

EDITORIAL

One of the more important points of concern for anyone dealing with the administration of sport and with sports medicine, is unfairness in competition. This Association has played its part in trying to eliminate unfairness by doping, and has been a pioneer in advocating international control in many sports, and for helping to establish and encourage dope-detection procedures. There are, however, other ways in which competition can be unfair; Amateur compared with "Shamateur", political and racial discrimination, and classification of childrens' events by chronological instead of physiological age. In a group of normal healthy fourteen-year-old boys, it may be possible to find some that have not a single public hair to display proudly, and another who may already be the father of twins, nine inches taller, and three stones heavier, yet some three years later may be almost identical with each other in physique. Three of the papers published in this issue deal with the problems of the adolescent in competitive sport. Orava and Puranen discuss overuse and other exertion injuries in Finnish teenage athletes, which run quite a different pattern to those found in adults, and should act as a warning to casualty officers and orthopaedic surgeons to enquire about the sports in which a young patient participates, and AT WHAT LEVEL. Every boy, and many girls as well, "play football", "run", "jump" or "swim", but further questioning is needed to establish whether any of these activities are taken seriously, and might predispose towards exertion injuries. Roy Shephard and his co-workers discuss the variation in size and maturity among Canadian adolescent and pre-adolescent ice-hockey players, and compare them with local norms for the same chronological age, and Pamela Robinson and her co-workers discuss some of the physiological stresses placed upon the respiratory systems of age-group girl swimmers. T. Hale and Fiona Bradshaw report work on heart rate changes during physical activity in school girls, physical education and other students. Although grading competitors by size or weight eliminates some of the unfairness, and perhaps the temptation to take anabolic steroids, as mentioned by T. Khosla in this and other journals on many occasions, physical maturity is more important, and a small mature boy has every advantage over a large pre-adolescent of the same age and weight. The games master is not in a good position ethically to grade according to maturity, but perhaps the choir-master could carry out a better assessment. The first three high notes of one version of the Magnificat eliminated the Editor and most of his contemporaries from the choir trebles at his school.

We include a paper by Gail White and R. J. Young on the cardio-respiratory function of older women, supporting the view that exercise, especially in the older group, does reduce the amount of fat to a measurable degree, though there was a slight increase in body weight, presumably due to improved muscle development. The skin-fold callipers will be a better guide to fat dispersal than the bathroom scales. These authors also show that there was a significant increase in body density – a much more difficult parameter to assess. A simple and relatively inexpensive technique is described for estimating underwater weight by Thomas and Cook in the following article. Volume can be measured by the amount of water displaced after submersion – a method described brilliantly by Guy de Maupassant in one of his short stories concerning the sale of a woman by volume of cider displaced from a barrel.

The Proceedings of a seminar held in May, 1977 at Liverpool Polytechnic are printed. Papers from Leon Walkden about Rugby football injuries at Twickenham, from the Physical Education Department of the Polytechnic on personality of the injured, training, injury prevention are included, and a note on fitness testing after injury by a physiotherapist, Dennis Wright.

B.A.S.M.'s programme for 1978 is being compiled, and preliminary notices about several events have already been sent out. Meetings are to be held in both Leeds and Cardiff, during which it is hoped that Yorkshire and Welsh Areas of the Association can be set up, especially to cater for the many members who find it very difficult to attend functions in the Midlands or Home Counties. Plans are going ahead for the fourth sports medicine course, to be held as already announced at Loughborough in April. This time, the course is being run entirely by B.A.S.M. and not, as the previous three courses, under the auspices of the International Federation of Sports Medicine. New regulations laid down by F.I.M.S., we felt, were too rigid, and would have involved doctors attending the course in much higher costs than our budget, calculated before the new regulations were announced, would allow.

In the international field, we have been notified of four major events. The International Course on Sports Cardiology takes place in Rome from 11th-14th April; Kinanthropometric Techniques, in Brussels, July 14th-20th, and in Edmonton, Alberta, Canada, from July 25th-29th, the International Congress of Sports Sciences, which includes a section on sports medicine. The main event will be the World Congress on Sports Medicine in Brazilia, from September 7th-12th. We hope that several people will be attending this last event from the U.K. and the adjoining areas of the West coast of Europe, so that there might be a chance of trying to negotiate favourable travel and accommodation terms if booking is made early enough. So far, the few serious enquiries received do not justify any such negotiations!

The British Association of Sport and Medicine continues to grow in membership; a hundred and forty new members were elected during 1977, and a further forty or more in the first month of 1978. Membership is ten times the number of the first year of the Association in 1953, and the financial turnover has increased from £63 in 1953 to £5,500 in 1976. We now have about 850 members, just over 50% doctors, and the remainder equally divided between physical education and biological sciences, 25%, and those in professions supplementary to medicine comprising the other 25%. External sales of the Journal to libraries etc. approaches 200 subscribers, and the increased load of work has necessitated some professional clerical help, for both the Treasurer/Editor, and the Hon. Secretary. This has already led to some improvement in administration of the B.A.S.M., and it is hoped that this improvement will continue. Already subscription arrears are being called in more efficiently, enquiries answered more quickly, and manuscripts dealt with in greater detail. There is still a lot of work carried out by very few, and help is needed to organise meetings, edit their proceedings, and answer technical enquiries.

The position regarding sports medicine clinics is still far from satisfactory. A question has recently been asked in the House of Lords about the provision of centres in the U.K. The Government spokesman, Baroness Birk, gave a written reply on January 17th to the effect that the National Health Service treats sports injuries on the same basis as other injuries, and is collaborating in trials carried out in clinics attached to major sports centres. Clinics providing medical services already exist in two centres of sporting excellence, Leeds and the Crystal Palace. We suppose we should feel happy that the words "Sports Medicine" have reached the House of Lords officially, though a recent report in Pulse (January 7th, 1978) suggests that the Leeds clinic is swamped with work, too much for the single-handed doctor who runs the clinic as a part-time commitment, with virtually no financial support, and a negligible chance at present of getting any assistance from new appointments of junior hospital doctors or clinical assistants. The only commodity that the clinic does not lack is patients! A report on the new clinic being set up in Edinburgh at Meadowbank Sports Centre has been promised as soon as the clinic is operational. Fortunately there are still doctors and physiotherapists willing to give up their spare time to work in a voluntary capacity in such centres, but with a growing demand for their services, waiting lists will have to develop, but we hope there will never be the seventy-week wait for appointments that some orthopaedic departments have for out-patient consultations at present. If sports medicine services are wanted, they will have to be paid for, somehow; by the State, whose coffers are far from bottomless, by the clubs, supporters' gate money, or by the athletes themselves.

Early this year we heard of the death of Mr. Harold Abrahams, younger brother of our Founder President, Sir Adolphe. Mr. Harold Abrahams was a noted athlete, and when delivering the Adolphe Abrahams Memorial Lecture to B.A.S.M. in 1968, paid high tribute to the encouragement and physiological advice of his brother. We have also heard of the deaths of three B.A.S.M. members, Dr. Lew Blonstein, Dr. Nicolas Paparescos, of Athens, and Mr. Patrick Power, of York. Their obituaries appear in the Bulletin section of this number.

On a more cheerful note, members of B.A.S.M. have again figured in the New Year's Honours, and in the award of a Churchill Scholarship, as reported in the Bulletin section of this journal.

NOTICE

JOURNAL OF SPORTS MEDICINE AND PHYSICAL FITNESS

As announced in the last issue of our journal, the publishers, Edizioni Minerva Medica, of Turin, announce that the cost of this journal, the official journal of the International Federation of Sports Medicine, will remain at the 1977 rate. To B.A.S.M. members this will amount to £8.00 or \$13.00 U.S.

Anyone re-ordering this journal, who has failed to confirm this order, should add 50 pence to the cheque to allow for the high cost of sending small sums of money abroad. Cheques should be made out to B.A.S.M. and sent to the Hon. Treasurer.