EDITORIAL

Despite current disapproval of drug-taking for sportsmen in nearly all national sports organisations throughout the world, some athletes still appear to be taking large doses of anabolic steroids. The evidence that this is a harmful practice is not entirely convincing, and may take many more years before autopsies can produce the necessary proof. The 1976 Olympic Games in Canada has been a stimulus to research and more widespread knowledge of the techniques of steroid detection, in sporting man and horse, but it is still difficult to detect the presence of synthetic steroids a very few weeks after ingestion of the drug has been stopped. During the summer, three papers and a letter on the subject arrived, written independently of each other, so it was considered best to produce them together as "Collected Papers on Anabolic Steroids" in this present number of the Journal. The first paper, by Dugal and his co-workers, describes the techniques they used for screening athletes at the Games in Montreal, using both radioimmunoassay techniques and gas-chromatography/mass-spectometry, both of which are very complicated and expensive techniques needing sophisticated equipment that only a very few centres can afford in any country. The work in this laboratory reported here is the first mass screening carried out for steroid doping in any major international event, and led to the banning from sport of some three or four offenders.

As a contrast to Dr. Dugal's screening for detection, Prof. Roy Shephard and his co-workers were able to find a small group of athletes who admitted to taking steroids in small doses, and were willing to act as subjects for some experimental work. The gain in weight and strength of this group was negligible and no harmful effects could be attributed wholly to the drug. The one man who developed mild diabetes might have done so without the stress of a synthetic steroid, but need we wait for an epidemic of diabetes amongst athletes before finding the need for any action?

The Norwegian Confederation of Sports have no doubts at all that such doping must be stopped, and authorise random tests of athletes during training. Their Sports Council will back this up with education of athletes, and a code of legal practice to discourage transgressors. A plea for more stringent action in the United Kingdom as well as in international sport has been put forward by one of our Olympic medical officers, in a letter to the editor.

A joint colloquium had been arranged for the summer between those concerned with doping in human and animal sport, but unfortunately had to be postponed owing to the withdrawal of promised sponsorship. Owing to the large amount of money that circulates in horse and greyhound racing, large, well-equipped and well-staffed laboratories have been set up to prevent the public from losing their money by fraudulent practices, but human dope detection depends upon the good will of a few busy analysts whose main responsibility is the investigation and treatment of the sick; dope detection of the doping athlete is done as a service to sport and depends upon the good will of the investigators who work largely in their spare time.

The Society of Sports Scientists have held their first symposium at Loughborough University of Technology, and it proved to be a more interesting and stimulating meeting than mere abstracts of the proceedings indicate. Discussion of each paper was lively, and critical in a constructive way. We are pleased to include these proceedings in this number of BJSM, and express our gratitude to Dr. Ernest Hamley for undertaking the major part of the editing. We hope to receive more manuscripts, perhaps enlarging upon the work described in abstract only so far, at a future date. Some of the papers, such as those of Baker and Atha, and Hale et al have clinical significance. Others are concerned with the educationally sub-normal child, with the methodology of investigations, and with the measurement of energy expenditure and the analysis of skill, the last two being possible new ideas of assessing stress in patients at work and at leisure.

The Association's annual Basic Orientation Course in Sports Medicine, as announced in the notices enclosed in BJSM Vol. 11 No. 3, will take place at Loughborough University from April 2nd-7th. The programme will start on the evening of Sunday 2nd, and finish in the late afternoon of Friday 7th, 1978. The syllabus generally will follow that of previous courses, but it is hoped that more time can be allotted to group discussions and small seminars. Applications for approval of this course have been made to the Department of Health and Social Security under Section 63 for general practitioners' post-graduate training. As grants from Universities, Local Education Authorities and Family Practitioner and Area Health authorities may be very limited, early application to the organising sub-committee of BASM is essential. This committee, in turn, will ensure that the acceptance or refusal of any application is notified at once.

The national economic situation has led to restriction on colleges and universities offering accommodation at subsidised prices, so it is regretted that a higher charge than for previous courses will have to be made. As
accommodation alone will cost about £45, it will be impossible to run the course at less than £75 for each person requiring board and accommodation. A reduced charge will be made to those not wanting residence, or applying too late to be given a room in the University Hall of Residence and having to make their own arrangements for hotels. The organising sub-committee consists of Prof. Harry Thomason, in whose department the course will be held, Dr. Peter Sperryn, Hon. Sec. BASM and Dr. Henry Robson, Hon. Treasurer, BASM. A detailed syllabus and booking forms will soon be available to those enquiring.

The next issue of the journal, Volume 12 No. 1, should be published in March 1978, and we have received several articles of clinical interest that are being considered as the current issue goes to press. We do want a better balance of articles, so need more clinical articles of good quality. We would be most reluctant to have to rename our journal “the American Journal of Exercise Physiology”! We are indebted deeply to our overseas contributors, hope we continue to receive these excellent articles, but would like more of clinical interest from the United Kingdom and elsewhere.

Our Association will soon face a quandary about its future role. Should it remain a club, run largely for the benefit of its members? — or should it be a recognised national institution? Should we depend on our members’ subscriptions to run the organisation and its journal? Should we try to sell out our journal to one of the large publishing companies? Should we have a permanent office with professional administration? — and if so, who will pay for it? Should we offer a post-graduate diploma in sports medicine, or are there too many diplomas already in existence? One thing that every member can do is to try to recruit more members from amongst his colleagues who have the necessary qualifications for membership: — a degree in medicine or a related discipline, a physical education qualification recognised by the DES, or a qualification in a profession supplementary to medicine that is recognised as eligible for state registration.

An encouraging start has been made in Edinburgh to run a sports medicine clinic at the Meadowbank Stadium. There are many teething problems — staffing, fees, charges to patients, NHS or not, which local authority will give support if any, but we hope that these early difficulties will soon be sorted out, and a clinic established at the point where injuries occur, but with an adequate back-up service from local hospitals. Plenty of volunteers have agreed to act as medical officers and physiotherapists to this clinic, and it is hoped that the initial enthusiasm will continue. It is interesting to note that the weekly doctors’ newspaper “General Practitioner”, in a review of the part-time work that brings in money to the practice, classes sports medicine as — “rewarding for the enthusiast; pay — generally poor”, and this includes medical appointments at professional events such as football, horse racing and boxing. Amateur sport as a source of practice income is hardly mentioned, facilities for watching sport are big business, but the medical care of the sportsman certainly is not!

H. E. Robson