both traumatic and non-traumatic disorders and hopefully many will write scientific papers and offer them for publication.

A basic understanding of the nervous system is essential and it is to be remembered that many body systems can be disturbed by spinal paralysis and also that our knowledge should not stop at the foramen magnum. It is important that both the brain and the spinal cord are considered. Many SCI patients have also sustained a significant head injury and indeed any patient with a head injury of any significance must be suspected of also having a cervical spine injury. It is interesting that certain disorders of the brain can, in fact, cause 'typical' paraplegia, thus in 1971 I coined the term 'Cerebral Paraplegia' for a syndrome that I recognised in some patients who had sagittal or parasagittal pathologies such as a head injury, subdural haematoma, spasm of the anterior cerebral arteries from a ruptured anterior communicating artery aneurysm, neoplasms, abscesses or thrombosis of the superior sagittal sinus, who presented with the typical clinical features of paraplegia.[4]

The following are some of what may be called my hobby horses: the word 'quadriplegia' is not really an acceptable one as it is partly Latin and partly Greek. I always use, and if I may say so, advise the use of the word 'tetraplegia'. Next, a person with spinal paralysis is not a 'paraplegic' or a 'tetraplegic'. Such an individual is a person with or who has paraplegia or tetraplegia. If a person is paraplegic and also most unfortunately has epilepsy and indeed; in addition, has diabetes, surely that individual would not be an 'epileptic diabetic paraplegic'! My final comment here is to say that a long time ago I gave up changing American spelling into English spelling. Most of us nowadays use either!

I have a very happy and productive relationship with our excellent publishers. To readers, understandably, the publishers of a journal that they are reading are anonymous people who presumably receive edited typewritten material from the Editor and then simply publish it. Believe me, the situation is much more complex, intricate and demanding. There are day-to-day communications between myself and my Editorial Secretary with various different members of the staff of Stockton, our publishers. We are extremely fortunate in having such pleasant and helpful people. An example of their innovative activities is clearly demonstrated by their rapid progress with what is generally called 'electronic publishing', they are at the forefront in this vital field, which will have important and exciting effects on scientific journals.

We are witnessing major advances in many spheres pertaining to SCI and an Editor requires to keep his eyes and ears open concerning these and to seek out and to encourage the people involved to become authors and to submit their papers, leading articles and editorials to our journal. Some of these advances were stated in my Donald Munro Memorial Lecture and an abridged version of this was published in *Paraplegia* in 1992.[5] Some examples of ongoing new work and also some controversial topics that I felt should be considered by me as the Editor of *'Spinal Cord'* and hopefully will lead to the writing and then the submission of articles for consideration for publication in our journal are now set out, quite briefly, as headings in this list:

1. The regular use and updating of the important International Standards for the Neurological and Functional Classification of Spinal Cord Injury (ASIA/IMSOP) which should provide better communications among SCI professionals regarding their researches and their clinical work.
2. Prevention of SCI causing paralysis whether due to trauma such as from vehicle accidents; or gun shot wounds; or from disease such as tuberculosis.
3. Cervical spondylosis.
4. Intervertebral disc disease.
5. Spinal neoplasms (I keep a watchful eye on the new types of neuro-oncological therapy).
6. Spinal dysraphism (noting, in particular, the value of folic acid).
7. Neuroimaging; modern CT and MRI; the practical value of these concerning the neuropathology, patient management and the prognosis of traumatic SCI is still debatable.
8. The place for and the value of spinal cord electrophysiological recording.
9. Functional electrical stimulation (FES); this is an exciting area of development, but there are major challenges yet to be overcome, in particular, in relation to patient standing, of course, to the ambulation of patients.
10. Intensive researches are underway concerning the extremely important problem of regeneration of damaged spinal cord.
11. The development, use and value of certain 'neuroprotective drugs' in relation to influencing the serious problem of what is known as the secondary spinal injury.
12. The controversial matter of early spinal surgery for traumatic SCI patients. So far, it would appear, there are no statistically reliable controlled matched trials and many of the published reports only pertain to anecdotal experiences.
13. The development of new spinal units and services.
14. Sexual function and reproduction.
15. Post traumatic syringomylia.

16. Post traumatic pain.
17. New prostheses.
18. The aging spinal paralysed person.
19. The long-term quality of life of people who are spinal paralysed.

I have mentioned some of the main activities and duties required from a medical journal Editor. It is a hectic, demanding but really quite enjoyable and even exciting job. Understandably, I will miss the work but I hope that I will not develop 'a withdrawal syndrome' from my retirement! I look forward to having more time to pursue my several other interests and involvements; 'having time being a main factor'.

What will I miss? The interesting hurly burly of day-to-day journal work, coping with new and revised or even re-revised articles and with correspondence, telephone calls and faxes, with meetings and so on. Keeping to the deadlines provided by our publishers according to their detailed progression sheet which oddly is called a 'No. 9' (in the Royal Army Medical Corps a No. 9 was a euphemism for a cathartic!). Ensuring that selected fully edited articles and other journal items are ready and set out in a definite order for each issue of the journal and these are then despatched forthwith to the publishers before the dreaded deadline date! They further process and print them and before long page proofs arrive, are read and any obvious changes are made, but by this time very of few of these are found. The Editor's copy of the page proofs and that from the authors are sent on to the publishers. Next, moment of joy, a beautifully printed new issue of *Spinal Cord* has been born and a copy arrives in my office and is eagerly read. I will miss all of that and more – the contacts and communications with Editorial Board Members, authors, referees and IMSOP staff.

This is my opportunity to thank several wonderful people who have made my being the Editor of our journal possible. I am most grateful to my excellent Assistant Editors, Associate Editors and the other members of my Editorial Board and to my Editorial Secretaries, to contributers because without them there would be no journal, they entrust their hard work and labours to our journal. I must congratulate authors who do not have English as their first language, they are doing extremely well nowadays. I never take this matter for granted. *Spinal Cord* is a truly international medical journal, and papers and communications are received from countries world wide. A thank you to the experts who so readily comprehensively peer review articles, such reviewing is essential for the journal. A thank you to our highly competent and friendly publishers. I must include a very special thanks to my understanding wife, Sheelagh and our family: they have first hand knowledge of my worries and concerns about the journal and they have always provided me with essential support – at long last I will be free to spend more time with them.

Over the years I have received a number of nice tributes and messages of thanks from many people including authors. I am indeed honoured to hear from such people and I thank them.

I would like to take this opportunity of wishing my successor, Dr Lee Illis, every happiness and success with the journal.

In conclusion, I wish to say that whatever the future holds for me: 'Ancora Imparo': I continue to learn!

Phillip Harris
Editor

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