



## The 'internationality' of IMSOP

As a founder member of our Society I cannot forget its creation in 1961. At that time I was a young doctor training at Stoke Mandeville Hospital. Every year, since 1949 the Stoke Mandeville Games for the Paralysed, promoted by Sir Ludwig Guttmann took place in the grounds of the hospital. Since 1952, these games, starting with the presence of the Dutch, and involving an increasing number of countries became more and more international. Sir Ludwig's dream became a reality in 1960, when the first Olympic Games for the Paralysed took place in Rome with 400 participants from 23 countries. On all these occasions, an expanding number of doctors were accompanying the participants from many countries. The quest for an increased international exchange of scientific medical information had started as every year reciprocal medical information meetings took place in the hospital's gymnasium. It soon became too small to host all those willing to attend. Colleagues from nearly all continents expressed the wish to see an international medical scientific society being created. This had been in Sir Ludwig's philosophy for quite some time. Thus, in 1961, the International Medical Society of Paraplegia (IMSOP) was founded. Its goals (paragraph 2 of the constitution and bye-laws) were, among others, that

*'the object of the Society shall be the study of all problems concerning traumatic and non-traumatic afflictions of the spinal cord and more particularly the advancement of medical and surgical treatment as well as the social reintegration of the paralysed.'*

In April 1963 *Paraplegia* was created as the official journal of IMSOP. Mr Phillip Harris was already at that time assistant editor, together with Mr J Cosbie Ross. The four associate editors came from Germany, Italy, USA and France. The fourteen members of the editorial board also came from very different horizons.

Since its foundation (Sir Ludwig Guttmann being the founder and first president), six very good friends (and nevertheless colleagues) have preceded me: Dr H Talbot (USA); Chevalier A Tricot (Belgium); Professor V Paeslack (Germany); Sir George Bedbrook (Australia); Professor A Rossier (Switzerland); and Dr E Carter (USA).

Today our Society has over 1000 members in more than 80 countries. It is acknowledged as a non-governmental organisation by the United Nations, the World Health Organization, the Council for International Organizations of Medical Sciences, and more recently by the European Union within the Helios II programme.

Every year IMSOP's Scientific Annual Meeting takes place in a different country. Last year it was in Japan, this year in New Delhi, India (for the first time in a large developing country) and in 1996 it will be in Atlanta, Georgia, USA, the next site for the Para-

lympic Games. In addition, there are regional meetings of IMSOP. Our objectives have broadened over the years.

An official WHO/IMSOP Symposium on the Preventions of Spinal Cord Injuries, took place in Kobe, Japan last year, and it is to be followed, in New Delhi, by another, more community-orientated one. We should all be committed to this vital international prevention task, concerning not only spinal injuries but also spinal diseases which so often cause irreversible lesions of the spinal cord. These diseases, including congenital abnormalities, now make up more than one third of the disabled people being treated in different spinal centres throughout the world.

In 1992, during the IMSOP meeting in Barcelona, it was decided that the American Spinal Injury Association's (ASIA) *International Standards for Neurological Classification of Spinal Cord Injury* would be endorsed by IMSOP and translated into several languages (*Paraplegia* 1994; 32: 70-80). It has become a tool to permit a valid comparison of SCI national and international data bases, ongoing and future research in many different fields concerning the lesions of the cord. Indirectly it is also becoming a teaching instrument. This action towards our actual or future collaborators, be they medical or paramedical, has become our duty as well as to help them to establish appropriate services. This should take place not only in the so called developed countries but should also be an increasing commitment towards the interveners in the developing countries, which represent two thirds of the global population. Since its creation in 1986 the Swiss Interdevelopmental Fund, has helped doctors from these countries to become members of our Society and to participate in our annual meetings.

I can therefore see two levels of action: one is the exchange of clinical and scientific information, at a high level; another is collaborating and providing appropriate information to those who are acting at 'grassroot' level. In view of this IMSOP will participate, in 1995, in two large regional multidisciplinary teaching seminars, aimed at involving doctors and paramedical personnel; these will take place in Cyprus and in New Delhi.

In 1993 it was decided that large national or regional associations (with increasing membership) should be enabled to join IMSOP, and to have representatives on its council. Several other international associations are already members and are implicitly represented. Since IMSOP is becoming an 'umbrella organisation', the parameters for such an incorporation, require to be further discussed in deciding on the most appropriate representation.

I have heard from some people that IMSOP may become a 'static' and a 'conservative' medical association. Nothing can be less true! We are striving towards increasing our membership throughout the world, and



all our members should please participate in this drive. The quality of our journal, *Paraplegia*, which is published monthly, is now internationally acknowledged. Its platform for discussions (such as, for example, letters to the editor) should increase. One does not need to be a member of IMSOP to do this, nor to submit a good paper. It will now appear under a new cover, in a new format, with our new logo. Our publishers, Stockton Press (ex Macmillan), deserve our thanks for their efforts in further improving our journal

and for enclosing our newly revised IMSOP information profile. Please distribute it to other interested people (you can always ask the Honorary Secretary of the Society for more of these profiles!)

My best wishes to all of you for this New Year.

Paul Dollfus MD  
President

*The International Medical Society of Paraplegia*