EDITORIAL

IT has been suggested that editorials might be written at more frequent intervals. In complying with this suggestion, this editorial is the first of future quarterly editorials.

Since the last editorial, *Paraplegia* has made further progress. This is evidenced by the increase in the number of subscribers through membership, hospitals and libraries.

Thanks to my colleague Jim Cosbie Ross, who kindly undertook to collect and scrutinise abstracts sent to him from members of the Society, it was possible to insert in addition to book reviews a greater number of abstracts, although this has increased the number of pages of the journal. It is hoped that members will continue in their efforts to send abstracts of relevant papers published in other journals. Our publishing firm, Longman, has continued to keep up the excellent presentation of our journal, including the illustrations.

Authors of papers for our journal are still lagging behind in complying with regulations of publication, by omitting abstracts, key words and French and German translations of the summaries, which increases the cost due to unnecessary correspondence, adding to the work of the Editor and delaying publication of the quarterly issues.

In 1977 the publication appeared of the long-awaited proceedings of the 1973 combined meeting of the International Medical Society of Paraplegia and the Veterans Administration Spinal Cord Injury Conference. This was accomplished due to John Young's great efforts to get the printing of the proceedings under way, but thanks are due also to Ernst Bors and Miss Pamela Holden who undertook to collect the manuscripts, which was a great help in editing the proceedings and the discussions.

In recent years, Area Conferences on paraplegic problems have been held in Belgium, France, Germany and Great Britain, and recently the proceedings of the South Pacific Spinal Cord Conference held at North Shore Hospital, Sydney, Australia, were published. This Conference, like that of Phoenix, will be reviewed in *Paraplegia*.

Reviewing the publication of Volume 14 and the May issue of 15, the main subjects discussed were the acute spinal cord injury, including that in children, with special reference to scoliosis and its correction, the problem of pain and pathology and pathophysiology of the urinary tract.

There is still confusion regarding surgical procedures as the immediate and early treatment in acute cases. An important reason for this confusion is the still unsatisfactory first neurological examination of the patient by inexperienced examiners on admission to Accident Units of General Hospitals, in particular of the unconscious, semi-conscious and those patients suffering from traumatic shock. In this respect, the paper published on 'The Total Responsibility of the Surgeon in the Management of Spinal Cord Injuries' in the February issue of Volume 14 may prevent mistakes in diagnosis resulting in hasty therapeutic conclusions in the future.

Some radical advocates, in order to justify their 'dynamic' surgical approach, are still making unwarranted criticism of the modern holistic approach as pioneered at Stoke Mandeville, which they unfairly call 'ultra-conservative, nihilistic, and out of date'. Recently, the orthopaedic surgeons Pierce and Nickel in their book

erroneously called the 'first comprehensive book on spinal cord injuries' (1977) even go so far as to make inaccurate statements (see George Bedbrook's review). The modern holistic approach in the immediate management of spinal cord injuries led to a conservative management using the highly successful method of postural reduction of the broken spine which, in addition to the regular turning, not only prevents those 'inevitable complications' of recumbency but has replaced the former conservative orthopaedic techniques of placing the injured either flat in bed without reduction or by reducing and fixing the broken spine in plaster casts and, even worse, in plaster beds. Moreover, the holistic approach includes skull traction in cervical injuries, no doubt a surgical procedure, instead of exposing the patient immediately to hasty fusions (let alone laminectomies) with all their postoperative hazards. In this connection, Bernard Sussman's paper, of Howard University College of Medicine, Washington D.C., on 'Fracture Dislocation of the Cervical Spine: A Critique of Current Management in U.S.A.', published in the present issue, is a significant and most welcome contribution to this problem. It is really high time to object strongly to the unscientific reasoning of the aggressive advocates of immediate surgery.

Special reference may be made to the paper on 'Development of Intramedullary Cavitation following Spinal Cord Injury', by C. Wagner Jr. and others in Volume 14, Number 4. This experimental paper on cats describes the cystic degeneration as the result of haemorrhage in the grey matter four months following a traumatic experimental injury. This paper is important in the light of well known publications on delayed myelopathy as observed by various authors in man since World War I. This problem of cyst formation as late myelopathy, which occurs in man in a very small percentage of even thoraco-lumbar lesions let alone cervical lesions, needs further systematic studies in correlation to non-traumatic syringomyelia. Post-mortem findings of cyst formation following spinal cord injuries without detailed clinical observations are of little value.

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