

EDITORIAL

The recent World Athletics Championships held in Helsinki have, as expected, brought forth criticism both in the medical and popular lay press about the shortcomings of British sports medical care. The lack of a specialist sports medicine service has been blamed for the pre-games poor performance of Sebastian Coe, though it is very difficult to imagine what such a specialist would be able to do to prevent the effects of a debilitating virus infection, whether Influenza A, Epstein-Barr or whatever type it eventually proves to be (and it takes many weeks of very specialised viral studies to culture and identify the virus responsible, by which time the sufferer has usually recovered, died, or accepted his reduced work capacity). No sports medicine specialist will be able to persuade viruses to yield their identity any faster, or to find an effective antibiotic against them. Dr. Leon Walkden, speaking as an officer of the British Association of Trauma in Sport, emphasised that medical care cannot be forced upon athletes, and Mr. Peter Sebastian, Secretary of the Institute of Sports Medicine reiterated that twenty years of trying to bring together sport and medicine have not been very successful, as there has been little help from sports organisations.

We cannot accept the present amateur status of sports medicine in the United Kingdom with equanimity, but with Health Service cuts biting deeper every month, there is little hope of Government funding. A Scottish member of our Executive Committee, Dr. Clifford Lutton managed, through the Lothian Division of the BMA to have accepted the idea that "A Sport and Recreation Service be set up within the National Health Service and that new funds be made available for such a service". We shall see!

At this time many other matters take the attention of the medical profession. Which hospitals shall be closed? (The Recovery Home to which the Editor is Clinical Assistant is certainly one, and Farnham Park is threatened); How will doctors' pay be affected? Must general practitioners retire at 65? Is there any merit in various forms of Alternate Therapy such as acupuncture, chiropractice, homeopathy, herbalism and some that sound quite outrageous? Making sex safer for a few hundred precocious under-age schoolgirls, vitally important though this issue is, appears to take priority over making sport safer for several hundred thousand.

We learn that most female athletes in UK teams are now taking "the Pill", some for contraceptive purposes, but many for menstrual control. It is difficult to know how many are in each category; for alleviation of painful periods or irregular cycles, the "pill" costs a girl £1.40 prescription charge, but if she signs Form FP 1001 she gets the "pill" free. In the USA, however, this trend seems to be reversed, as more athletes revert to barrier methods of contraception. As the pressure of training increases, and longer distances are being run, anovulatory cycles may become more common, as will delayed menarche (already noted in very young ballet pupils and gymnasts). The need for contraception, and menstrual control may be needed less and less, and the stone age pattern be found again, in which women, following the hunters of the tribe for many miles a day, probably only menstruated when leading a more settled and physically inactive life when they stopped running and made a home in which to breed. An unusual hazard of jogging as been reported in a letter to 'Pulse' – July 23rd, by Dr. Iain Glencross of Halifax. He describes a typical "jogger's nipple" lesion in an accessory nipple, which had given no trouble until she started hard training.

Women's hormones may not be the only ones affected by exercise. Reports from Los Condores University, California, suggest that long distances run, approaching a hundred miles a week, can lead to a fall in testosterone level, with a corresponding fall of libido, sometimes impotence. Whether this is due to the splanchnic shunt, the production of prostaglandins in stressed muscles or mechanical concussion on the hypothalamus affecting pituitary control is not yet known, but all these ideas have been put forward by Horowicz and Whipple, quoted in 'General Practitioner' April 1st, 1983. We gather that car stickers are available in Los Condores that read "Too much jogging makes you limp". Foot and leg problems, of course, are always with our athletes.

The stresses of modern athletic training have been causing concern in this country as well. Stress fractures seem to be occurring more frequently (or perhaps are being diagnosed more efficiently). Now other stress-related injuries are being described. Dr. A. M. W. Porter reported intestinal bleeding, in a report in *Brit.J.Sports Med.* 16: 178, 1982, attributed to the "caecal slap syndrome". Another of our members, Dr. David Ryde, suggests that as athletes become more highly motivated they tend to ignore protective pain impulses and run into injury. Dr. Clyde Williams, at the University of Loughborough, is investigating the possibility of developing training schedules that are designed to increase enzyme activity to limit lactate accumulation, a hopeful line of research that may enable laboratory experiments to have practical applications. Some of his work on prolonged exercise, including lactates, is included in the first paper in this journal. Injuries sustained in marathon training are reported from Aberdeen by Maughan and Miller, and a stress fracture of a sesamoid bone, a useful reminder that such conditions occur, is reported from Denmark. Physiological effects of exercise, this time without injury, are described by Christensen and Ruhling, and upon thyroid hormones by

Siddiqui and his colleagues, both papers from the USA. From the UK are two accounts of training upon adolescent boys; Watkins and Ewing from the Scottish School of Physical Education, Jordanhill College, and Neil Armstrong and his colleagues from Liverpool and Salford.

The recent Test Match against New Zealand seems to be reflected in an Anglo-Kiwi controversy regarding some ENT problems of sub-aqua diving. Those involved are Noel Roydhouse, the very experienced New Zealand otorhinolaryngologist and a longstanding member of BASM and William McNicoll, until recently the Royal Navy's ENT surgeon and diving expert, and a participant in the symposium on diving medicine held at Nottingham University in April this year.

Finally, it is not without some sadness that we announce that the Printing Division of the Loughborough firm, Wells and Blackwell, has been taken over by another Loughborough firm, Barrow Reprographics. The Managing Director, Mr. Greenhalgh, has promised to do all he can to continue to produce this journal, and we are relieved to know that most of the key people who have produced our journal for many years are moving to the new business; Walter Leeson, the Works Manager and one of Leicestershire's leading photographers, Sally Cowdell who sets the IBM computerised type, George McMorran, blockmaker and lay-out expert, Paula Clarke and Winnie Sleath, offset litho printers and Pauline Stone in charge of binding and despatch. We hope the change-over, which took place at the end of August, will go smoothly, and that there will be no delay in the production of the Journal and the Annual General Meeting notices.

NEWS OF MEMBERS

It is regretted that most of the news we have concerning BASM members is sad. We learn of the deaths of two founder members, Dr. J. Bodkin ADAMS, and Dr. S. Leonard SIMPSON. We have also heard of the tragic death at the age of thirty of Dr. Patricia GRANT, who died after a fall at a horse trial. Obituaries are included in this issue.

Dr. Rex SALISBURY WOODS, another founder member, has had to retire from practice owing to ill-health, after sixty-four years in general practice in Cambridge. He was a shot-putter in the Paris Olympic Games in 1924, and a keen golfer until his illness earlier this year. In the Editorial mention was made of suggestion that GPs should retire at sixty-five. Dr. Salisbury Woods remained in active practice for twenty-five years beyond that age! May we wish him rapid improvement from his illness.

On a happier note, we offer our congratulations to Dr. Margaret AUSTIN, who recently received the insignia of Officer Sister of the Order of St. John. She qualified at the Royal College of Surgeons, Dublin, in 1969, and worked in Preston and the West Midlands before moving to Leicestershire where she is a partner in general practice. She and her husband David, a consultant ophthalmic surgeon at the Leicester Royal Infirmary, joined BASM in 1981. She is at present County Nursing Superintendent of the Leicestershire St. John Ambulance Brigade, and Honorary Medical Officer to the National Pony Club and to the Fernie Hunt. She is also a qualified riding instructor.