Paraplegia (1995) 33, 1-2
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A message from the editor

This year, 1995, heralds several important developments in our journal and in the International Medical Society of Paraplegia (IMSOP) of which *Paraplegia* is the official organ. Established in April 1963, those involved with the editing and the publishing of the journal have made every attempt to agree with Emerson, who said that 'Men love to wonder and that is the seed of science'.

Obviously the most important aspect of a scientific medical journal is the contents and, in this respect, we have been fortunate in attracting many excellent articles, several of great scientific merit. As the years go on, better and better papers are being received for consideration for publication and since the journal has been published monthly and with the extra pages in every issue, we are able to process the papers more expeditiously with special thanks to the board and to the vital assitance given by distinguished referees who peer review every manuscript.

As will be seen, the format of the journal has undergone a major 'face lift' with an attractive, eye catching modern cover and we have changed from B5 to A4 size pages. I have been keen to have such changes and indeed our excellent publishers inform me that 'All strong and topical clinical journals are now A4 size'; and that '*Paraplegia* is a highly successful clinical journal and will further benefit from an improved image'. It is pleasing to note that the cost is not relevant if we publish the same number of papers (we have about 10 or more in each issue) but in slightly fewer pages.

A study of the contents of *Paraplegia*, including this the January 1995 issue, should provide some idea of how I make up each number of the journal. My aim is to try to obtain a reasonable balance of topics pertaining to spinal cord injury, including various clinical items and quite often also papers on vital basic science topics; also to try to achieve a balance of the source, that is the country of origin of the authors of articles. However, exceptions are made, allowing for example the grouping of certain articles on a particular matter—this is indeed shown to a degree in this present issue of the journal where there are several papers on one of the most important problems pertaining to SCI people—urological disorders, their causes, investigation and management. In the December 1994 issue a paper from Professor Giles Brindley was published, entitled 'The first 500 patients with sacral anterior root stimulator implants: general description' (*Paraplegia* 1994; **32**: 795–805). In this issue we have Professor Brindley's second paper 'The first 500 sacral anterior root stimulators: implant failures and their repair'. This work of Professor Brindley is obviously of worldwide importance.

I clearly remember some of the early forms of treatment for the paralysed urinary bladder—the neuropathic bladder—both the immediate and the later management, going back some 50 years (1944) when I was a house surgeon under the late Professor Norman Dott CBE FRSE, who had established the Neurotraumatology, that is the Brain and Spinal Cord Injury Unit in Bangour Hospital near Edinburgh in 1942 as part of the emergency medical service (EMS) for World War II casualties. At that time such treatment for the neuropathic bladder included an indwelling urethral catheter (later, of the Foley or of the Gibbon type); suprapubic cystostomy; and the Munro type of tidal drainage. If patients had not indeed developed a good reflex emptying bladder, many other forms of treatment came into use including that of a condom sheath with a collecting bag; an operation to treat urinary bladder outflow obstruction, such as external urethral sphincterotomy; a urinary diversion procedure such as an ileal conduit; a cutaneous ureterostomy; use of a penile clamp; the Crede manoeuvre; intermittent urethral catheterisation (IUC) and indeed self IUC; an artificial urinary sphincter; various pharmacological agents; and sacral anterior nerve root stimulation. Much depended on the knowledge and experience of the doctors and nurses in charge and also, of course, on the precise neurophysiological bladder dysfunction of each patient but also on the location of the patient—in a spinal unit or not, and in a particular country. There is no doubt that modern urodynamics and urological expertise have changed the management dramatically. My list of 'procedures' for the neuropathic bladder is by no means exhaustive, and is not meant to be; I am just touching on an extremely important practical matter—the optimal management of the neuropathic bladder. As a neurosurgeon in Edinburgh I have had the privilege (along with the necessary team of associates in the operating theatre, anaesthetist, urologist etc) and the very pleasant and special experience of assisting Professor Brindley with the insertion of a sacral anterior nerve root stimulator—having first, of course, carefully chosen the patient, then to be assisted by Professor Brindley for the next patient and, after this, 'to go solo!' My brief mention of these urological matters is to honour the distinguished clinical scientist, Professor Giles Brindley FRS, for his unique, ingenious work on SCI patients who have certain urinary bladder problems (and indeed also for his many other scientific contributions, including those for SCI patients with sexual problems). Man is certainly a 'frontier's man', full of curiosity and with many innovations!

The topic of the neuropathic urinary bladder demands a full expert exposition and I am very pleased to say that Professor Jacques Wyndaele, Professor of

Urology in the University of Antwerp, Belgium, who is an associate editor of *Paraplegia* is writing such an account for the journal.

This issue of *Paraplegia* also contains a vital article from the distinguished and dedicated president of IMSOP, Dr Paul Dollfus. He is emphasising the internationality of the society and of its journal. Surely now, over all these years, since the inception of IMSOP in 1961, there can be no doubt whatsoever of this. The brief historical account and the information of the current many and varied international activities of the society related by Dr Paul Dollfus amplify and further explain and provide information on the society including several of its new activities. There are very close links and relationships with medical and allied health workers in the field of spinal injury worldwide.

We have approached the remaining 5 years of this century; let these years be years of excellent, worthwhile endeavour for the purpose of increasing and widely disseminating knowledge of the many challenging problems pertaining to injuries and of diseases of the spinal cord. I look forward to receiving more and more excellent papers from authors, and would remind them that these can be on any aspect of the spine from basic science—including cord regeneration, through to all of the clinical aspects and, of course, including preventative aspects. Authors need not be members of IMSOP to submit a paper.

Let us look forward to a vigorous fruitful future—I think of the words of WH Pater: 'To burn always with this hard gemlike flame, to maintain this ecstasy, is success in life!'

I join Dr Dollfus in wishing all readers every good wish for this New Year!

Phillip Harris
Editor