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SICOT

Société Internationale de Chirurgie Orthopédique et de Traumatologie
International Society of Orthopaedic Surgery and Traumatology

Newsletter

SURGICAL INTERVENTIONS FOR TREATING DISTAL RADIAL FRACTURES IN ADULTS (Cochrane Review)

In this issue

No. 85
February 2004

Evidence based medicine

Surgical interventions for treating distal radial fractures in adults (Cochrane Review)

A substantive amendment to this systematic review was last made on 21 March 2003.

Background: Fracture of the distal radius is a common clinical problem, particularly in older white women with osteoporosis.

Objectives: To determine when, and if so what type of, surgical intervention is the most appropriate treatment for fractures of the distal radius in adults.

Search strategy: We searched the Cochrane Musculoskeletal Injuries Group specialised register (November 2002), the Cochrane Central Register of Controlled Trials (The Cochrane Library, Issue 1, 2003), MEDLINE (1966 to February 2003), EMBASE (1988 to 2003 Week 8), CINAHL (1982 to February 2003), the National Research Register (Issue 1, 2003), conference proceedings and reference lists of articles. No language restrictions were applied.

Selection criteria: Randomised or quasi-randomised clinical trials involving skeletally mature patients with a fracture of the distal radius, which compared surgical treatment with conservative treatment, different types of surgical intervention or the duration of immobilisation after surgery. The main categories of surgical intervention were external fixation, percutaneous pinning, open reduction and internal fixation, and the insertion of bone scaffolding materials.

Data collection and analysis: All trials meeting the selection criteria were independently assessed by both reviewers for methodological quality. Data were extracted for anatomical, functional and clinical outcomes (including complications). The trials were grouped into categories relating to the main comparisons and types of surgical intervention. Despite clear heterogeneity in the characteristics of comparable trials, pooling of data was undertaken where possible and appropriate.

Main results: 48 trials, examining 25 treatment comparisons, met the inclusion criteria of this review. These involved a total of 4,371 mainly female and older patients with generally displaced, often comminuted and potentially or evidently unstable fractures. Nearly half of the trials compared surgery with plaster cast immobilisation. Summarising the outcomes was hampered by the variation between the studies in participant characteristics, interventions, quality of trial methodology and reporting, and outcome measurement. Surgical methods were usually associated with better anatomical appearance after fracture healing, but there was inadequate evidence to confirm that these had resulted in better functional and clinical outcomes for the patients.

Reviewers' conclusions: The 48 randomised trials do not provide robust evidence for most of the decisions necessary in the management of these fractures. Although, in particular, there is some evidence to support the use of external fixation or percutaneous pinning, their precise role and methods are not established. It is also unclear whether surgical intervention of most fracture types will produce consistently better long-term outcomes. There is a need for good quality evidence for the surgical management of these fractures.

Citation: *Handoll HHG, Madhok R. Surgical interventions for treating distal radial fractures in adults (Cochrane Methodology Review). In: The Cochrane Library, Issue 4, 2003. Chichester, UK: John Wiley & Sons, Ltd.*

This is an abstract of a regularly updated, systematic review prepared and maintained by the Cochrane Collaboration. The full text of the review is available in The Cochrane Library (ISSN 1464-780X).

A few words from the Editorial Secretary…

Dear colleagues,

In Luxor, the Publications and Communications Committee agreed to continue improvements in the design and content of the SICOT Newsletter initiated 2002 in San Diego. The present issue is the first of the new series. I am confident that you will appreciate the recent changes. The Evidence-Based Orthopaedics section, the Country to Country series of the National Delegates and the Annual Reports of the Committees are now a regular feature of the Newsletter. The Young Surgeons section is also well established, and a major effort will be undertaken with the national chapters to keep its contents lively and attractive.

Further Newsletter developments will follow soon, including a Cover story section featuring professional and personal experiences related to the Society about eminent members. I will introduce a Clinical Debate section focusing on orthopaedic and trauma cases with commentary by two experts, and I also intend to publish reports of the affiliated international societies. Colleagues receiving a scholarship or visiting fellowship will be asked to send final reports of their activities for publication in the Newsletter. This has been done on a random basis in the past, and I consider such reporting should become the norm, rather than the exception. Finally, I would like to thank Ms Nathalie Pondeville for her relentless dedication and commitment to the Newsletter.

I wish you all the best for the New Year.

Rocco P. Pitto

Editorial Secretary

Orthopaedic surgery in the Republic of Cuba

The Republic of Cuba is formed by the large island of Cuba with an area of 104,945 km^2 and a group of more than 1,600 keys and smaller islands with an area of 5,915 km^2. Admiral Christopher Columbus arrived on the island of Cuba on 27 October 1492 and, according to documents from that time, he said: "This is the most beautiful land the human eyes have ever seen". After landing, Columbus made contact with the aborigines (Tainos, Siboneyes and Guanajatabeyes) creating the first encounter between European culture and Aborigine culture.

The island population is a mixture of several races: the Spanish ethnic, the vestiges of the aborigine, the African ethnic and the Chinese ethnic. The Cuban people emerged, with its characteristic vigour, decision, pride, and identity, from this beautiful mixture of history and blood.

Today the Cuban Republic is a Socialist Democratic Republic, with a President and a State Council; a Prime Minister with a Council of Ministers; and a National Assembly with Delegates to the Parliament, all of them elected by popular vote. The Public Health System is a socialist one; the Government guarantees free medical care to 100% of the population. It is based on preventive medicine at polyclinics in the municipality, and family doctors, who number 31,059 and guarantee medical care to 99.8% of the people.

Secondary medicine is provided by 265 hospitals, of which 35 are clinic-surgical hospitals, 83 general hospitals, 25 paediatric hospitals, 14 maternity hospitals, and 2 orthopaedic hospitals. There is also a tertiary medicine offered by the research institutes and which includes almost the totality of the medical-surgical speciality in the country. The total number of doctors in the country is 67,079.

The teaching of medicine is developed in 21 medical schools directed by the High University Institutes of Medical Science. Among the achievements of the health system are the eradication of almost any infectious diseases through massive vaccination of the people, a number of 99.8% of institutional child deliveries, a maternity mortality of only 31.1 per 100,000 births, a child mortality of 6.5 per 1,000 born alive, and a life expectancy of 77 years.

A network of centres devoted to scientific medical research has been developed in the country with 50 research centres, and reaches an excellent standard in the production of medicines, vaccines, genetic engineering and biotechnology. The main causes of death in Cuba are cardiovascular diseases, followed by cancer and trauma, but these are guaranteed emergency care in polyclinics and transfer to hospitals.

Orthopaedic surgery and traumatology has developed from general and paediatric surgeons who worked on pathologies with surgical or conservative treatments. In 1904 Dr Enrique M. Porto founded the first orthopaedic service separated from paediatrics, with four beds in Dispensario Tamayo in Havana city, and in 1910 he founded another service with 12 beds in Reina Mercedes Hospital in Havana city. Prof Alberto Inclan consolidated the speciality, and founded a new service in the Emergencia Hospital in Havana in 1916. In 1924 the Orthopaedics and Traumatology School was recognised. Prof Inclan was nominated Titular Professor, and the school was transferred to the Reina Mercedes Hospital. From that moment on, orthopaedics was spread all over the country and the Cuban Society of Orthopaedics and Traumatology was founded in 1944. The Cuban Review of Orthopaedics and Traumatology was founded in 1938.

At the triumph of the Revolution in 1959, two orthopaedic hos-

Prof Dr Rodrigo Alvarez Cambras | National Delegate of Cuba

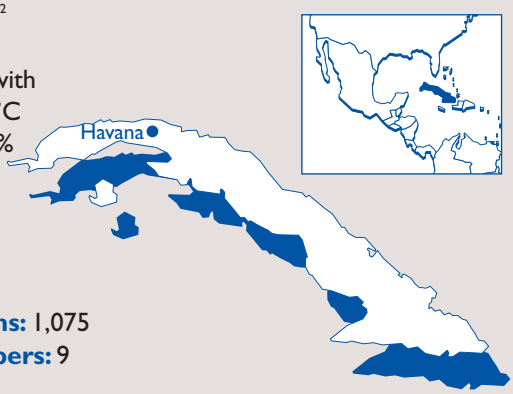
pitals were created in Cuba. One was the Fructuoso Rodriguez Hospital in Havana with Prof Julio Martinéz Paez as a Director as well as Chief of the Orthopaedics and Traumatology School in Havana University until 1982. The other hospital was the Frank Pais International Orthopaedic Complex whose Director is the Academic Titular Professor and Emeritus Researcher Dr Sc Rodrigo Alvarez Cambras. Prof Alvarez Cambras has been a Titular Professor of Havana's High Medical School since 1983.

The Frank Pais International Scientific Orthopaedic Complex became the National Reference Centre for the speciality with a total of 665 beds for orthopaedic surgery. It also has a hotel of 226 beds for foreign patients who come for orthopaedic treatment in Cuba; two Medical Residences of 100 beds each and intended for Residence and Recycle Studies; 24 operation rooms divided into three Units, one with 15 rooms for elective surgery, one unit of out-patient surgery with 6 operation rooms, a septic surgery unit with 3 operation rooms, a centre devoted to sports, dance and circus for lesions due to sports trauma; two factories, one for external fixators, osteosynthesis material, and surgical instruments, and the other for corset devices and prostheses. There is a tissue bank for the production of grafts devoted to the speciality, bone, skin, tendons, ligaments, fascia lata from corpses and with a fresh production, freezing or freeze-drying and sterilised in a cobalt 60 pump. The Complex has also a Meeting and Congress Centre, a Computer Centre and a Video Centre. In addition, across the country there is a total of 143 services of orthopaedic surgery and traumatology. There are 1,075 orthopaedic surgeons and 181 residents receiving education in the four years of specialisation.

The SICOT Cuban section is composed of nine members, and Prof Dr Sc Rodrigo Alvarez Cambras is the National Delegate. He looks forward to seeing the Cuban section enlarged during the SICOT/SIROT Third Annual International Conference to be held in Havana from 26 to 29 September 2004.

Finally, Cuba may contribute to SICOT by offering courses to developed countries, as well as receiving scholars for studies of Residence in the speciality or master courses. Cuba would welcome from SICOT contributions such as visits of highly qualified professors, courses in various topics, participation in research and development programmes and fellowships for young orthopaedic surgeons. ■

- **Country name:** Cuban Republic
- **Location:** surrounded by the Caribbean and the Antilles seas in the very mouth of the Gulf of Mexico, between Yucatan peninsula and Florida
- **Population:** 3,000,000
- **Capital:** Havana
- **Size of country:** 104,945 km²
- **Language:** Spanish
- **Weather:** a tropical climate with an average temperature of 25°C and an average humidity of 81%
- **Type of government:** Socialist Democratic Republic
- **No of doctors:** 67,079
- **No of medical schools:** 21
- **No of orthopaedic surgeons:** 1,075
- **No of SICOT active members:** 9



The SICOT Telediagnostic

Ir Carl Devos

Created in 1999 the SICOT Telediagnostic network allows orthopaedic surgeons to share medical files sent over the Internet from anywhere in the world. Case descriptions, X-rays, CT scans or any other pictures are forwarded to a central repository from which they are directly available to all participants. A number of consulting centres ensure that files are reviewed by top specialists.

In 1999-2000 three pilot centres were launched: Casablanca (Morocco), Kinshasa (Congo) and Dakar (Senegal); they were equipped with a computer running Windows, a scanner and a modem. Since 2000 three consulting centres have been set up each year. In 2001 the application was upgraded and the operating system shifted to free software (Debian GNU/Linux); also, the SICOT Board of Directors decided to give the network permanent support. By the end of 2002 several SICOT members using their own equipment were given access to the network.

How does the SICOT Telediagnostic work?

An easy-to-use tool allows participants to build and upload medical files through the Internet on the SICOT server. Version 3.0 was launched in 2003, built with Internet paradigm in mind. It is now operational in Casablanca and Lahore and will be distributed at a later stage to all members. Once a medical file is uploaded by a consulting centre, it is dispatched to a specialist orthopaedic surgeon who is notified through an e-mail and a SMS. Practically speaking, with each delivery of a Telediagnostic workstation recipients receive training in the daily use of the computer and Telediagnostic application and in the use of instant messaging.

Once enough members are familiar with instant messaging, it will be possible to discuss medical files in real time and to reduce significantly the time to find an appropriate treatment for a patient. In the near future the SICOT Telediagnostic will aim at enlarging its panel of specialists to all SICOT National Delegates. Therefore, stay connected and check the latest developments on : http://telediag.sicot.org. ■

The SICOT Telediagnostic centres: Meet the team...

1999	Casablanca, Morocco
2000	Kinshasa, Congo Dakar, Senegal Brussels, Belgium Vienna, Austria Kingston, Canada Hong Kong, China London, Great Britain Aarhus, Denmark Lahore, Pakistan
2001	Gdansk, Poland Nairobi, Kenya Charleroi, Belgium
2002	Port-au-Prince, Haiti Ludhiana, India Douala, Cameroon Yaounde, Cameroon Fort-de-France, Martinique Budapest, Hungary Assiut, Egypt
2003	Montreal, Canada

Prof Maurice Hinsenkamp

Concept

Ir Jean-Charles de Longueville

Development

Prof Sabri El Banna

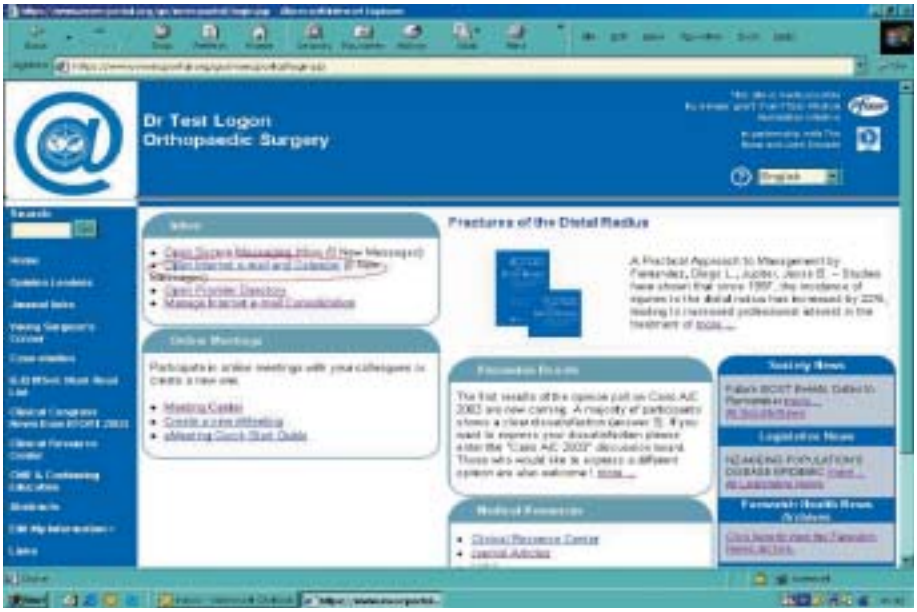
Dispatching centre

Ir Carl Devos

Support and maintenance

Your address in the SICOT World portal ….@sicotworld.org

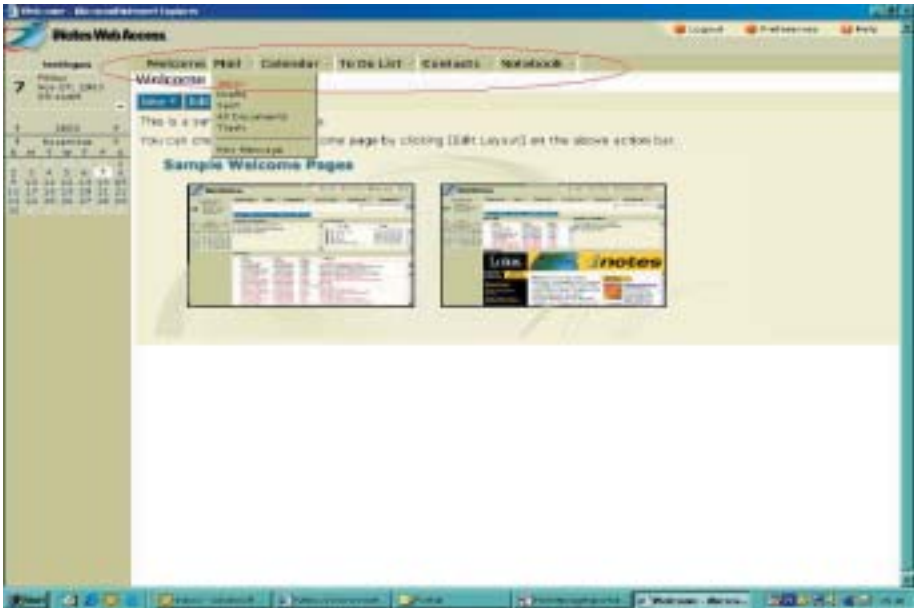
Prof Maurice Hinsenkamp | Secretary General



At its last meeting in Luxor, Egypt, in a continuous effort to turn SICOT into a more modern communication society, the Board of Directors proposed that each SICOT member be given an e-mail address in the SICOT World portal. The proposal was endorsed by the International Council and the names of SICOT members who had not yet registered in the portal have subsequently been "uploaded". As a result, each SICOT member now possesses a username and a password to access the portal and use the e-mail facility.

Letters are being sent to inform each member personally of his/her username and password and e-mail address (username@sicotworld.org) and it is planned to make the SICOT World portal e-mail addresses the preferred means of communication between the SICOT Office and the SICOT members.

If you do not want us to use your sicotworld.org address to communicate with you please notify the SICOT Office by e-mail to hq@sicot.org or by post.



As a brief reminder, here are some of the many benefits brought to you with this new service:

- the service is exclusive and free of charge for SICOT members;
- addresses @sicotworld.org can be accessed from anywhere in the world, all you need is a computer with an Internet service provider and Internet connection;
- several e-mail accounts can be consolidated into your portal e-mail account, you can thus receive all your e-mails in the same mailbox;
- you can reach any colleague who is a SICOT member through the internal e-mail system and directory.

Report of the Membership Committee to the International Council, 8 September 2003

Marvin E. Steinberg, MD | Chairman, Membership Committee

The meeting of the Membership Committee on 7 September 2003 was attended by Drs Amow, Bilinski, Courtenay, Raveendran and Steinberg (Chair). It was acknowledged that its role is rather limited, since it does not directly review the application forms or credentials of those seeking membership. This is presumably done by the Membership Committee or National Chairman of each individual section. The names of those who meet the criteria for membership are then passed along to the Secretariat in Brussels, which in turn gives the list to the Chairman of the Membership Committee shortly before its meeting at the time of the annual conference. Accordingly, it is essential that each national section screen its applicants adequately to be sure that they meet the criteria for membership.

We discussed whether the Membership Committee should play a role in the withdrawal of membership privileges, as well as in conferring membership and whether it should review applications more often than annually. The names of 131 active members and 60 associate members were reviewed for membership in 2003. All were unanimously approved.

The Committee discussed methods for increasing SICOT membership. Last year it was recommended that we try to increase our membership by at least 10% annually. Last year we accepted 168 new members, and this year 191. It should be noted however that 60 of these were associate rather than active members. Some problems identified in the recruitment of new members were:

1. Membership dues and attendance at conferences is too costly for many individuals from developing countries.
2. In certain countries there are already perhaps too many professional organisations and individuals resist joining yet another.
3. Many prospective members who support the aims of SICOT do not see the specific role that they can play as a SICOT member.

Possible actions to enhance our ability to recruit new members are:

1. Lower costs selectively for individuals from developing countries.
2. Pursue more aggressively the sponsorship programme whereby active members pay the annual dues for an individual from a developing country. If the individual being sponsored could be identified to the sponsor and personal contact initiated, the programme might have more appeal.
3. Increase the number of "fellowships" for individuals attending annual conferences.
4. Provide a more active, direct role for members similar to that which is being done by other organisations such as WOC, Orthopaedics Overseas, etc.
5. Attempt to increase membership recruitment by direct mailing, as well as by personal contact.
6. As discussed last year, it is essential that SICOT produce a new and effective brochure entitled "Why Join SICOT?"

The Membership Committee welcomes and encourages suggestions from the International Council regarding additional methods for increasing our membership.

The actions of the Young Surgeons Committee and others recruiting new members are to be encouraged, and are to be coordinated at both national and international levels.

The SICOT office was urged to be aware of certain national differences in regard to membership application forms and dues notices. Problems in these areas have arisen and were touched upon briefly.

The list of proposed members was presented by our President, Prof John C.Y. Leong, to the International Council which voted to accept into membership all those who had been proposed. ■

"To the Chairman of the SICOT Young Surgeons Committee…"

Dr Cyril Toma | Chairman, Young Surgeons Committee

Dear Colleagues,

On 3 January 2004, I received the following e-mail message from one of our SICOT members in Iraq:

"To the Chairman of the SICOT Young Surgeons Committee from my sad and destroyed country, which is still suffering from pain and a bad situation even in medical services. I hope for you and for the other SICOT members: Best Wishes and a Happy New Year."

Now, this message is remarkable in many ways, not only does SICOT possess active members in Iraq – a country which has been subject to turmoil and war for so many years – but these members receive our newsletter and also have access to the Internet which, owing to the ease of access, is nowadays the easiest form of communication. Apart from being friendly, it was very clear to me that the Iraqi colleague through his message had tried to alert us to the current situation of general medical services and orthopaedic surgery in particular in his country. Although medical aid societies such as the Médecins sans Frontières, the International Red Cross and others do their best to provide medical relief, it is the personal contact which can result in solutions for the individual and personal problems that might exist.

I have contacted the colleague from Iraq, after receiving his e-mail, and I have thanked him in the name of SICOT for writing to us. I have also encouraged him to get in contact with as many SICOT members as possible to let them know of the needs in his country, hoping that through these personal contacts we will be able to provide help, advice and, most importantly, friendship. ■

It was a terrible shock to all of us to learn of the sudden death in a car accident of Prof Piotr Jacek Bilinksi, Chief of the Orthopaedic Department of the University Medical School in Bydgoszcz, SICOT National Delegate of Poland, on 11 December 2003.
Prof Bilinski, 52, joined SICOT in 1998 and became National Delegate of Poland in 2000. He was a very keen promoter of the SICOT activities in Poland and all over the world (SICOT newsletter issues No. 78 and 80). He was the President of the upcoming XV SICOT Trainees' Meeting to be held in Bydgoszcz from 24 to 26 June 2004.
SICOT would like to convey to his wife and family, and to his team and the Polish section, its deepest regret and most sincere sympathy.

No frills congress

Prof Tibor Vizkelety

Dear Colleagues,

Nowadays congresses and scientific meetings follow one another constantly, almost every day a new conference begins. Many of us do not have the time for them all; others, especially junior doctors and colleagues from countries of modest economy, do not have the means to pay the participation fees and additional expenses.

This is the reason for our proposal to introduce and organise low budget, low cost congresses, following the example of 'no frills flights'. We plan to organise a 'no frills congress' in Budapest next year on this basis, and according to our calculations the expenses would be only one-half or one-third of the usual amount.

The term 'no frills congress' was used because it seemed to make the point and to be comprehensible. One has to consider, however, that this expression is intended for international use so it must be acceptable and readily understood beyond the UK and the US.

We would welcome your observations and comments.

Report on a visit to Orthopaedic Department, Black Lion Hospital, Addis Ababa, Ethiopia

Sally Tennant

Year 4 Orthopaedic Specialist Registrar, North-West Thames Region

In November 2001, I spent two weeks visiting the Orthopaedic Department of the Black Lion Hospital, Addis Ababa, at the kind invitation of Mr Geoffrey Walker.

The Black Lion Hospital is the main government hospital for Ethiopia. Currently the orthopaedic department has two consultants. Mornings began at 7.45 am, with an X-ray meeting presenting the cases from the night before. Elective cases consisted mainly of TB, chronic osteomyelitis, and bone tumours. These are often osteosarcoma or chondrosarcoma.

The operating theatres were basic but clean. Orthopaedic equipment was also basic but sufficient for the surgery that is currently being done, and the limiting factor appeared as in all hospitals to be a lack of operating time with only three half day lists a week.

The fracture clinics were as chaotic as any in the UK with far too many patients and too few doctors. As in many developing countries, treatment tends to be non-surgical for the vast majority of fractures.

My visit to Addis was a very valuable experience. I was overwhelmed by the hospitality and friendship offered by the local doctors. Continuing visits from foreign trainees are important, I believe, to stimulate discussion, to share experiences and to inspire a sense of pride in the work that is done, usually under very difficult conditions.

Letter from the President of SIROT

Prof Se-Il Suk, MD, PhD | SIROT President

SIROT, the International Research Society for Orthopaedics and Traumatology, was founded during the SICOT meeting in Kyoto in 1978 as the research branch of SICOT. Its purposes are:

1. To encourage research related to orthopaedic surgery
2. To provide a forum for the exchange of technical, scientific and practical information relating to research in orthopaedic surgery and allied disciplines
3. To provide a forum for the presentation of recent advances in orthopaedic research to the practising orthopaedic surgeon
4. To give practical assistance to any individual engaged in orthopaedic research
5. To act in a consultative capacity on the request of individuals, organisations or bodies in relation to orthopaedic research
6. And special consideration will be given to the research and educational needs of developing nations.

The SIROT Executive Committee for the triennium 2002-2005 is composed of:

• Prof Wayne Akeson, Immediate Past President, Chairman of the by-laws, prizes and nomination committees and SIROT representative to the SICOT Congress Scientific Advisory Committee;
• Prof P.C. Leung, Vice-President and Programme Chairman;
• Dr Marc Speeckaert, Membership Chairman and Treasurer;
• Prof Bjorn Rydevik, Secretary, plenary speaker at the 2003 Cairo meeting;
• Prof Eric Radin, member at large;
• Prof M. Demirhan, SIROT Istanbul local Chairman;
• Prof Charles Rivard, SICOT/SIROT Research Commission Chairman;
• Prof K.G. Thorngren, coordination with SICOT.

SIROT is accustomed to holding the combined SICOT/SIROT triennial meeting and independent intermeetings between the triennial meetings, but now holds also the combined annual meeting every year since the Paris meeting in 2001. We are now preparing for the SICOT/SIROT Third Annual International Conference, which will be held from 26 to 29 September 2004 at exotic Havana. On 27 September SIROT will hold its meeting in three rooms concurrently. In the morning, the SICOT/SIROT Research Commission will offer programmes on biomaterials: hip, knee, trauma and spine applications, and free papers. The SIROT plenary speaker is Prof Stephen Trippel, University of Indiana and ORS President 2003-2004, who will speak on "New Approaches to Cartilage Repair". For the afternoon programme, Prof P.C. Leung will organise two joint symposia: "Problems in Fracture Fixation" with AADO and "Tissue Banking and Orthopaedic Surgery" with APASTB, and free papers. The SICOT/SIROT XXIII World Congress will be held in Istanbul from 2 to 9 September 2005. SIROT's local organising chairman is already preparing an outstanding programme with updated podium/poster presentations and thematic symposia. These meetings will be good opportunities to encourage and foster orthopaedic research, and the most stimulating scientific sessions and also enjoyable social programmes.

SIROT is the only real international research society on orthopaedics and traumatology and invites orthopaedic surgeons and researchers from all over the world. If you are not already a member of SIROT, we will welcome you as a new member, especially young researchers. Please contact Dr Speeckaert, Membership Chairman, whose e-mail address is marc.speeckaert@worldonline.nl and fax #31-165-535858. SIROT is to serve your needs and I would welcome your suggestions or ideas as to how SIROT can improve its service to you. ■

Third SICOT/SIROT Annual International Conference

26-29 September 2004

Havana, Cuba

Conference secretariat:
SICOT aisbl
Rue Washington 40 – b. 9
1050 Brussels | Belgium

Fax: +32 2 649 86 01
info@havana.sicot.org
http://www.sicot.org

Abstract submission and online registration: http://www.sicot.org

Scientific programme

- Biomaterials and tissue engineering
- Early hip and knee osteotomies
- External fixator in trauma and deformity
- Lumbar spine
- Orthopaedic oncology
- Osteoporosis and its impact on orthopaedics today
- Paediatric orthopaedics
- Paediatric spine
- Shoulder arthroscopy and elbow surgery
- Sports traumatology

Abstracts

Online submission:
http://www.sicot.org

Deadline: 9 March 2004

Invited Speakers

Bartolome T. Allende (Argentina)
Rodrigo Alvarez Cambras (Cuba)
Thami Benzakour (Morocco)
Cody Bünger (Denmark)
Alfredo Ceballos Mesa (Cuba)
Erdal Cila (Turkey)
Peter Herberts (Sweden)
M. Kassem (Denmark)
Rainer I.P. Kotz (Austria)
John C.Y. Leong (Hong Kong)
Haisheng Li (Denmark)
Martin Lind (Denmark)
Keith D-K Luk (Hong Kong)
Alfredo Navarro Gonzalez (Cuba)
Rocco P. Pitto (New Zealand)
Kandiah Raveendran (Malaysia)
Galal Zaki Said (Egypt)
Khaled J. Saleh (USA)
Eddy Sanchez Noda (Cuba)
Chadwick F. Smith (U.S.A.)
Kjeld Soballe (Denmark)
Se-Il Suk (South Korea)
Miklos A. Szendroi (Hungary)
Cyril Toma (Austria)
Tomas Trç (Czech Republic)
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Karen Weigert (Denmark)

Editorial Department

Editorial Secretary: Prof Rocco P. Pitto
External Affairs: Nathalie Pondeville

Rue Washington 40-b.9, 1050 Brussels, Belgium
Phone : + 32 2 648 68 23 - Fax : + 32 2 649 86 01
E-mail : edsecr@sicot.org - Website : http://www.sicot.org