

EDITORIAL

The two main changes that are to be found in this first issue of our journal for 1985 are its mode of packaging and its size. The latter would require the printing of a large number of heavy envelopes, which do not always survive Post Office handling well, and each issue we have several journals returned by the Dead Letter Office from which the adherent label has become detached. The lightweight plastic covers should prevent this, and also give us the chance of using the reverse of the address form for any last-minute notices to be inserted just before publication, so PLEASE LOOK AT THE BACK OF THE ADDRESS SHEET.

The change to A4 size is forced upon us by economic needs. The paper we used to use for the 10" x 16" folded sheets – after trimming, is no longer available, and the last two numbers have been printed on paper designed to be trimmed to A4 size, leading to an enormous amount of waste, and with a 70 page issue x 2,000 copies this amounts to a significant loss. Paper is getting very expensive, and, like oil, is sold in bulk in US dollars. We apologise to those who are binding or storing journals – there will have to be a drastic reorganisation in my own study to accommodate my own journals and our stock of back-issues. By using longer lines, getting two more letters the size of "M" on each column, and getting many more lines on each page, we should be able to reduce the number of pages by about 30% for the same amount of editorial material.

The present issue is again a large one, as it contains business reports that would normally have gone into the December 1984 journal, but as that was devoted to the Marathon, AGM reports and the abstracts of the short papers presented at BASM's Congress '84 are held over until now. We had also an accumulation of submitted material from all over the world, some still undergoing refereeing and revision, and others, especially the shorter clinical reports, ready for inclusion in this March number. We are also receiving more books for review, and include eight reviews. Short reports in the form of "Correspondence" come in, including a self-case report from a 16 year old schoolboy, who hopes to follow his father and sister into medicine, and wants to join BASM as soon as he is accepted.

Pressure of space and the increasing number of articles submitted leads us to request authors to submit shorter articles; the majority of the exercise physiology reports could really be reduced to five pages of typescript, one page of tables, and six references. Today, I received a 31 page article with 60 references. We will either have to reject most of the articles submitted, or request shortening to include more. We realise that no major scientific discovery or significant surgical innovation will be submitted to any sports medical journal for first publication.

Despite our attempts to keep down the journal costs, each issue is now costing us some £5,000 including ever increasing postal rates, and it looks as if a rise in subscription rate will soon be forced upon us just to continue our present commitments, though we would like to expand our services. Computerisation of records will cost money, but should save a great deal of time, and therefore secretarial wages. Our membership is still increasing – we have 50 new members to put forward to the Executive Committee in March and more could come in during the ensuing three weeks. The external subscriptions for journals is increasing at a faster rate bringing in welcome dollars, but taking a lot of time in invoicing and recording. Some 40 hours a week in total are taken up by the Treasurer/Editor and his assistant, Mrs. Harris, and a similar amount of time by the Hon. Secretary, Mr. David Chapman and his staff – quite a time consuming spare-time hobby conducted from home! The Association's officers continue to

be bombarded by strange requests – "How can a body-builder buy steroids?" "How many factories in the UK have gymnasia, and how are they equipped?" "How can a medical student devote his future career to specialist sports medicine in the UK?" "... in the Middle East?" "... in India?" "How can I cure my sprained ankle?" to mention only a few queries received in the past fortnight. For an organisation getting very little support from the 'Medical Establishment' or from sports organisations we are expected to provide these bodies with a great deal of authoritative information.

STEROIDS IN SPORT: American College of Sports Medicine – Position Stand

This six page report reviews the literature from 115 sources, and the main points it raises are:

1. Anabolic-androgenic steroids in the presence of an adequate diet can contribute to increases in body weight, often in the lean mass compartment.
2. The gains in muscular strength achieved through high-intensity exercise and proper diet can be increased by the use of anabolic-androgenic steroids in some individuals.
3. Anabolic-androgenic steroids do not increase aerobic power or capacity for muscular exercise.
4. Anabolic-androgenic steroids have been associated with adverse effects on the liver, cardiovascular system, reproductive system, and psychological status in therapeutic trials and in limited research on athletes. Until further research is completed, the potential hazards of the use of the anabolic-androgenic steroids in athletes must include those found in therapeutic trials.
5. The use of anabolic-androgenic steroids by athletes is contrary to the rules and ethical principles of athletic competition as set forth by many of the sports governing bodies. The American College of Sports Medicine supports these ethical principles and deplores the use of anabolic-androgenic steroids by athletes.

This document is a revision of the 1977 position stand of the American College of Sports Medicine concerning anabolic-androgenic steroids.

This statement is much in accord with the views of our own Association's Executive Committee and at least the overwhelming majority of our members.

PREVENTION OF THERMAL INJURIES DURING DISTANCE RUNNING: American College of Sports Medicine – Position Stand

This document is a consensus opinion of advice given for organisers of Marathon type runs and other events that may take place in extremes of heat or cold. Most of the points stated were discussed in the last issue of this journal, *Brit. J. Sports Med.* Vol. 18, No. 4, December 1984. (We hold a reasonable stock of back issues – £4 each from the Editor's office).

Purpose of the Position Stand

1. To alert sponsors of distance-running events to potentially serious health hazards during distance running – especially thermal injury.
2. To advise sponsors to consult local weather history and plan events at times when the environmental heat stress would most likely be acceptable.
3. To encourage sponsors to identify the environmental heat stress existing on the day of a race and communicate this to the participants.

4. To educate participants regarding thermal injury susceptibility and prevention.
5. To inform sponsors of preventive actions which may reduce the frequency and severity of this type of injury.

RECOMMENDATIONS

1. Medical Director

A medical director knowledgeable in exercise physiology and sports medicine should co-ordinate the preventive and therapeutic aspects of the running event and work closely with the race director.

2. Race Organisation

- a) Races should be organised to avoid the hottest summer months and the hottest part of the day.
- b) The environmental heat stress prediction for the day should be obtained from the meteorological service.
- c) All summer events should be scheduled for the early morning, ideally before 8.00 a.m., or in the evening after 6.00 p.m., to minimise solar radiation.
- d) An adequate supply of water should be available before the race and every 2-3 km during the race. Runners should be encouraged to consume 100-200 ml at each station.
- e) Race officials should be educated as to the warning signs of impending collapse. Each official should wear an identifiable arm band or badge and should warn runners to stop if they appear to be in difficulty.
- f) Adequate traffic and crowd control must be maintained at all times.
- g) There should be a ready source of radio communications from various points on the course to a central organising point to co-ordinate responses to emergencies.

COUNCIL OF EUROPE – COMMITTEE OF MINISTERS Recommendation No. R (84) 19

Of the Committee of Ministers to Member States on the "European Anti-Doping Charter for Sport"

- I. Recommends the governments of member states:
 1. to take the action set out in Part A of the appendix to this recommendation;
 2. to take, in co-operation with the sports organisations, the action set out in Part B of the appendix to this recommendation;
 3. to distribute this recommendation and its explanatory memorandum widely amongst all sports organisations and other interested parties;
- II. Instructs the Secretary General to transmit this recommendation to the governments of states party to the European Cultural Convention who are not member states of the Council of Europe;
- III. Instructs the Secretary General to transmit this recommendation to international sports organisations.

Part A (appendix)

This document encourages each country to set up adequate facilities, including finance, for the collection of samples, and for the establishment of testing laboratories of high technical standard both for routine testing and for research. Facilities should be available in any country acting as host to international events. An educational programme against doping should be conducted aimed at the young athlete from school-age onwards.

Recommendation No. R (84) 8

This same Committee of Ministers has also drawn up recommendations concerning spectator violence in sport, especially at football matches, these recommendations only reiterate steps that are already being taken in the UK – separation of supporters from different clubs, restriction of alcohol, banning troublemakers, and education of the public.

BOB HAMILL MEMORIAL FUND. We published an obituary on this former BASM member in the September issue of the journal. We learn that the Rushmoor Sports Council are opening a fund in his memory to provide subsidies for scholarships for young sportsmen in that area of Hampshire.

DISABLED LIVING FOUNDATION have moved from 346 Kensington High Street to 380/384 Harrow Road, LONDON W9 2HU. Telephone: 01-289-6111.

CCPR announce that the Greater London and the South East Region boundaries be redrawn, but both will continue to be serviced from the Crystal Palace. Video material for the purpose of coaching, training and sports development will be exempted under Section 2 of the Video Recordings Act, and as such, will not be subject to the levying of a fee.

NATIONAL COACHING FOUNDATION – This body has been established to assist coaches in many different sports and at all levels, and will work with the Governing Bodies of Sport. Initially, introductory study packs have been prepared on such topics as the coach's job, fitness and its acquisition, injury prevention, behaviour and stress, movement and technique analysis, and the organisation and running of training sessions. Following these introductory packs more detailed courses will be offered regionally. The Foundation is being funded partially by the Sports Council, but will also have to rely on support from other sponsors. Details from Dr. Nick Whitehead, PhD, 4 College Close, Beckett Park, LEEDS LS6 3QH. Telephone: 0532-744802. "Workshops" are being organised on April 18th & 19th. See "Future Meetings" section of this journal.

COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE

An amalgamation between the Physiotherapists' Board and the Remedial Gymnasts' Board has been proposed, agreed by the boards of the two professions, and the Council (CPSM). After further drafting of the agreement, it will be submitted to the Privy Council. It is expected that the new Physiotherapists' Board with RG and CPSM representatives will be effective by the end of this year. Further information from Dr. B. L. Donald, Registrar, Council for Professions Supplementary to Medicine, Park House, 184 Kennington Park Road, LONDON SE11 4BU.

Both professions are well represented within BASM. In August 1984, of our total membership of 1,375, 644 were doctors, 260 Physiotherapists, 55 Remedial Gymnasts, 87 Chiropodists, 35 in other clinical professions, 266 in physical education and sports sciences, and 28 in administration. Numbers have increased since then.

INVITATIONS FOR INTERESTED DOCTORS

SWIMMING: Dr. Alyson Jones, of 90A Whitchurch Gardens, EDGWARE, Middlesex HA71 4LP is hoping to set up a medical service for swimming, supplementary to the medical advisers' panel of the Amateur Swimming Association. Dr. Jones joined BASM as a student in 1979, is in practice in Harrow, and is a member of the ASA's medical panel. Would any doctor or member of a profession supplementary to medicine who is interested please contact Dr. Jones.

RIDING: The most hazardous sport in the UK at present, with the largest death toll, is riding. A meeting was held recently at the Royal Society of Medicine (about which we were not informed), and we may be asked to help with preparations of the Proceedings. Doctors interested in forming a group interested in equestrian injuries are invited to write to Dr. R. Beazer, Wychwood Surgery, MILTON UNDER WYCHWOOD, Oxfordshire. We have already suggested that the most logical step would be to form a special interest group within BASM.

BRITISH SKI CLUB FOR THE DISABLED

Last Autumn we received a letter from this registered charity, requesting our assistance in finding doctors willing to give

some help to Dr. Norman Pierey. Help is needed especially for teams sent to international events. Would anyone interested please contact Mr. Hubert Sturges, Corton House, Corton, WARMINSTER, Wiltshire BA12 0SZ. Telephone: 0985-50321. I am sure that offers of help from physiotherapist and podiatrist ski enthusiasts would also be welcome.

CLINICAL RESPONSIBILITY. Doctors involved in the medical care of participants in hazardous events such as motor and horse racing are expected to be competent and properly equipped to deal with serious accidents, or be liable to litigation if they mismanage immediate care. The Medical Defence Union are most concerned about this.

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For further information or a demonstration of the CYBEX II in your department please contact: The Customer Service Department, 23/24 Thornhill Drive, North Moons Moat, Redditch, Worcs. B98 9ND. Telephone: 0527 63622. Telex: 334433. Other Isokinetic equipment also available from NOMEQ:—ORTHOTRON II (Rehabilitation Unit for shoulder, ankle, knee and hip exercise). ORTHOTRON KT1/KT11 (dedicated knee testing units). FITRON (exercise cycle). UBE ERGOMETER (upper body ergometer).