EDITORIAL

After some fifty years of struggling for recognition, over twenty-seven in the U.K., sports medicine seems to be getting some official status in Britain, Western Europe, Australia, New Zealand and North America. In other countries in Asia, South Africa and Africa greater interest is being taken. Conditions vary in different countries, but there is much common ground within the countries of North West Europe, and some developments in these countries are reported in this journal. Other international events and ideas are specified in the Honorary Secretary's Column at the beginning of the Bulletin section of the journal. One result of this upsurge of interest is the appearance of a diversity of journals and sports medicine and sports science organisations, tending to work in isolation and sometimes even in rivalry. It is encouraging to see that sports injury clinics are beginning to appear in hospitals run by the National Health Service, and recognised by the Sports Council. Twenty-four such clinics are listed in England alone, and we know that in Scotland the Meadowbank Sports Medicine Centre is concerned with wider aspects of the subject than injuries alone. Large sports centres would seem logical venues for such centres, provided that they are staffed by doctors and physiotherapists with correct training, and that there are adequate back-up hospital facilities within easy reach, and that the goodwill of the local general practitioners is secured. General practitioners already have to share patients' care with hospitals, but also with maternity and child welfare clinics, well-woman and BUPA screening clinics, factory medical organisations, family planning clinics and others, so the advent of a sports medicine service on top may not be welcomed by all, especially if the GP is expected to prescribe drugs and appliances he has not initiated. The present economic recession which has hit most of the world makes it difficult to fund what many regard as only a luxury form of medicine for a privileged and unimportant few.

JOURNAL COSTS

Economic difficulties do not face sports injuries clinics alone, but this journal as well. It was with some reluctance that we decided to raise the price of BJSM in 1975 to its present rate of £5 for U.K. customers and $15 US for overseas. Membership subscriptions were raised to about the same, £5 a year for ordinary membership, which included the journal. Since 1975, all prices have risen to an alarming extent, and we must now give notice that there will have to be a proposal to increase all subscriptions, put to members at the next Annual General Meeting. It is hoped that a £2 increase will be enough, and will apply throughout all membership and journal subscriptions., but if costs increase much more, this may not be enough. If we compare other subscriptions paid, the BMA subscription in 1945 was £30, in 1981, £100; Chartered Society of Physiotherapy, £6 in 1975, £12 in 1979; Anatomical Society, £7.35 in 1975, £12.50 in 1979 and likely to go higher. We have only been able to keep to our 1975 level by getting some advertising revenue, and by a large increase in both membership and external library sales. Postage has doubled, and so has the cost of paper and all other printing expenses. Some of the sports medicine courses have given us a profit, but with two increases in accommodation charged by universities for external courses, and a doubling of the travel expenses of lecturers, all taking place after the course had been advertised at what seemed a fair fee when decided upon over a year before it was run, we only just managed to cover expenses, and reduced sponsorship did not help.

"THE DECLARATION OF VANCOUVER"

This is not a major political statement, but the recommendations of a committee of biological and medical journal editors that first took place in Vancouver and resulted in the production of a booklet, "Uniform requirements for manuscripts submitted to biomedical journals". A second meeting took place in Montreal in 1978, and its recommendations were published in the British Medical Journal, 1978, I.1334. Two meetings have since been held in England to which invitations to Brit.J.Sports Med. were sent and accepted. Some of the recommendations, for example the elimination of unnecessary full stops, italic and bold type, especially in references, have already been put into operation in this journal, with some speeding up of type-setting and proof correction. The main area in which we are not yet following the Vancouver style is in references. For short articles, such as the short reports in the Brit.Med.J., with three or four references, the use of numbers seems satisfactory, and does not interrupt the flow of the text. For the longer articles we use, as do most of the basic medical scientific journals such as J.Anat., the Harvard system, giving one author and the year of publication, has many advantages, and the reader has immediate knowledge of the origin of statements without having to hunt to the end of the article. Perhaps a compromise would be possible, with care taken in writing and editing papers. Instead of the Vancouver style ". . . it was reported (23) that . . ." or the Harvard "Smith et al (1972) reported that . . ." the compromise suggested by Stephen Lock, Editor, BMJ, was "as Smith and his colleagues noted in 1972 (23), . . .". For the time being we shall continue our policy of using the Harvard system in alphabetical order of first authors (developed in the USA) rather than the Vancouver style (also developed in the USA) in which references are given in numerical order in which they appear in the text; it is easier for an editor to convert Harvard to Vancouver style than the other way round, though both systems could be used in the text and the reference

section only could be given in both styles by authors submitting MSS to more than one journal, or to journals where the reference style is unknown. Both Medisport and The Physician and Sports Medicine use the numbered system.

THE CURRENT NUMBER

This number of BJSM contains three articles concerning women in sport; a report from Leeds on the incidence of osteoarthritic changes in older teachers of physical education, which is encouraging for those who wonder whether physical activity will make degenerative joint disease more likely and two papers on maturation. Contrary to what many of us believe about the precosity of girl swimmers and gymnasts, menarche appears later than in inactive girls of similar ages and backgrounds, in Europe as well as in India. The reasons for this could make an interesting research project, and we hope this idea will be taken up; Anorexia of training? Overproduction of androgens? Stress effects on the suprarenal-pituitary axis?

The role of serum lipids in coronary artery and peripheral vascular disease is still provoking much interest, and recently the protective effect of the high density lipoproteins, stimulated by exercise, has warranted study. The paper by Donaldson and Kester discusses this. Another article from a cardiology department, this time from Finland, records work on oxygen uptake.

Much of sports medicine is concerned with trauma, and a paper from Ganel and colleagues in Israel stresses the need for early and accurate diagnosis, this time applied to scaphoid fractures. Four case reports are included, and there is a statement from the Rugby Football Union concerning rugby in schools.

As this is the last number of Volume 14, 1980, the CALL FOR SUBSCRIPTIONS FOR 1981 is included, and a list of the eighty or so new members elected since the last journal appeared. We extend our welcome to these new colleagues, and hope for their support.

ERRATUM

"A Guide to Sports Medicine" by P. Stokes. This book was reviewed in BJSM 14:2/3 by Dr. P. N. Sperryn and not Dr. J. G. P. Williams. We apologise to both.