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APPLICATIONS FOR MEMBERSHIP of the British Association of Sport and Medicine should be sent to the Hon. Secretary or Hon. Treasurer.
ABSTRACTS

Contributed by
R. HAMILTON

THOMPSON, P. D., STERN, M. P., WILLIAMS, P., DUNCAN, K., HASKELL, W. L. and WOOD, P. D.
Death during jogging or running.
JAMA, Vol. 242, No. 12, Sept. 21 1979, pp. 1265-1267. 15 references.
The activity history, medical history and autopsy results were examined in 18 cases of individuals who had died during or immediately after jogging. The coronary heart disease risk factors for the subjects were compared with similar data from other studies on non-runners, joggers and runners. Of the 13 men that died of coronary heart disease, only six had relevant medical histories. In the other cases, myocarditis and heat stroke were diagnosed in two whilst the remaining three were unclear. Six of the coronary heart disease cases had experienced prodromal symptoms but had continued exercising. All but two of the subjects had trained regularly for some months. The risk factors for the coronary heart disease cases did not differ significantly from those for similarly aged, physically active men. The results suggest that long-term endurance training does not guarantee protection against exercise death and that prodromal symptoms should be given more attention by the subject and the doctor.

PEARSON, S. B., BANKS, D. C. and PATRICK, J. M.
The effect of beta-adrenoceptor blockade on factors affecting exercise tolerance in normal man.
Cardiorespiratory variables and perceived exertion ratings were monitored during standard progressive exercise tests on nine healthy adult men after administration of oral doses of 80 mg propanolol, 100 mg metaprolol or placebo. Each subject performed three tests in random order on a bicycle ergometer. The two drugs had similar effects in reducing heart rate and cardiac output, but there was no change in ventilatory capacity. Over the whole range of workloads, oxygen consumption was reduced on average by 3.5%, carbon dioxide production remaining unchanged. For both drugs perceived exertion during the test was increased by 0.73 units on the Borg scale compared with results from the placebo control. Endurance, measured by either total work done or final work rate achieved, was 18% less on propanolol, 11% on metaprolol. The possible mechanisms for these findings are discussed.

WOCH, Z. T., NIINIMAA, V. and SHEPHARD, R. J.
Heart rate responses during free figure skating manoeuvres.
Five male (average age 24.2 ± 7.1 yrs) and five female (average age 16.4 ± 1.8 yrs) top level figure skaters performed free skating manoeuvres (N = 179) of varying difficulty, prior to the start of the competitive season. Using an ECG telemeter, heart rates were recorded at rest on and off the ice, during the approach to a manoeuvre, during the
manoeuvre and after 15, 30 and 60 seconds of recovery. Off-ice resting heart rates were 60.0 ± 4.9 beats/min. (male) and 72.0 ± 17.2 beats/min. (female) compared with on-ice resting values of 81.0 ± 15.6 beats/min. and 103.4 ± 17.3 beats/min, respectively. Increases in heart rates during the manoeuvres over resting on-ice values ranged from 36.1 beats/min for simple spins to 74.4 beats/min. for triple combinations. A significant relationship (r = 0.48) was found between the maximum observed heart rates and an arbitrary assessment of task difficulty. It was suggested that the rapid increase in heart rate from approach to execution and the subsequent rapid decrease was due to a combination of emotional factors, muscle tensing and breath-holding rather than increased metabolic requirements.

CHAPMAN-SMITH, J. S.
Eye injuries: a twelve-month survey.
In 1975, 216 patients were admitted to Auckland Hospital with an eye injury, of which 60% were sustained during leisure activities. 30 of the eye injuries occurred in sport with squash providing the largest single total of 10. The incidence of hyphaema following sports injuries was significantly higher than in a previous study. It was evident that there was a need for suitable eye protection in ball sports.

GOLLNICK, P. D., HERMansen, L. and SALTIN, B.
The muscle biopsy: still a research tool.
Physiological, biochemical and histochemical methods have identified two basic human muscle fibre types, those with slow or fast contractile properties. The slow twitch fibres have twice the time interval between activation and reaching peak tension, a higher capacity for aerobic metabolism and a lower capacity for anaerobic metabolism than fast twitch fibres. Depending on their sensitivity to the enzymes that regulate contractile speed, there is further subdivision of fast twitch fibres into a and b subgroups. There are also c type fast twitch fibres which stain at all conventionally employed preincubations. Several studies have established a positive relationship between percentage slow twitch fibres and endurance capacity, and between fast twitch fibre percentage and anaerobic capacity. Training does not cause major changes in the contractile speed of muscle fibres but does increase the oxidative potential and capillarization of the muscle, especially after prolonged endurance training. The effect of training on anaerobic metabolism is not clear. Hypertrophy of slow and fast twitch fibres occurs with training but the possibility of hyperplasia, including fibre splitting, requires further investigation. There are also reports of interconversion of fast twitch a and b fibres. There is considerable evidence to suggest that motor units are recruited in an orderly pattern and in high intensity exercise both muscle fibre types contribute to the effort. It is concluded that muscle fibre characteristics are not an accurate predictor of athletic potential and that the variability in the biopsy method can lead to misleading data.

ARIYOSHI, M., TANAKA, H., KANAMORI, K., OBARA, S., YOSHITAKE, H., YAMAJI, K. and SHEPHARD, R. J.
Influence of running pace upon performance: effects upon oxygen intake, blood lactate, and rating of perceived exertion.
Three possible pacing tactics in middle distance running (fast/slow, slow/fast and even paced) were investigated in terms of oxygen intake, blood lactate and rating of perceived exertion. 10 middle and long distance runners, best time for 1500 m run of 4 mins 17.5 secs ± 2.7 secs, each carried out the three pacing tactics in random order by running 1400 m in 4 mins on a treadmill every two days. The total oxygen intake was found to be statistically similar for all the protocols though the slow/fast values were lower for the first two minutes. Maximum blood lactate levels were reached 2-4 minutes post exercise and were significantly lower for the fast/slow type. As exercise progressed, rating of perceived exertion increased but significantly less for the fast/slow type during the latter half of activity Heart rates did not differ significantly between the three types. The data support the theory and the impressions of some coaches that a fast initial pace with a subsequent gradual tapering of effort is the most effective technique in middle distance running.

Effect of training on hormonal responses to exercise in competitive swimmers.

A study was carried out on the effect of endurance training on the plasma catecholamine response to exercise at the same submaximal workload and to short duration, all out exercise. Eight experienced swimmers (six men and two women; average age 18 years), who had not trained for 2-7 months, swam 200 yards on one day and 1000 yards the next, both as fast as possible. After nine weeks of vigorous training the same tests were performed, the 200 yards flat out but the 1000 yards at the same pace as the initial test. After training, resting heart rates were significantly lower and in the 1000 yard swim heart rate response was 15% lower than pre-training figures though responses were similar for the 200 yard swims. In the 200 yard swim plasma insulin and glucagon concentrations were not significantly altered either prior to or after training. However the 1000 yard swim produced a decrease in insulin level and an increase in glucagon level both before and after training. Adrenaline and noradrenaline concentrations, on average, were greatly increased after the 200 yard swim. Both levels also rose considerably after training, but the increase in adrenaline concentration was significantly smaller than before training. Both plasma catecholamines were significantly increased by the 1000 yard swim but post-exercise adrenaline levels were only one-ninth and noradrenaline only one-third as high after training. These results suggest that the catecholamine effect on the endocrine pancreas may be moderated by other factors. It also seems clear that during short-term, high intensity swimming, glucagon does not play an important role in stimulation of liver glycogenolysis or gluconeogenesis.

CORRESPONDENCE

Dr. Albert Dirix,
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Verdurmenstraat 2a,
Belgium

To the Editor:

Dear Sir,

I would like to remind Lord Porritt that we did some anti-doping controls for the first time at the Olympic Games in Tokyo in 1964. After a lot of oppositions and difficulties, we have, thanks to Prince Alexander de Merode, visited Mr. A. Brundage, the then President of the I.O.C.

It was in the same period, that I had the opportunity to have contact by mail with the then Sir Arthur Porritt, who was a member of the I.O.C., and after having sent him an article, I received a letter dated July 1st, 1965, with the following answer:

"I was naturally interested to see how very much we were thinking along the same lines and I am quite sure that the more all of us do something about this miserable habit, the bigger effect it will have."

We like to thank Lord Porritt, who, as precursor of the battle against doping, had the merit to see the problem very clearly, and with his active cooperation, especially for the moral support in that difficult period.

Sincerely yours,

A. DIRIX
Vice-President, F.I.M.S.
The Statesman, Edmund Burke, speaking in 1771 said, “You can never plan the future by the past.” — A wise thought. If we are not to drift aimlessly in a doldrum we must plan a course and provide motive power.

Your Editor has asked me to voice my thoughts and ambitions for our association. In truth we are a British association and we have an interest in sports but “Medicine” is only a subgroup of the many disciplines encompassed by the association. We should be called the British Association of Sports Medicine and Sciences. We have sections which are concerned with medicine, rehabilitation, physiology, training and research. As we grow it might prove a stimulus to advance to have these specialist sections developed within the association whilst retaining a close-knit camaraderie between the disciplines in an annual or bi-annual “Loughborough type” meeting.

Resources in general are limited and contracting. In Sports Science there are several groups with much the same aims so that energy is dissipated. To make the best use of the expertise and other assets, closer ties or even a fusion or federation is desirable and we should work towards these starting with, for example, combined meetings.

We, in Britain, lag behind in having no proper career structure for Sports Medicine and Sports Rehabilitation. The way to achieve this is to establish a Chair in Sports Medicine and Science properly accommodated with facilities for both research and treatment. Such a unit cannot be established without considerable finance. Where is the money to come from? It has been suggested that the Department of Health and Social Security should finance Sports Medicine. Those of us who work for the Department know that we are now underfunded for even some life-saving measures and that a further dilution of available monies is impracticable. Government help should come from the Department of the Environment. People are the most important element in the environment so funds for their well-being should come from this source. We can best help ourselves, however, by establishing a Trust Fund with a properly constituted board of trustees. Enquiries suggest that clubs and their members would be happy to give such support.

These preliminary proposals will, I hope, stimulate comment. A consensus of opinion will be sought in the form of a questionnaire before the next A.G.M. when I hope these matters can be debated.

Yours sincerely,

B. Helal, MCh(Orth), FRCS,
Consultant Orthopaedic Surgeon
"THE SPORTS COUNCIL, SPORTS MEDICINE AND B.A.S.M."

As my appointment to The Sports Council draws to its close, I thought that my colleagues in B.A.S.M. should see where public policy on sports medicine stood and should be able to take this into consideration during the coming months as we re-shape our own Constitution.

The Sports Council’s Policy on Sports Medicine

The Sports Council exists mainly to administer in an executive capacity the Government’s grant for sport, obtained by the Minister for Sport but passed directly to the Council. Until 1979 it had no formulated policy on sports medicine, though it had taken signal initiatives in the field of injury clinics and doping in previous years.

As a result of the specific intervention by the previous Minister for Sports, Denis Howell, the Sports Council set up a working party to make positive recommendations as to future policy in line with the Minister’s initiative.

As a result, the full Council at its meeting in Belfast in 1979 adopted the entire policy paper SC(79)12, drawn up by the working party and thus, for the first time in Britain, a governmental body both recognised sports medicine and adopted a positive policy therein. The policy, as outlined in paper SC(79)12 can be summarised as follows.

Sport and Health

Earlier initiatives, with the Health Education Council, have led to a position where the Government has channelled major funds through the H.E.C. in respect of its exercise and health campaign. This clears the way for the Sports Council to make its major contribution in this field through the provision of opportunities for exercise through sport. Naturally, its Advisory Committee on exercise and health would remain available on an advisory basis.

Ethics

The Sports Council is disturbed that deliberate foul play is on the increase and is shown to be medically dangerous in terms of injuries sustained. The attention of governing bodies is drawn to this fact and the Sports Council recommends that governing bodies of sport should take steps to provide themselves with the best available medical and scientific advice so that proper medical standards and fair play are encouraged.

The Council is disturbed that, while there are stringent ethical controls over medical experimentation, there appear to be no central ethical standards whatever in fields of sport science and physiology and the Council is concerned that potentially dangerous and unethical practices may go unchecked. No clear answer is put forward to this problem but the attention of professional associations should be drawn to the present state of affairs with a view to the institution of more formal control mechanisms.

Doping

While the Sports Council has a first class record in pioneering dope control methods and fundamental research, there is no scope for complacency. Further enquiry is to be made into the prevalence of doping at all levels in sport. At present there is no objective evidence about the extent of doping at various levels by age, sex or sport and anecdotes are rife as well as alarming. Secondly, a strongly motivated political and educational campaign is called for to discourage doping in general terms. Further research continues into detection techniques of naturally occurring hormones to keep pace with new doping problems.

Sport Medicine and Science

The major service required by all participants in sport and recreation is the prompt and effective treatment of sports injuries. This, however, is inextricably linked to the general provision of N.H.S. medical services. On the other hand, supporting medical services such as routine examination of participants, training preparation, scientific testing and monitoring, do not relate to N.H.S. services and different financial and organisational implications may apply. Attention is drawn to the fact that, while there has been much clamour for universal scientific testing at all levels in sport, there is little evidence to show objectively the benefit of this and therefore any expansion of such services is to be most carefully monitored and controlled to avoid the indiscriminate waste of scarce resources in cash as well as personnel. In order to secure the highest level of academic development in this new and growing field, it is proposed that a limited number of specialist centres be supported initially, perhaps only half-a-dozen, with pooling of results. It is further proposed that a number of training scholarships should be funded by the Sports Council so that, having selected the most competent centres of sports medical and scientific expertise, the maximum opportunity should be taken of the expertise available there to train
the next generation of young scientists and doctors by attachment on PhD or similar programmes. It is realised that this policy is frustrating to many who would wish for greater and swifter expansion of services but money, as well as expertise, is short and this seems the best way of achieving the most critical evaluation of scientific developments, i.e. value for money for the tax-payer, as well as sport.

Injuries

Regrettably, it is still a matter of fact that the Department of Health is not willing to encourage centrally the spread of sports medical services. It was made clear to the Sports Council by the Department of Health that the development of services such as sports clinics must be a matter for local initiative, lying within the competence of Area and District Authorities. Thus, if a local hospital starts a service in response to local interest, the position of the D.H.S.S. is strictly neutral. While this may seem negative to many, it was taken by the Sports Council as a positive challenge to develop a nationwide network of grass roots services. It is recommended that the Sports Council designates certain of its regional officers as sports medical and science liaison officers whose job would be, in part, to delineate and co-ordinate local resources, i.e. put in touch local sportsmen with local scientists and clinicians. It is also suggested that the Minister for Sport considers appointing representatives with local health service interests to the Regional Councils for Sport and Recreation to ensure a greater degree of local interest and co-operation. The Department of Health agrees with the Sports Council that soft tissue injury diagnosis and management is inadequate in the N.H.S. and the D.H.S.S. is to be invited to consider positive ways of improving this state of affairs. It is recommended that the D.H.S.S. “encourages the inclusion of these topics in medical education at all levels.” The Sports Council is also recommended to consider, where finances permit, the appointment of further clinicians and therapists, along the lines of the Leeds pilot study, in selected district general hospitals, in liaison with its regional development.

National Centres

The Sports Council accepts that it must set an example at its own national centres and proposes that its entire range of centres should be reviewed with a view to providing (a) properly equipped first aid rooms (b) a medical suite for visiting doctors (c) space for scientific testing by visiting scientists.

Team Officials

The Sports Council has for years given grant aid to international teams for travel purposes and this has included both doctors and physiotherapists. This policy is to be continued and possibly extended. A major anomaly exists whereby some N.H.S. staff are given fully paid leave of absence for team duties on national squads, whereas others are totally denied or partially deprived of this opportunity. The D.H.S.S. have admitted that the position is anomalous but dependent on local initiative and welcomes a further approach from the Sports Council to look into this matter further.

Academic Recognition

In perhaps the boldest of the recommendations made by the Sports Council in its policy statement, it is recommended that academic units should be established to further experience training and progress in the field of sports medicine and science. It is not proposed to challenge the Department of Health with the new speciality of “sports medicine”. The proposition is that one or more academic units of “Sports Medical Studies” be established which would develop the academic recognition and development in this field. This would not necessarily tie the concept of “Sports Medical Studies” to one particular medical speciality, or even to a clinical doctor, but would for the first time in Britain create an academic environment in which it would be possible for doctor, coach and scientist to work professionally together with the same sportsmen at the same time and place.

Administration

In order to co-ordinate its policy, the Sports Council proposes to establish a sports medicine and science advisory committee, chaired by a member of the Sports Council.

Cost

The policy paper is costed at an initial budget of some £500,000 annually, of which £200,000 per annum is towards the establishment of two academic units. There is some overlap, e.g. in drug testing and present services to sport, with current Sports Council expenditure, so that the new cost would be somewhat nearer £450,000 per annum for the whole programme.

Thus, members of B.A.S.M. will see that the Sports Council has established a realistic and achievable national policy for the establishment of a framework of sports medical services. This will necessarily involve the co-operation and participation of all interested parties, e.g. the governing bodies, professional clinicians and scientists and their representative bodies and, to some extent, the sportsmen and coaches themselves who would probably expect to get best service by helping to centralise the efficient use of our present scarce re-
sources. This is not as bad as it sounds and the present scheme for dope detection works satisfactorily along exactly the same lines as are envisaged for the wider services.

What is absolutely clear is that we can expect no positive help from the Department of Health for sports medicine. The message has been repeatedly and clearly rammed home that encouragement and recognition of sports medicine cannot be permitted because of the stringent financial and personnel priorities of the present crisis. Furthermore, the admission of the general inadequacy of casualty services is the first priority for correction in this field and it is pointed out that sports injuries are the minority 5 per cent, not the majority 95 per cent of casualty workload.

The Sports Council has come under increasing pressure from sport and its own regions to invest in the development of sports injury services, as well as scientific testing services, regionally. This means that the practical and realistic way in which we should all be looking to establish practical sports medical services throughout the country is at the regional level, hand in hand with our regional Sports Councils. An obvious way in which this could be most effectively achieved would be through the regionalisation of B.A.S.M. and, indeed, the other professional bodies in this field.

For a quarter of a century, B.A.S.M. has pioneered the advent of sports medicine. Pioneers are invariably impatient with the tardiness of the world’s recognition of their causes. However, I feel that, if only we can all see the wood for the trees, the challenge of recognition of our cause has, in fact, been achieved. The bandwagon is undoubtedly rolling in sports medicine; witness only the growth in publications, courses and academic as well as growing practical and professional interest in sports medical activities to prove this point. If only B.A.S.M. can be imaginative, flexible and energetic enough to meet the exciting challenge and possibilities posed by the Sports Council’s new policy, there will be no doubt that the future of British sports medicine will be finally and firmly placed where it belongs — in our own hands.

P. N. SPERRYN
Minutes of the Annual General Meeting of the British Association of Sport and Medicine, convened for Noon on Wednesday, 27th June, 1979, at the Royal Society of Medicine, London.

The Chair was taken by Dr. G. G. Browning.

Present were:
Lord Porritt (President), Dr. B. Kiernander, Mr. W. E. Tucker, Dr. H. N. Bleasdale, Dr. Elizabeth Ferris, Miss Susan Crewe, Dr. Wendy Dodds, Dr. Phyllis Elliott, Drs. A. S. Tabor, J. E. Davies, J. A. Kemp, P. Weston, J. W. Walker, Mr. J. P. S. England, Mr. D. W. Masterson, Mr. D. P. Chapman, Professor D. E. M. Taylor, Dr. H. E. Robson and Dr. P. N. Sperryn.

Apologies were tabled from:—
Sir Ludwig Guttman, Mr. F. d’Abeu, Dr. W. M. C. Allen, Miss M. A. Harrison, Mrs. P. Willcock, Professor P. H. Fentem, Surgeon Captain D. E. Mackay, Professor H. Thomason, Drs. D. Buchanan, F. Newton, M. Yaffe and J. Ledingham and Messrs. J. Pearson, D. G. P. Van Haeften, B. Simpson, G. Smith and K. Slocombe.

In the absence of the required quorum of thirty members being present within thirty minutes of the stated time, some informal discussion took place.

The Honorary Secretary then announced the results of the Committee elections as follows:

Retiring Committee members renominated by The Chairman and Honorary Secretary on behalf of the Executive Committee:

Dr. J. A. MacGregor
Professor D. E. M. Taylor
Professor H. Thomason

Nominations received by the announced closing date:

Dr. P. G. W. Weston, Proposed by Dr. I. G. W. McDonald. Seconded by Dr. James Lugton.
Dr. Maurice Yaffe, Proposed by Dr. P. N. Sperryn. Seconded by Mr. D. P. Chapman.

There being no other nominations received the above members, Messrs. MacGregor, Taylor, Thomason, Weston and Yaffe were automatically elected to serve a full term of three years each.

The Chairman then adjourned the meeting under the provision of Article 20 of the Constitution until Noon on Wednesday, 4th July, 1979, at Hillingdon Hospital.

At the adjourned meeting the members present, Miss Susan Crewe and Dr. P. N. Sperryn (Honorary Secretary) formed the quorum under Article 21. The Secretary, as acting Chairman, formally opened the meeting, re-announced the election results and signed the minutes of the Annual Meeting held on 21st June, 1978 as a correct record. As no other business had been notified, the meeting was formally closed at 12.35 p.m.
BRITISH ASSOCIATION OF SPORT AND MEDICINE

HONORARY SECRETARY'S REPORT TO THE ANNUAL GENERAL MEETING
FOR THE YEAR 1979/80

This report is, of necessity, brief and I should explain the circumstances which bring about such a short official year. It had been planned to hold a major joint residential Annual General Meeting with the Association of Chartered Physiotherapists in Sport and Medicine in July, 1980. However, it became evident that with the retirement of our President, the need to appoint new Senior Officers and the proximity of the Olympic Games to the proposed date in July, that BASM would find itself in an extremely difficult position of lacking any officers for several months. This made the Committee reconsider its plans for the next two years and it was felt that an annual meeting in April, in association with our Annual International Course would be in the best way of overcoming our own internal problems. Lord Porritt kindly agreed to defer his retirement for several months to fall in with this and it enabled your Committee to express its appreciation of Lord Porritt by arranging a suitable farewell luncheon at Loughborough.

There has been only one major source of Committee activity, anxiety, and almost friction. This has been the matter of our organisation and constitution. Your Committee took the decision that BASM had to seek registration as a Limited Liability Company and at the same time to seek recognised status as a charity from the Charities Commission. This would bring us into line with organisations such as ours and would minimise any tax liabilities which would become onerous with our growth in activities. However, all things at law take time and this, regrettably, can be measured in years rather than months, it seems. We submit our Policy Decision to the membership at this forthcoming Annual Meeting. A draft Objects is under consideration and I should explain that only if our out-line Objectives are agreed by the Charities Commission, is it possible to proceed further with detailed rules, which themselves have to be approved by the Commissioners. This makes it impossible for us to take any great initiative unilaterally and we are therefore considerably in the hands of our legal advisers and the Charity Commission.

At the same time, your Executive are considering very earnestly the most efficient ways in which BASM can improve its activities by internal reorganisation. We would wish to initiate discussion of this now and all decisions are, of course, taken by the general membership at an Annual Meeting. Matters are extremely complicated and the function of the Executive is to draw up for the membership’s consideration as considered a list of changes as can be made. It looks very much as if we will have to move forward on a regional basis, and there are good political and financial reasons for this. This would aim to improve our grass roots strength and activity. It will be inevitable that the nature of the officers will change in line with this, but the final details to be considered will probably not become clear for at least another six to twelve months.

Plans are well in hand for our Sixth Annual International Course, at Loughborough, which will immediately precede the 1980 Annual General Meeting and dates have been booked for the 1981 Course.

P. N. Sperryn

BASM WELSH AREA

The Welsh Area Association was formed on March 18th, 1978 with Dr. Kenneth Lloyd, Consultant Rheumatologist, Cardiff, as Chairman and Dr. John Davies, Guy’s Hospital Sports Injuries Clinic, as Secretary.

There have been regular bi-annual meetings in the Spring and Autumn and also in association and conjunction with the University Hospital of Wales, Post-Graduate Department, Cardiff, and the Welsh Association of Sports Trainers.

There are at present almost 50 paid-up members residing in the Principality and there now appears to be an increasing awareness and interest shown in the provision of sports medicine services in Wales.

The Welsh Sports Council are keen to explore the possibility of accommodating a Sports Injuries Clinic in Cardiff initially, and this matter is at present being discussed with various interested parties.

Notification of future meetings will be sent in advance to the British Journal of Sports Medicine and it is hoped that several Area Members will attend the A.G.M. at Loughborough in April.

J. E. Davies
HONORARY TREASURER'S REPORT FOR 1979

During 1979, our membership numbers continued to increase, electing 176 new members, and losing 30 through death, resignation or non-payment of subscriptions. This is reflected in the 25% increase in income from subscription, £5,600 as opposed to £4,000 for 1978. There was a substantial increase in income from external sales of the British Journal of Sports Medicine, £2,155 compared with £1,484. The small deficit on reselling the Journal of Sports Medicine and Physical Fitness was due to the Irish Postal Strike, which held up our invoices and subscribers’ cheques. By the time the invoices were paid, the value of the Irish punt had fallen, and bank commission was being charged as well. This deficit has now been cleared. A small profit has been made on the sale of ties, tee shirts and other items to our members, and new stocks are on order.

Bank interest on our Deposit account amounted to £895, most of which (excluding the small amount in the Adolphe Abrahams account, a registered charity) is liable to taxation at 42%, for which allowance has been made of £376. This tax liability has caused the Executive Committee to look into the status of the Association, with a view to having all its activities regarded officially as charitable, which they always have been, but until recently there was no real tax problem, the income being so small.

Once again, a useful surplus was produced by the 1979 Sports Medicine course at Loughborough, mainly thanks to the pharmaceutical companies that provided financial support by renting space for exhibition displays. Approval of the course under “Section 63” brought in tuition fees for 25 general practitioners who, among many others, attended. The total budget for the course was over £9,500.

On the expenditure side, the largest expense was as usual the production of the British Journal of Sports Medicine, apparently a reduction from 1978 but actually about the same amount, as the actual cost of printing and circulating the journal and other lesser printing jobs such as reprints was £5,362, but money reimbursed by authors for the reprints, £245, and advertising revenue of £2,335 had been deducted from the costs of printing. The increase in the number of members, and the complexities of especially the overseas sales of the journal has enforced the employment of secretarial and book-keeping help, but the £750 paid is only a fraction of what the cost would be if the Association were to have a paid administrator, an office, typist and supporting services. Owing to the tightening up of University and Health Service finance, officers and members of the Executive Committee who have long journeys to attend meetings can no longer make meetings coincide with official business, and we have had to reimburse essential expenses to some, at a cost of £192.

The balance sheet shows a substantial amount, over £10,000 in the Deposit Account, of which £5,000 is earmarked for “BASM Promotions”, a reserve fund available to finance courses, conferences or other special items not normally included in the day-to-day work of the Association. This money is accumulated from profits on courses and other sources, and is not taken from membership subscriptions. Uncollected subscriptions, most of which have been paid since the day of audit, accounts for £460, and the other accounts have sufficient funds for immediate needs.

In 1960, the total financial turnover for the Association was £94; for 1979, taking all our accounts into consideration, we are dealing with a deposit account of £10,000 and a turnover of £20,000.

H. E. Robson
BRITISH ASSOCIATION OF SPORT AND MEDICINE

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 1979

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<th>Description</th>
<th>1979</th>
<th>1978</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members Subscriptions</td>
<td>5,615</td>
<td>4,059</td>
</tr>
<tr>
<td>Donations</td>
<td>-</td>
<td>125</td>
</tr>
<tr>
<td>Sale of British Journal of Sport and Medicine</td>
<td>2,155</td>
<td>1,484</td>
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<tr>
<td>(Deficit)/Surplus on Sale of Journal of Sports Medicine and Physical Fitness</td>
<td>(19)</td>
<td>129</td>
</tr>
<tr>
<td>Profit and Sale of Ties, Shields, Shirts etc.</td>
<td>12</td>
<td>37</td>
</tr>
<tr>
<td>Bank Interest</td>
<td>895</td>
<td>373</td>
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<tr>
<td>Bank Interest - Adolphe Abrahams Memorial Fund</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Surplus on Sports Medicine Course 1977 (50%)</td>
<td>-</td>
<td>31</td>
</tr>
<tr>
<td>Surplus on Sports Medicine Course 1978</td>
<td>-</td>
<td>1,097</td>
</tr>
<tr>
<td>Surplus on Sports Medicine Course 1979</td>
<td>1,383</td>
<td>-</td>
</tr>
<tr>
<td>Surplus on Symposium</td>
<td>-</td>
<td>141</td>
</tr>
<tr>
<td></td>
<td>10,053</td>
<td>7,482</td>
</tr>
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**deduct :** Cost of Publishing Association

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<tr>
<th>Description</th>
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<th>1978</th>
</tr>
</thead>
<tbody>
<tr>
<td>Journals</td>
<td>2,782</td>
<td>4,538</td>
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<tr>
<td>Subscriptions FIMS</td>
<td>144</td>
<td>116</td>
</tr>
<tr>
<td>Stationery and Postage</td>
<td>279</td>
<td>257</td>
</tr>
<tr>
<td>Bank Charges</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Auditors Remuneration including underprovision in previous year</td>
<td>216</td>
<td>62</td>
</tr>
<tr>
<td>Secretarial Help for Honorary Treasurer</td>
<td>752</td>
<td>544</td>
</tr>
<tr>
<td>Secretarial Help for Honorary Secretary</td>
<td>-</td>
<td>142</td>
</tr>
<tr>
<td>Annual General Meeting</td>
<td>53</td>
<td>88</td>
</tr>
<tr>
<td>Travelling Expenses</td>
<td>192</td>
<td>378</td>
</tr>
<tr>
<td>Repairs and Renewals</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Grant to Welsh Area</td>
<td>-</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>4,434</td>
<td>6,175</td>
</tr>
</tbody>
</table>

Appropriation to Adolphe Abrahams Memorial Fund                             | 12     | 28     |

Taxation :

<table>
<thead>
<tr>
<th>Description</th>
<th>1979</th>
<th>1978</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporation Tax at the rate of 42% based upon :</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The relevant income for the current year</td>
<td>376</td>
<td>159</td>
</tr>
<tr>
<td>The relevant income for the previous year</td>
<td>-</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>376</td>
<td>232</td>
</tr>
</tbody>
</table>

Surplus for the year                                                         | £ 5,231 | £ 1,047 |
BRITISH ASSOCIATION OF SPORT AND MEDICINE

BALANCE SHEET AS AT 31 DECEMBER 1979

ASSETS EMPLOYED:

Current Assets:
- Stock on Hand: 333
- Debtors and Prepayments: 622

Balances at Bankers:
- No. 1 Account: 2,902
- No. 2 Account: 149
- Deposit Account: 10,056

Adolphe Abrahams Memorial Fund:
- Balance at Bankers: 119
- Amount due by Treasurer: 24

Liabilities:

Current Liabilities:
- Creditors: 460
- Taxation: 608

Balance due to Bankers:
- No. 1 Account: -

Net Current Assets: £13,137

FINANCED BY:

Accumulated Fund:
- Balance as at 31 December 1978: 7,787
- Add: Surplus for the year: 5,231

Adolphe Abrahams Memorial Fund:
- Balance as at 31 December 1978: 107
- Add: Appropriation from Income and Expenditure Account: 12

Note:
The accounts reflect the activities of the Scottish Area only to the extent of the subscriptions due therefrom and included in Members Subscriptions in the amount of £622 (1978: £534) and the relevant proportion of the surplus on the Sports Medicine course 1979 (1978).

DR. H.E. ROBSON - Honorary Treasurer

REPORT OF THE AUDITORS

We have examined the books of account of the British Association of Sport and Medicine, which reflect the transactions of the Scottish Area only to the extent shown in the note, and we certify that the annexed Balance Sheet and Income and Expenditure Account are in accordance therewith.

Loughborough
12 February 1980

ARMITAGE & NORTON
Chartered Accountants
BRITISH ASSOCIATION OF SPORT AND MEDICINE
SCOTTISH AREA

The report for the year 1979 has already been published in the British Journal of Sports Medicine, Vol. 13 No. 4 December 1979. The audited accounts are now presented.


<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash in Bank at 1/1/79</td>
<td>£983.44</td>
</tr>
<tr>
<td>Annual Subscriptions</td>
<td>£819.00</td>
</tr>
<tr>
<td>Grant from Sports Council</td>
<td>£50.00</td>
</tr>
<tr>
<td>Sundry Income</td>
<td>£9.00</td>
</tr>
<tr>
<td>Bank Interest</td>
<td>£74.42</td>
</tr>
<tr>
<td>75% of Annual Subscription paid to Parent Body</td>
<td>£622.50</td>
</tr>
<tr>
<td>Conference Deficit</td>
<td>£268.28</td>
</tr>
<tr>
<td>Typewriter</td>
<td>£74.95</td>
</tr>
<tr>
<td>Secretarial Costs</td>
<td>£28.92</td>
</tr>
<tr>
<td>Dr. Moncur's Expenses</td>
<td>£34.50</td>
</tr>
<tr>
<td>Treasurer's Expenses 1978/1979</td>
<td>£26.55</td>
</tr>
<tr>
<td>Refunds</td>
<td>£19.20</td>
</tr>
<tr>
<td>Bank Charges</td>
<td>£10.00</td>
</tr>
<tr>
<td>Audit Fees</td>
<td>£5.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£1,089.90</td>
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Balance in Bank at 31/12/79

<table>
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<tr>
<th>Description</th>
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<tr>
<td>Deposit Account</td>
<td>£774.97</td>
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<td>Current Account</td>
<td>£70.99</td>
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<tr>
<td><strong>Total</strong></td>
<td>£1,935.86</td>
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Annual Conference Account - Inverclyde

<table>
<thead>
<tr>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Delegates Fees</td>
<td>£700.00</td>
</tr>
<tr>
<td>Deficit on Conferences</td>
<td>£268.28</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£968.28</td>
</tr>
</tbody>
</table>

Glasgow - 13th February, 1980

Audited and Found Correct.

I.W. Craik,
Auditor.

Two generous donations have been received towards the Annual Conference of the Scottish Area at Inverclyde.

Included in the Conference Income — Delegates' fees:— £250 from Messrs. Bayer Ltd., and received early in 1980 and not shown on the Accounts, £250 from The Boots Company, which brings the Deficit on Conference down to £18.28.

J. MONCUR, Hon. Secretary
Scottish Area
NOTICE

DOCTORS 10,000 METRES RUN

A 10,000 metres run for doctors will be held at Dunfermline College, Edinburgh, on 4th October, 1980.

Any doctor wishing to take part should write for details to

Dr. B. Covell,
61 Falcon Avenue,
Edinburgh EH10 4AN

enclosing a stamped addressed envelope.

EDINBURGH POST-GRADUATE BOARD FOR MEDICINE
(The University of Edinburgh, The Royal College of Physicians of Edinburgh,

SPORTS MEDICINE CONFERENCE

Friday, 6th February, 1981

Davidson Lecture Theatre, Lister Institute, Roxburgh Place, Edinburgh

PROVISIONAL PROGRAMME

MORNING SESSION

The morning session will review the physiological adaptation of training methods and injuries encountered in different events, as well as treatment options, and will include a report by the medical officers who accompanied the British Olympic team to Moscow.

AFTERNOON SESSION

The afternoon session will deal with the more general aspects of Sports Medicine and will include a report by the medical officer accompanying the British Lions Rugby Tour to South Africa.

The fee for attendance at the Conference is £12. Cheques should be made payable to the University of Edinburgh. Section 63 approval has been granted for general medical practitioners in Scotland and the North of England wishing to attend. Lunch and a reception will be provided.

Applications to: Donald A. D. MacLeod, FRCS,
Assistant Director of Studies (Surgery),
Pfizer Foundation,
Hill Square,
Edinburgh EH8 9DR
### MEETINGS OF B.A.S.M. AND OTHER ORGANISATIONS:

<table>
<thead>
<tr>
<th>Date</th>
<th>Organisation</th>
<th>Venue</th>
<th>Application &amp; Details</th>
<th>Meals</th>
<th>Accommodation</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wed. 6-8</td>
<td>Kuopio Inst. Ex. Med. 5th Puijo Symp. on P.T. in Health &amp; Med. Care (English)</td>
<td>Kuopio University, Finland</td>
<td>Dr. Katriina Kukkonen, Dept. of Physiology, Univ. of Kuopio, PO Box 138, SF-70101 Kuopio 10, Finland</td>
<td>Not known</td>
<td>$25 per day</td>
<td>$120</td>
</tr>
<tr>
<td>Aug</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thurs. 18-20 Sept.</td>
<td>FIMS &amp; Eur. Soc. Cardiol. Fiuggi Terme, Italy (English)</td>
<td></td>
<td>P. Moxedano, Comitato Organizzatore, &quot;Sports Cardiology&quot;, c/o Ente Fiuggi S.p.a., Via Via Pinciana, 25, 00198 Roma, Italy</td>
<td>Included</td>
<td>Included</td>
<td>$170</td>
</tr>
<tr>
<td>Fri. 19 Sept.</td>
<td>Inst. of Accident Surgery</td>
<td>Arts Lecture Theatre, Birmingham University</td>
<td>Mrs. D. Steele, Conference Organiser, 86 Black Haynes Road, Birmingham B29 4QN</td>
<td>Lunch &amp; Dinner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1981</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>Beese-Wyatt and Medisport</td>
<td>University of Essex, Colchester</td>
<td>Not known</td>
<td>Not known</td>
<td>Not known</td>
<td>Not known</td>
</tr>
<tr>
<td>Mon. 23-26 March</td>
<td>Neth. Assoc. of Sp. Med. Int. Symp. (English &amp; French)</td>
<td>Utrecht, Holland</td>
<td>Secretariat, c/o Royal Neth. Industries Fair, Special Events Dept., PO Box 8500, 3503 00198 Roma, Netherlands</td>
<td>Not known</td>
<td>Not known</td>
<td>Not known</td>
</tr>
<tr>
<td>Wed. 27-30 May</td>
<td>Soc. Francaise de Med. du Sport and Latin Chapter FIMS. 13th Congress of Latin Chapter FIMS</td>
<td>Grenoble, France</td>
<td>Secretariat General, A. G. Boéda, 4 rue F. D. Roosevelt, F 76140 Petit-Quevilly</td>
<td>Not known</td>
<td>Not known</td>
<td>Not known</td>
</tr>
<tr>
<td>April</td>
<td>BASM Sp. Med. Course (Drs. Sp. Sci. Physios.)</td>
<td>Loughborough University</td>
<td>Dr. P. N. Sperryn, 49 Blake’s Lane, NEW MALDEN, Surrey</td>
<td>Included</td>
<td>Included</td>
<td>£120</td>
</tr>
<tr>
<td>Sun. 7-12 June</td>
<td>Int. Cong. Med. &amp; Sci. in Sport (Spanish)</td>
<td>Buenos Aires</td>
<td>Empresa Organizadora Accounts, Acevedo 2470-3º “B” (1426) BUENOS AIRES, Argentina</td>
<td>Included</td>
<td>Hotels $166-$646 depending on category</td>
<td>Not known</td>
</tr>
<tr>
<td>Sun. 7-12 June</td>
<td>4th Int. Conf. on Ski Trauma and Skiing Safety (English)</td>
<td>Bormio, Valtellina, Italy</td>
<td>Massimo Magi, MD, Head of Dept. of Orthopaedic Surg. Bormio-Sondalo Reg. Hospital, 23032 SONDALO (SO)</td>
<td>Not known</td>
<td>Not known</td>
<td>Not known</td>
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<tr>
<td>Fri. 19-21 Sept.</td>
<td>N. Ireland Inst. Coaching</td>
<td>Ulster Polytechnic, Newtownabbey</td>
<td>NICS, Room 15003, Ulster Polytechnic, Shore Rd., NEWTOWNABBEE, Antrim BT37 0QB</td>
<td>Included</td>
<td>Included</td>
<td>£20</td>
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<td>1982</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sun. 27 June-3 July</td>
<td>FIMS and Fed. of Austria Spts. physicians (German and English)</td>
<td>Hofburg Imperial Palace, Vienna</td>
<td>Verband, Österreichischer, Sportzarte, Possingergrasse 2, A 1150 WIEN</td>
<td>Not known</td>
<td>Not known</td>
<td>Not known</td>
</tr>
</tbody>
</table>
MEETINGS OF OTHER ORGANISATIONS

SPORTS INJURIES

One Day Instructional Course

The Institute of Accident Surgery are holding a one day instructional course on sports injuries at the University of Birmingham on

FRIDAY, 19th SEPTEMBER, 1980

The course is aimed at a level of registrars in surgery and medicine but should be of value to physiotherapists and remedial gymnasts with an interest in the subject. A series of lectures and demonstrations will be followed by the course dinner (included in the course fee).

Speakers include:
Dr. I. Adams, MD, Mr. P. Bewes, Mr. B. Helal, Mr. G. Lemon, Surg. Rear Admiral S. Miles, Mrs. M. Morley, Dr. N. C. C. Sharp

Course Fee £25

APPLICATION FORM

I wish to apply for the Sports Injuries Course at the University of Birmingham on Friday, 19th September, 1980.

Name ..........................................................................................................................................
Address ........................................................................................................................................
......................................................................................................................................................
Occupation ...................................................................................................................................
Organisation or Hospital ................................................................................................................
Attendance at Dinner: YES/NO
                         Cheque included (£25, payable to The Institute of Accident Surgery).
                         or
Address to which invoice can be sent ........................................................................................
......................................................................................................................................................

Applications and enquiries should be addressed to:
Mrs. D. Steele, Conference Organiser,
86 Black Haynes Road,
Birmingham B29 4QN
Tel: 021 475 6299

Closing date of acceptance to dinner: Saturday, 6th September, 1980
BRITISH ASSOCIATION OF SPORT & MEDICINE

APPLICATION FOR MEMBERSHIP

When completed please return to:
Hon. Treasurer, Dr. H. E. ROBSON, 39 Linkfield Road, Mountsorrel,
Nr. LOUGHBOROUGH, Leics., LE12 7DJ Tel. 0533 303971

Proposed by

For Office Use Only
Card
Address Book
Journal
Ledger
Class
Sub
Requested
Paid
Elected
Area

Name

Qualifications

Address


Address of Practice, Hospital, College etc.

Aspects of Sport and Medicine in which you are interested


Official Position in Sports Clubs etc.

Signed

Date

BANKERS ORDER

To: Bank, Ltd. Bank Code

Address

Date:

Please pay to the account of THE BRITISH ASSOCIATION OF SPORT AND MEDICINE,
A/C No. 60183652 at the MIDLAND BANK, Ltd., Market Place, Loughborough, Leics. 40 - 30 - 24, immediately, and thereafter on the 1st of January each year, the sum of FIVE POUNDS (£5.00)

First payment due

Signed

Name (Block Capitals)

A/c Number
Several types of communications will be considered for publication by the Editorial Board.
1. ORIGINAL ARTICLES, reporting research, experimental work, innovations in therapeutic procedures, etc.
2. REVIEW ARTICLES on special topics, which should include an adequate but not necessarily an exhaustive bibliography.
3. ABSTRACTS of verbal communications given at scientific meetings. These may be published as ‘Proceedings’ of meetings, and sometimes the author might be invited to submit a fuller edited text of his talk, together with illustrations.
4. ANNOTATIONS, case reports, preliminary reports of research, and of pilot studies, usually not exceeding 400 words.
5. CORRESPONDENCE, — letters to the Editor.
6. CONFERENCE REPORTS from Area organisations of B.A.S.M., or of other meetings with direct relevance to the work and interests of B.A.S.M. members.

SUBMISSION OF MANUSCRIPTS
These should be sent to the Editor, Dr. H. E. ROBSON, 39 Linkfield Road, Mountsorrel, Nr. LOUGHBOROUGH, Leics. LE12 7DJ Tel. 0533-303436 (surgery) or 0533-303971 (home) © The submission of a paper implies that it is unpublished, and has not been submitted for publication elsewhere. The copyright of articles is held jointly by the British Association of Sport and Medicine, who publishes the Journal, and by the author(s). No articles from this journal should be reprinted, in English or translation, without permission from both publisher and author(s), but no objection is made to a single photocopy being made for educational or research purposes.

Two copies of each manuscript should be submitted. They should be double spaced, on one side of the paper only, in English, with conventional British spelling.

The title of the paper should be typed in capitals, with the name and principal qualifications of the author(s), e.g. "FRCS", "DipPE, PhD", "MSc(Psych)"", "MB, BS, PhD" or "MCSP", then the appointment held, the department and the institution in which the work was carried out. If the author has moved since the work was performed, his present address should be added as a footnote.

In general, manuscripts should be prepared in accordance with the recommendations of the International Steering Committee of Medical Editors, the "Montreal Agreement". A booklet is obtainable from the Editor, British Medical Journal (50 pence), or Annals of Internal Medicine, 4200 Pine St., Philadelphia for U.S. authors.

AN ABSTRACT not exceeding 150 words should follow the heading of a long paper. This should include the chief points made in the paper, and the main conclusions drawn or suggested. Only the essential references are included here. On the advice of the Editorial Board, a communication may be published in abstract only. Following the Abstract, some three to six KEY WORDS should be inserted to assist with indexing.

NOMENCLATURE. Drugs should be specified by their official name, followed by the trade name and manufacturer's name in brackets if well known and widely prescribed under its trade name. Doses should be in metric measurements. S.I. units should be used except for body temperature and blood pressure, which should be in °C and mm Hg. Conversions from one system of measurements to another should be rounded off, and in all tables unnecessary decimal places should be avoided, as they are usually due to the mechanics of the computer, and not to accurate scientific measurement.

REFERENCES mentioned in the text should give the name of the author, or first two authors followed by et al for multi-author papers, with the date of publication in brackets, e.g. "Wright, Clarke et al (1976)". In the reference section, the authors' names should be arranged in alphabetical order, followed by year of publication, title of paper, journal, volume number double underlined, and first and last pages, e.g. "WRIGHT, G., CLARKE, J., NINIMAA, V. & SHEPHARD, R. J. 1976 'Some reactions to a dry-land training programme for dinghy sailors' Brit.Journ.Sports Med. 10: 4-10". For text-book references, the author, editor, year, title of chapter, title of book, edition number, publisher, and city of publication should be given. Our retention of the "Harvard System" of references is our only major deviation from the recommendations of the Montreal Agreement.

TABLES should be numbered in capital Roman numerals.

ILLUSTRATIONS should preferably be drawn on card in Indian ink, with labelling lightly in pencil, or written or typed well clear of the actual drawing or graph. Good quality half-tone photographs may be used if suitable for reduction to fit the space allocated. Coloured photographs will only be reproduced in half-tone and X-ray plates and transparency cannot be guaranteed to give adequate reproduction. If necessary, a second photograph with arrows or lettering should be included, as a guide to the block-maker. Figures are numbered in Arabic numbers.

Authors are reminded that they are responsible for clearing copyright on any figures, tables or other matter already published elsewhere, and the Editor may require written authorisation to the author from the copyright holder. He may also request signatures on the letter accompanying MSS from ALL the contributors of multi-author papers.

PROOFS are corrected by the Editor, but usually sent for checking to the author, who should return them to the Editor without delay. Any extensive re-setting of type because of an author's "second thoughts" could be charged to the author. Owing to postal delays, even with airmail, proofs are not always returned to authors from overseas.

REPRINTS
It is regretted that we cannot supply authors with the customary 50 free reprints that certain other journals offer. Orders for reprints should be made on submission of the manuscript, or when returning the proofs. The exact cost cannot be given accurately until publication, but as a guide we are currently charging, for 100 copies,

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 page</td>
<td>£ 8.50</td>
</tr>
<tr>
<td>2 pages</td>
<td>£10.50</td>
</tr>
<tr>
<td>4 pages</td>
<td>£14.00</td>
</tr>
<tr>
<td>8 pages</td>
<td>£22.00</td>
</tr>
<tr>
<td>12 pages</td>
<td>£30.00</td>
</tr>
</tbody>
</table>

These prices include postage, packing, and bank clearance charges on cheques from overseas.

A "Contributor's Copy" is sent gratis to each author and co-author.

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These notes were revised in April 1979 for Volume 13.