

**Proceedings of the Scientific Annual Meeting of the Society
in Tel Aviv on 7 November 1968.**

PART II

MORNING SESSION

THE President, before asking Dr. Herbert Talbot (U.S.A.) to take the Chair for the session, welcomed Dr. Rieder, representing the Mayor of Tel Aviv and Professor Gitter, Professor of Physiology and Pharmacology.

After Dr. Rieder extended the greetings and good wishes of the Mayor of Tel Aviv to the Society, the President invited Professor Gitter to give some information about the activities of the new University of Tel Aviv.

Professor Gitter. I am extremely honoured by the request of the Dean of the Medical Faculty of the Tel Aviv University to represent him here, as he had to leave the country yesterday, and he especially asked me to be here at this very important gathering of the International Medical Society of Paraplegia, of which Sir Ludwig Guttmann, of Stoke Mandeville, of the National Spinal Injury Centre, is President, and more so as he is a very well known and very important colleague in the field of neurophysiology.

I hope that you will have a very nice meeting here, and that you will enjoy the company of each other and your various presentations. Let me take this opportunity to tell you, in just a few sentences, who we are and what I represent. If you would have come here five years ago at this very time, you wouldn't have found in Tel Aviv any medical school at all. It all started on 1 January 1964, when a group of physicians in this area decided that the time was ripe to put up our own medical school, and that the needs of the country and the needs of this city warranted such a decision.

So, with a group of friends from three major hospitals, in the beginning and four, in the neighbourhood, which altogether had space for about 3000 hospital beds, we found that with the help and the dedication of our colleagues, we could start a medical school with its clinical activities, clerkships, etc.

Let me tell you that, today, all our clinical teachers, without exception, are participating in a very heavy load of teaching at the medical school, without getting any remuneration for their activities. This is a unique situation of sacrifice and goodwill of our colleagues all around this area, to do a job which otherwise would have been impossible, because if we would have had to wait until funds were there, we would never have started.

There was some discussion in the beginning as to whether we needed another medical school after our illustrious school in Jerusalem had been doing so well and had been putting out numbers of qualified and good young doctors, of whom we are proud. We felt that the time had come and the last few years have proved that the discussions in this respect showed that what we did was not wrong. The pressure on the Jerusalem Medical School and on the Tel Aviv Medical School is so heavy now that neither can accept all the pupils we should accept in order to cover the needs of the country.

In the meantime, we have grown out of the clinical necessities of this medical school, and we have also started our pre-clinical and pre-medical training. Three weeks ago we introduced, for the first time, what we call here the third year of medical studies, and what you would call in the United States, the first year of medical school. Our curriculum lasts for six years but has no college before; your curriculum is for four years but you have college before that time. So we can say that we now have a medical school with full curriculum, from pre-medical and pre-clinical to clinical sciences. The school has been recognised by the authorities and we have had the great joy of seeing the first young doctors, more than twenty from this city, being graduated a few months ago, and they have been added to the doctors of this country.

It is with great emotion that I tell you these things. On the other side, we are very happy that we are now considered also a city worthy of medical conferences. We have a great example in this country in the Hebrew University Medical School and, of course, it is a challenge for us to meet this.

I hope that, with these few words, you have a small impression about what has been going on altogether, in the framework of a university that has been created by the fathers of this city. Let me tell you in general terms that, a few years ago, five years ago actually, the whole University of Tel Aviv had only three faculties and 1400 pupils. There has been a big advancement—from 1400 to 9400—this year. So the growth has been tremendous and it has also been paralleled by the building of a new campus at the Tel Aviv University. There is another point to which I would like to draw your attention: in the north-eastern corner of that University, some digging is going on. This is the basement of the new Medical School, a building of ten storeys. I hope you will be present here again at one of your next Conferences and you will then be able to hold your congress at the new Faculty building of the Tel Aviv University Medical School. I am very optimistic today and I would say that within two years we will be in that building. I hope to see you all there. Thank you very much.

Sir Ludwig Guttmann. Professor Gitter, I thank you very much indeed for giving us an introduction to the activities of Tel Aviv University.

I think that all of us who have come to the Holy Land, have seen something of the pioneer spirit already. We see a spirit of action and here in Tel Aviv you have heard how the University has grown from nothing to 9000 students in five years. Now this is second to none in the whole world and I do congratulate you, Professor Gitter and all your colleagues who have sacrificed themselves to start this great work, most warmly on behalf of our Society. Please convey our greetings and good wishes for a happy and prosperous future of Tel Aviv University in general and the Medical Faculty in particular. Thank you very much.

Now I have great pleasure in asking Dr. Herbert Talbot, U.S.A. to take the chair for the morning session. Of course, to all of us who are working in paraplegia, Herbert Talbot doesn't need any introduction. However, as there are quite a number of guests here, I think I should tell you who he is and what he is doing.

I met Herbert Talbot in 1947 when he was a young urological surgeon in the Veterans Hospital in Richmond, Virginia, in the United States; there he was already most interested in and partly in charge of the spinal unit there—a large spinal unit.

Dr. Talbot left Richmond to be in charge of one of the leading Veterans

Hospital's Spinal Units in Roxburgh, near Boston. He became Associate Professor at Harvard University, and there he is in the happy situation of combining the practical work on paraplegia, with research at the University—a very satisfactory combination. He is one of the two people in the U.S.A.—the other is Ernest Bors at Long Beach—who have really done outstanding work on the subject of paraplegia and it is with the greatest of pleasure that I ask him to take the chair.

Dr. H. Talbot. Sir Ludwig, distinguished guests, colleagues, I am deeply aware of the honour which you do me by allowing me to act as Chairman at this session. I am delighted at this, my first visit to Israel, observing, as everyone necessarily must here, the vigour and the energy, the intelligence and the courage of its people.

I am particularly pleased that this meeting happens to coincide with a milestone date in the establishment of your new Medical School which, I am sure, will join the ranks of the great schools of the world and maintain the high, in fact the exalted reputation of Israeli science and medicine.

Without further ado, I will ask Mr. Norman Gibbon, of Great Britain, to open this session.

CHANGES IN THE UPPER URINARY TRACT FOLLOWING VARIOUS TYPES OF INITIAL TREATMENTS

SOME BASIC CONSIDERATIONS AND A FOLLOW-UP REPORT

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DESPITE the obvious benefits conferred by treatment in special centres, the paraplegic cannot yet expect a normal life-span. Nyquist and Bors (1967) reported an annual death-rate among their 1851 traumatic paraplegics of 1.6 per cent. as compared with 0.83 per cent. for the population of California and confirmed the general experience that renal failure is still the most frequent cause of death.

The pathology of the kidney post-mortem has been described in detail by Tribe (1963) who found renal failure to be the major cause of death in three-quarters of 84 chronic paraplegics who died of causes related to their paralysis. The features of chronic pyelonephritis were predominant, and although this disease was often associated with amyloidosis and post-hypertensive changes, both the amyloid deposits and the hypertension were deemed to have been due in no small measure to the renal sepsis itself.

As the infection in these cases is usually introduced during the initial bladder drainage, it is appropriate that those working in this field should attempt to compare the results of different types of early bladder management. We propose in this paper to discuss some basic problems concerning pyelonephritis and to try to relate these to the paraplegic situation. We shall then consider how the development of pyelonephritis might be influenced by various types of early bladder management and finally present a report from our own Centre.