EDITORIAL

As this column is being written, the annual meeting of the British Medical Association is taking place in Glasgow, and news filters through of further unrest throughout the whole of the medical profession, almost united for once, and such measures as an actual strike amongst consultants is being threatened. Other types of “industrial action” are being suggested by junior hospital doctors and general practitioners, who see a steadily decreasing standard of living within the profession, whilst their patients generally seem to be doing well enough in comparison, especially in jobs that require neither skill nor responsibility. Within the past year, there have been policy changes among the professions supplementary to medicine, the need being seen for trade union recognition, and perhaps allowing their profession to be taken over by a union affiliated to the T.U.C.

Salaries for health service professional workers have gone up. At last such as physiotherapists are able to earn a reasonable wage compared with twenty years ago,—a wage that is no longer considered as “pin money for a young lady until she gets married”, student nurses have a wage that enables them to live at about the same standard as other students on grants, but the higher ranks of these professions are still not rewarded adequately for the responsibility they carry. The introduction of overtime pay for junior hospital doctors has led to a dramatic improvement in their financial structure, until those in busy departments with a lot of emergency work may be getting several hundred pounds, even a thousand or more, than they will get as consultants for first few years of appointment to that senior rank. Area Health Authorities’ economies in nurses’ and housemans’ staffing often mean that the new consultant has to do junior’s work in addition to his own. Although there has been a small rise in general practitioners’ salaries, this has more than been wiped out by the general cost of living, high taxation, much heavier practice expenses, especially for those who want to do more than the required minimum for their patients, and it has been estimated that their standard of living has dropped by about £1,500 a year since 1974.

In this political and economic climate, we face increasing demands for SPORTS MEDICINE SERVICES. Sportsmen want and need immediate treatment, and skilled treatment for their injuries, from both doctor and physiotherapist. Increasingly, clubs and governing bodies would like adequate medical screening, and fitness assessment in the largely non-existant human performance laboratories. Dr. Frank d’Abreu, in a letter in the British Medical Journal of July 5th draws attention to the serious nature of many Rugby football injuries, and to the lack of sports medicine training in the United Kingdom. We cannot disagree. Injuries by fast bowlers have drawn attention to the lack of good medical facilities at many cricket matches, and many county clubs are requesting the presence of a doctor throughout all their matches. Mr. W. E. Tucker has pointed out the difficulties in providing medical cover for three-day matches, during which serious injuries are really unlikely to occur (and the Editor discusses this problem in the Proceedings of the symposium preceding the Annual General Meeting later in this number). In none of these requests is any mention made of adequate fees, either for doctors prepared to attend, or for physiotherapists who could give both emergency treatment, and good follow-up after medical consultation.

Financial stringency has had a major effect upon expenses paid to doctors and those in related professions for attendance at courses and conferences. Under “Section 63” we may be able to claim travelling expenses only for events for which full subsistence was reimbursed as well, only two years ago. Hospital and University staff are in a similar or even worse, predicament. The only pay that appears to have increased very significantly is that of the locum tenens. It is becoming more and more expensive to the doctor or therapist to practise sports medicine, yet there are still people who are prepared to improve their skills and knowledge and to travel at their own expense, for the privilege of looking after teams in which they have an interest. How much longer will they be able to afford to do this?

Within the past few days we have received some advance information about the 21st World Congress of Sports Medicine, to be held in Brasilia from September 7th-12 1978. During the coming year, we shall be making strenuous efforts to see what cheap methods of travel and accommodation may be available for U.K. delegates, so that we will be able to send more than the one official F.I.M.S. delegate to this important occasion. We should at least be able to inform the world as well as our own colleagues that sports medicine DOES exist in Britain. It would be appreciated if those who hope to attend the World Congress would get in touch with our Honorary Secretary, Dr. P. N. Sperryn, so that we have some idea of facilities to investigate. We only have a year in which to do this. A notice announcing the congress is in the Bulletin section of this issue.

We are trying to rectify the comments that sports medicine is non-existent in Britain, but so far only a small start has been made. We have had some hundred and twenty doctors for one-week introductory courses, and some thirty for a more advanced colloquium. Many more courses are needed, to train both doctors and therapists in at least the
rudiments of sports medicine. The annual BASM/FIMS course is not enough, nor is the annual meeting of the Chartered Physiotherapists in Sports Medicine; these are only pilot schemes, enjoyable and instructive as they undoubtedly are. We need much more effort, not just for national events, but also for local organisation. In this issue there is a letter from Dr. J. W. Walker, trying to enlist support for a new area in Berkshire and surrounding counties. A meeting has been arranged in Leeds for September 25th, during which it is hoped to constitute a Yorkshire Area of B.A.S.M. The two mainstays of the Lancashire area have departed to professorial appointments; John Brooke at Guelph University, Canada, and Harry Thomason to the Foundation Chair of Physical Education at Loughborough University. Both were lecturers in physical education at Salford University, and their departure has left Don Masterson, who has done so much for BASM in Lancashire, unsupported until he can rebuild his team, both for the work in his department, and for BASM. We are pleased to note that two of our members, John White and Bruce Davies, have been appointed, so there should be continuity of the work in the human performance laboratory in Salford.

A group of physical educationists with post-diploma qualifications in physiology, together with some physiologists, are in the process of forming an Association of Sports Scientists. We wish them every success, and hope to see a more extensive organisation of human performance laboratories to serve sport. How they will be financed is not known; at present, largely through the research grants of the individuals working in them. It is hoped that enough interested doctors will be available to assist in the clinical assessment in such institutions, and not only to give qualified cover and to "carry the can" if anything goes wrong. It is also hoped that the many BASM members in this group will keep in close touch with the clinical members, and prevent more fragmentation of various groups of people, working towards the same aim, but in ignorance of the results of work of each other. Publication of results of research to a small group working in the same field can be of great value, especially in the form of colloquia or seminars, where detailed techniques, pitfalls, failures, and early experimental work can be discussed freely with colleagues, but the end results must be fed to a wider readership, where they can be applied to those coaching or otherwise caring for the athlete.

In this issue of the Journal, most of the papers are on applied physiology. Some more papers are being refereed by the Editorial Board, and may be published in a later number. We still need a regular inflow of manuscripts, in clinical fields as well as physiological, as short case reports or preliminary reports of pilot work as well as fully documented original articles. Reports and proceedings of meetings are needed, and it is hoped that more will be forthcoming as we can organise area meetings, and have the benefit of communications from others apart from our regular contributors.

H. E. Robson

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CORRECTION: TREASURER'S/EDITOR'S TELEPHONE NUMBER

In some recently printed BASM stationery, the STD code for Leicester is incorrectly given as 0553 —. Please note that the code printed in BJSM 11:1 March 1977 is correct namely 0533 — 303436 (Surgery) 0533 — 303971 (Residence).