Guest editorial

The Japanese issue of *Paraplegia*

It is an honour for us that the Japanese issue of *Paraplegia* is published with nine articles introducing the medical situation in Japan. In Kobe the 33rd meeting of IMSOP was successfully held from 31 May to 2 June 1994. However, on the 17 January 1995 the unexpected Hanshin earthquake hit this beautiful city. The casualties reported at present are 5250 dead, six missing and 26,804 (or 32,800) wounded. 107,610 buildings were destroyed and the estimated expenditure for reconstruction work will be more than one thousand billion dollars. I hear that all IMSOP members living in Kobe are fortunately safe. Among the victims who require medical and social help, we could get little information about those who had or may have had a spinal cord injury. Moreover, I am afraid that those who were already handicapped might be in a more serious situation. Accurate statistics and follow-up will become our serious concern in the near future. In the proceedings of the First Annual Symposium on Rehabilitation Medicine published in China in 1988, Professor Zhou Tian-Jian reported the medical follow-up of the earthquake that hit Tangshan in China on 28 July 1976. Deaths numbered 242,419. Among 524,481 wounded, there were 3817 spinal cord injury patients, 1200 of whom died within 12 years of this disaster. Though we have no way to prevent spinal cord injury in these calamities, the emergency control

system should be well organized. We express sincere thanks to Drs Dollfus, Rossier and to all members of IMSOP who gave us their sympathy. Professor Takaaki Ikata, chairman of the 33rd meeting of IMSOP, Kobe, has agreed to open the satellite symposium 'Prevention of spinal cord injuries' in association with the WHO. The prevention programme for spinal cord injury in Japan has been gradually improving since 1989, and Dr Shingu, Chairman of the prevention committee of the Japan Medical Society of Paraplegia (JIMSOP), has provided a paper entitled 'A nationwide epidemiology survey of spinal cord injuries in Japan from January 1990 to December 1992' in this issue. JIMSOP is planning to publish these statistics every 3 years and has allocated 4000 dollars to produce a prevention videotape. Dr Takashi Sako, chairman of the 28th meeting of JIMSOP supported the use of sterile intermittent catheterisation, and this will be paid by health insurance. This method has now officially been approved as the treatment of SCI in Japan after 14 years' petition to the government. In this Japanese issue of *Paraplegia*, I would like to acknowledge the social activity of JIMSOP and the interesting papers introducing the progress in the diagnosis and the treatment of patients with spinal cord injury.

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