

## EDITORIAL

THIS issue includes more of the papers read at the 1977 Scientific Meeting.

In recent years a great number of special beds for the management of paraplegics and tetraplegics have been devised, which shows the increasing interest industry is taking in the subject of spinal cord injuries. Although various beds described can prevent pressure sores, it is, however, overlooked that this is not the only aspect in the management of the acute spinal cord injured person. If the patient is kept in a prolonged recumbent position and is not turned regularly, there is even a greater danger to his life, namely, developing ascending infection from the paralysed bladder and, in particular, development of stone formation. Moreover, the regular turning is also a very important exercise on the vascular system to overcome the paralysed vasomotor control in the early stages.

The techniques of the respiratory management have again been discussed and the psychological and social readjustment of the tetraplegic as well as the evaluation of residential care of paraplegics and tetraplegics were also subjects of discussion by several authors. In this respect the communication between the medical and paramedical staff, including the social worker, must be a close one.

With regard to the urological aspects discussed at the 1977 annual meeting, it seems that uretero-ileostomy is now performed much less frequently than in previous years. Whether the new technique of treating urethrocele and urethral fistula, as described by Juraschek *et al.* (to be published in the November 1978 issue), will gain general acceptance remains to be seen. Everybody is very anxious to avoid the development of P.A.O. However, Terbizan's views against passive movement therapy in the 'first four weeks' after injury will hardly find general acceptance by experienced workers in this field.

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