EDITORIAL

It is now almost thirty years since Sir Adolphe Abrahams and Sir Arthur Porritt had the idea of forming a branch of FIMS (the International Federation of Sports Medicine) in Britain, and this organisation was established at a preliminary meeting in 1953 as the British Association of Sport and Medicine. Since then, there has been a continuous struggle to have sports medicine recognised as a respectable entity in the medical establishment. It is therefore with considerable pleasure that we learn that the Porritt Fellowship has been established by the Royal College of Surgeons to encourage the study of sports medicine and related injuries, as an annual award open to Fellows of any of the Royal Colleges of Surgeons in the UK, or to medically qualified members of the scientific departments of these Colleges. The fellowship is worth £5,000, and will be awarded annually. The money is a donation from the Winthrop Foundation. No details are known about the criteria for this award, but enquiries should be made to the Secretary, Royal College of Surgeons, Lincoln’s Inn Fields, LONDON WC2A 3PM. Our next hope is that recipients of this fellowship will subsequently be able to find posts in the United Kingdom in which the knowledge they gain can be put to practical use. Correct job placement for those with an interest and expertise in sports medicine is not a problem in Britain alone, but in many of the countries of North West Europe, as well as in most of the developing countries of Asia, Africa and South America. Enquiries are received frequently by the officers of the BASM from young doctors, in the UK and elsewhere, asking for advice on how to start a career in sports medicine. The advice we hand out is first, to obtain the necessary higher degrees or diplomas leading to specialist qualification, then apply the sports medicine interest to their chosen specialty. At present there are no SHO, Registrar or Consultant posts in sports medicine in the UK. We depend for the staffing of sports injuries clinics upon those enthusiastic orthopaedic surgeons, rheumatologists and general practitioners who incorporate the sports medicine work within their normal hospital or practice work, or more usually additional to their ordinary work.

Apart from trauma, much effort in sports medicine is devoted to the cardiiological problems of exercise in the middle-aged and in those recovering from ischaemic attacks. This number of the journal opens with a thorough discussion of exercise testing by Prof. Roy Shepherd in Toronto, and supported independently by a short review contributed by Dr. Ivan Sharman, the Cambridge nutritionalist. Orienteering appears to be one of the safer sports, but is not free from minor injury, according to a report from the Irish Republic by Jean Folan. More serious injuries, mainly to runners, are dealt with by Cetti, from Denmark, who records Achilles tendon repair under local anaesthetic with an incredibly low incidence of complications, and by Mike Hutson and Peter Jackson from Nottingham who use a hinged cast brace for lateral ligament tears of the ankle. A horrifying photograph of an accident with a ski stick has been reported by Roe and Pearson of Bury Hospital, but was fortunately almost free from sequelae. I was reminded of an even more terrifying account from my former surgical chief, who moved his field surgical unit to a casualty clearing station in the Anzio beach head, to find that an enthusiastic regimental medical officer, having a recollection that skull traction was one of the best ways of treating cervical spine fractures, and not having the relevant skull callipers, inserted a Steinman’s pin through holes bored through either side of the skull, managing by a miracle of chance to avoid all the cranial nerves, the carotid arteries, circle of Willis, cavernous sinuses and pituitary stalk! With more conventional traction, the patient made a full recovery.

Another hazard of exercise is reported from Ireland by Chester and Murphy, who record the onset of chest pain due, not to ischaemic heart disease as expected, but to a spontaneous pneumothorax.

Many injuries, not only in sport but in everyday activity, can be prevented or attenuated by mechanical protection, but safeguards such as motor cyclists’ crash helmets and seat belts are resisted as infringement of civic rights. The use of mouth guards, now compulsory for boxers, is still resisted by many Rugby players, especially the younger ones, and a survey by a Surrey dentist, H. Upson, again presses home the point that properly fitted mouthguards reduce dental injury and often intracranial trauma as well.

In the past two or three years there have been many investigations into the effects of exercise, especially the very hard training of young gymnasts, swimmers and dancers upon the age of menarche of those starting such activities before adolescence; most of these studies have involved European or North American girls of European descent, so we welcome a survey on age of menarche in Nigerian athletes by Mathur and Toriola. To show that doctors not only watch sport and sportsmen, we include a report by Beresford on the World Medical Tennis Championships, held in Bournemouth this summer, and certainly not restricted to the young, that is, the under-seventies.

Finally, a report upon some of the 400 papers given at the 22nd World Congress on Sports Medicine last June and July is presented by Peter Sperryn. Obviously with so many simultaneous sessions taking place, only a small selection can be attended by any one person, and his own fields of interest will govern his choice, but it is an interesting account
of some of the more important developments in various aspects of sports medicine. The Organising Committee are selecting the best hundred papers to publish as the official Proceedings of the Congress, and it is hoped that this will be on sale during the first half of 1983. Enquiries and orders should be sent to: The Congress Secretariat, Possingergasse 2, A - 1150 WIEN (VIENNA), Austria.

Again there is a reminder that ALL subscriptions are due on January 1st. At the time of writing this column, late November, there are still some 150 members in arrears of subscription, either for the full amount of £10, or who have failed to update their previous bankers orders and have only paid £5. Apart from four notices in the journal and other mailed notices, each has been sent TWO PERSONAL REMINDERS. Laxity in paying subscriptions hampers seriously the work of the Association, and makes any budgeting very difficult. Members of an Association who do not wish to continue their membership must take the active step of submitting their resignation; it is not enough just to cancel a bankers order, or merely not send a cheque.

APOLOGY In the September issue on page 196, a photograph of Dr. Clyde Williams was wrongly labelled as being that of Mr. Ian Wood. We offer our apologies for this error to both these gentlemen.

---

**BOOK REVIEW**

**Title:** INJURIES IN COMBAT SPORT  
**Author:** Greg McLatchie  
**Publishers:** Offox Press, Oxford  
**Price:** £5.95  
**Pages:** 176  
**Figures:** 48  
**Index:** ISBN 0-9506989-2-X

In the introduction the author emphasises the point that "the only deleterious effect of 'Sport for All' is injury" and "we feel that this aspect of the sporting boom has been considerably understated."

He then classifies the combat sports into three groups; (1) Punching, kicking or both (2) Predominantly grappling and throwing (3) Predominantly involving the use of weaponry.

This book is written essentially for coaches of combat sports. There is an account of the evolution of safety control in boxing, the lessons from which other sports could well take note. Guidance is given on when medical aid should be sought immediately, later the same day, or by appointment within a few days.

The earlier chapters are concerned with injury prevention by training, the special problems of female competitors and diet. Perhaps a little more could be said about the need for Vitamin C to help with metabolism especially in endurance events, the ineffectiveness of Vitamin E in endurance (and to warn about heavy expenditure on "magic" dietary supplements). The addition of excretion of water in urine could be added to the list of routes of water loss — faeces, sweat and breath are the only ones stated. Another danger is the illustration and description of the humeral origin of the biceps brachii muscle! A few other minor errors should be eliminated in a subsequent edition. In the list of first-aid equipment there is a use for 6" elastoplast bandages, except to split them into 3", 2" or 1½"? In handling neck injuries a five man LIFT technique is used not a LIFE technique (though the latter phrase is most applicable), the trachea is NOT the gullet when describing the vagus nerve and it is UNDISPLACED fractures that occur when the bones remain in good alignment not DISPLACED ones. It is Fig. 4 that illustrated head protection and not Fig. 3. The phrenic nerve does not supply the shoulder, there are eight small bones in the wrist, not light ones, and another printer’s error in the same section, “strapping OFF plaster of Paris”.

It is a pity that these small but sometimes significant errors were not spotted in proof, as they let down what is otherwise a useful and readable book for the coach or competitor not only in combat sports but in other sports such as football in which similar injuries can occur. The sections on injuries to the nervous system are especially well done and the book concludes with a series of twenty actual case histories, with a question of how the outcome, sometimes fatal could have been prevented, and recommendations for safer competitions and training.

H. E. Robson