

EDITORIAL

Clinical Hemorheology: Place in Biorheology science and future structuration

In this issue our readers will find two announcements that are not in accordance with each other, both dealing with the envisaged developments regarding the organization of the science "clinical hemorheology". We take them as an encouraging indication for the world-wide extension of our science. As our journal is closely connected with clinical hemorheology as an organized science since its formation, we are trying to demonstrate a prosperous and certainly successful path.

The journal "Biorheology" is now in its 30st year. Since the first publication in 1962, activities in the different fields of Biorheology have spread remarkably. The International Society of Hemorheology was founded 1966 at the first international conference on hemorheology, held in Reykjavik under the chairmanship of our friend A.L. Copley, and renamed in "The International Society of Biorheology" (ISB) at the second international conference on hemorheology held in Heidelberg 1969.

Since that time, numerous national societies (France, Germany, Italy, Japan, North America, Portugal) have been born with currently more than 1500 members. At the symposium "Hemorheology and Diseases", organized in October 1979 by J.F. Stoltz and P. Drouin in Nancy, an international committee, the European Coordinating Committee on Clinical Hemorheology (ECCCH), was created finally to coordinate and develop clinical hemorheology. In this spirit the journal "Clinical Hemorheology" (a companion journal of "Biorheology") came out and started its publication in 1981. The subtitle, as requested by the founders, emphasizes the relationship to biorheology. We have called our readers' attention to the comprehensive importance of the science as well as the clinical applications of clinical hemorheology, by the new subtitle "An

international journal on blood flow, vessel wall, interstitium: Transport and interactions", which became effective Volume 13.

Since its first start in Nancy 1979, all European Conferences on Clinical Hemorheology have been prepared and arranged by the European coordinating committee (ECCCH), which consists of 3 to 8 national scientists per country, nominated by the European national societies or groups and by international scientists all over the world. They decide where the next European Conference on Clinical Hemorheology should take place and who would be the conference chairman. That way were organized the 2nd symposium in London (1981), the 3rd symposium in Baden-Baden (1983), the 4th symposium in Siena (1986), the 5th symposium in Bordeaux (1987), the 6th symposium in Frankfurt (1989), the 7th symposium in Southampton (1991), and the 8th symposium in Vienna (1993).

On the occasion of the last formal meeting of the ECCCH in Southampton 1991 it was decided by vote on the coming conferences to take place in Vienna 1993 and Portugal 1995. It is not recalled that a proposal was made then by any members to transform this symposium into the 1st international congress. Furthermore, this committee has not met with the designated members of the national organizations at any other place before Vienna, and this is not in accordance with the agreements effective as from the 1st symposium in Nancy.

As the saying is "Slow and steady wins the race", the decision to create an international society on clinical hemorheology by replacing the European conference, has not the unanimity of the scientists at present, and after all is a matter of protracted discussions ever since the meeting of the International Society of Biorheology in Yokohama 1992. Discussion took place about clinical sessions within the congresses of the International Society on Biorheology, in particular on hemorheology in a broad sense (deformation behaviour including flow of blood and those materials of the blood vessels and surrounding tissues). However, the aims of the European symposia on clinical hemorheology are in particular to focus on clinical work,

communicating with the societies of adjacent fields having already developed active working methods in this domain, as is already the case for the European symposia on microcirculation.

In consideration of these diverging ambitions a meeting of the German/French/Italian societies in association with other European societies and groups (Portugal, Sweden, Netherlands) came to the conclusion that the newly founded international society ISCH (International Society for Clinical Haemorheology) cannot simply take over all the decisions developed since Nancy 1979, neglecting the agreement of an ECCCH. Therefore, it has been decided to create a European federation of the societies of clinical hemorheology in the spirit that has led to the decisions of 1979 and this means to unite all societies of hemorheology and biorheology, which have an activity in this domain, in an association called: "The European Society for Clinical Hemorheology" (ESCH). The official members of the board of the ESCH will continue the scientific tradition of the former ECCCH, which permits concentration of the work of all the members of national societies or groups in Europe. The interim office is suggesting the organization of the 9th symposium according to the procedure and decisions of the last ECCH in Southampton. The committee of this federation will elect in two ballots the 8th awardee of the Fåhræus Award according to the original procedure (after Chien S. (1981), Dormandy J (1983), Schmid-Schönbein H (1985), Stoltz J.F. (1987), Di Perri T (1989), Stuart J (1991), Meiselman H. (1993). In addition, the Al Copley Lecture for Young Investigators in Clinical Hemorheology will also be determined by this international committee according to the proposals of M. Boisseau, P. Boivin, J.F. Stoltz and the decisions made at the 5th symposium in Bordeaux 1987.

The rapid development of clinical hemorheology equally requires the formation of federations in Asia as well as on the American continent. All these federations could combine and later on be integrated in the International Society of Biorheology or another organization, which would have to be constituted by a council.

In these times, in which we have lost two founders of our scientific community (A.L. Copley and A. Silberberg), it is to be hoped that the explosion of research in the field of biorheology, in particular its clinical applications, will allow us to dynamize our activities in the utmost harmony and without any resentments, and, what is most essential, associated with other disciplines (cardiovascular, microcirculation, hematology, cancerology, pharmacology ...), without which clinical hemorheology would not live at all.

REFERENCES

AL COPLEY - GVF SEAMAN, The meaning of the terms Rheology, Biorheology and Hemorheology. Clin. Hemorheol. 1, 117-119, 1981.

AL COPLEY, The history of clinical hemorheology. Clin. Hemorheol. 5, 765-872, 1985.

AL COPLEY - A. SILBERBERG, Biorheology in its twenty-fifth year of publication - Editorial. Clin. Hemorheol. 8, 3-5, 1988, and Biorheology 25, 1-4, 1988.

AL COPLEY, The AL Copley Lecture for Young Investigators in Clinical Hemorheology - Introduction. Clin. Hemorheol. 8, 305-306, 1988.

J.F. STOLTZ - P. DROUIN, Opening remarks - in: Hemorheology and diseases - Doin ed 1981 - 3-4 - Proceedings of the First European Conference on Clinical Hemorhology.

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