EDITORIAL

Injuries occur in sport

One of the principal duties of a doctor with an interest in sports medicine is to be aware of the mechanism of such injuries, to be able to visualise the underlying pathology, and to be able to treat or to order and supervise such treatment until the patient gets back to full competition fitness. The first paper by a Finnish surgeon and his radiologist colleague draws attention to an easily-missed lesion, the avulsion fracture, that can so easily be mistaken for a trivial soft-tissue injury. Small avulsions may also be mistaken for small accessory ossicles, but as these are frequently bilateral, the opposite limb should be X-rayed wherever there is any doubt.

Injuries may be prevented

The next two articles, received by coincidence within a few days of each other, underline the need for proper protection for the jaws in contact sports, not only to prevent dental damage, but cerebral injury as well. The potential hazards of boxing to the central nervous system are well known, and now receive a great deal of publicity when any occur. The dangers from other sports is not appreciated enough, yet many rugby football players sustain injury through blows on the jaw being transmitted via the temporomandibular joints to the cranium and its contents. The crash helmet or riding cap of the equestrian sports give no jaw protection, and although they may limit damage by direct forces (unless they fall off before the rider, as so often happens), they give no protection to the jaws. It is a great pity we number so very few dental surgeons among our members! Some of the newer sports, especially the oriental martial arts, have their dangers even in training, and a group of enthusiasts in Glasgow have made suggestions for reducing many unnecessary risks.

Sport need not be confined to the young adult

Roy Shephard and his co-workers have described a hundred mile run by a man of 55 (and the Editor, at the same age, doubts whether he could manage 1% of this!) and sets a model of meticulous biochemistry monitoring. Russell Gibbs describes the investigations carried out on Australian weight lifters, and the excretion of adrenaline and related substances during an exercise programme is reported by Bruce Davies as a result of his recent work in the U.S.A.

Courses

John Williams reports on the most successful colloquium on clinical problems related to sport, and it is hoped that this type of course will be repeated for the benefit of the more experienced practitioners of sports medicine as well as the introductory courses, of which we have already held three.

Over a hundred doctors have attended these introductory courses, and thirty the more advanced colloquium. This can only be regarded as a small scale operation in the post-graduate training of doctors in sports medicine in the United Kingdom, and about a quarter of these doctors came from overseas, but it is a beginning in the first stage of training a few doctors in general and hospital practice in the basic principles of medical care of the sportsman. These residential courses augment the more established activities of our Association in running one-day meetings, often symposia on special topics. Besides our own courses, B.A.S.M. members have helped in the academic activities of such organisations as the Association of Chartered Physiotherapists in Sports Medicine, the Society of Remedial Gymnasts, in courses run by several post-graduate medical centres, and in an international conference on dope detection in racehorses. We have been represented at international meetings, and participated in courses run in India and the Far East.

Annual General Meeting for year ending 31st December 1976

The accounts and reports from the Honorary Secretary, Treasurer and Scottish Area Secretary are included, together with some amendments to the Constitution passed at the AGM on May 25th 1977. A larger Executive Committee should ensure that better meetings can be organised, and in a more widespread area. There is a need for more active help from committee members, and it is hoped that there will be a succession of keen helpers who can carry on the work started by a very few.

A Membership List is in preparation, and it is hoped to produce an up-to-date list of all BASM members, with their addresses, and main qualifications. From this list, it may be possible to compile a directory of sports clinics, N.H.S. and in private practice, physiotherapy clinics, human performance laboratories, etc., but information about these facilities must be supplied to the secretariat of B.A.S.M. It is hoped to circulate this list, together with an up-dated Constitution, later this year, and to keep the list up to date by amendments included in the British Journal of Sports Medicine.