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## PREFACE

On behalf of the organizing and the programme committee of the 3rd European Conference on Clinical Haemorheology it is our pleasure to dedicate this special issue of CLINICAL HEMORHEOLOGY to the participants of the meeting as well as to the rapidly growing community of scientists in various countries around the world who are unable to attend the actual meeting.

The meeting in Baden-Baden (W. Germany) is held in close conjunction with the 5th International Congress on Biorheology (August 19 - 24, 1983). Such coordination as an experiment proved successful; the overlap between contributions was held to a tolerable extent.

Following John Dormandy's advice "in v i v o veritas", given in his presidential closing lecture of the 2nd European Conference on Clinical Haemorheology in London, October 1981, the programme committee has made special effort to solicit contributions from scientists attempting to understand the flow behaviour of blood in the living circulation. Most plenary lectures, one congress symposium and several sessions with oral presentations of volunteer papers are devoted to this topic.

While on the one hand it is trivial to state that the ultimate justification from clinical studies of blood in rheometers will come from research which correlates in vitro to in vivo data, it is important, on the other hand, to be aware of pitfalls in attributing certain circumscribed clinical disorders to "hyperviscosity states". The interaction between individual hemorheological factors and the general and local hemodynamics, the vascular wall, the coagulatory and immunology are too complex for straightforward predictions. It must be expected, therefore, that the review of the "state of the art" will be sobering and might even provoke pessimistic views about the relevance of clinical haemorheology.

However, there is ample reason for an optimistic attitude: the programme contains many reports on clinically useful effects and even evidence of clinical efficacy of "rheological therapy". Interventions that measurably improve the fluidity of blood (and affect the individual factors that contribute to it) have been applied with success. The reports on effects of isovolemic hemodilution, of defibrinogenation and of plasmapheresis - although admittedly still anecdotal in some fields - are more and more positive as more specific indications are developed. From the field of ophthalmology, we are beginning to see more comprehensive reports in which not only controlled hemorheological studies but correlation of in vitro data to the microhemodynamic situation and functional effects are described.

With all emphasis on in vivo effects, in vitro research remains just as important - last not least since without further improvement of the hemorheological techniques, the value of hemorheological diagnosis or evaluation of drug effects will be rendered very difficult. We stress that in this conference the presen-

tation of results in poster form is considered as equivalent to oral presentation. Poster sessions are strategically timed, poster discussions under the direction of experienced moderators are planned that do not compete with any other activities of the congress.

We appreciate the help of the Editors in Chief, Prof. A.L. C o p l e y and Prof. S. W i t t e as well as to PERGAMON PRESS to have made the necessary arrangements for publishing all abstracts. - In closing, we would like to thank 1. all authors for their contributions, 2. the members of the International Scientific Advisory Board for their efforts in evaluating them and 3. the moderators of the sessions for their service during the actual meeting.

H. Rieger and H. Schmid-Schönbein  
Engelskirchen and Aachen  
F.R. Germany

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