The Dutch Medical Athletics Association (formerly called the Medical Joggers Association) contacted me two years ago to discuss its plan for a world Medical Marathon Championship in Holland in 1989. This small original meeting had representatives from several European countries, all of whom hoped to bring a large contingent of runners to Holland for this pioneering event which would be linked with a medical conference.

The initial plans for both the date and the venue had to be changed slightly and preliminary advertisements in the British Medical Journal and the British Journal of Sports Medicine produced a small number of inquiries from British medical runners interested in taking part in the event. Attempts at obtaining a sponsor for the British team by contacting drug companies were unsuccessful even through running reps although the sponsorship requested entailed little more than a publicity campaign by the drug company concerned to raise the number of people interested and perhaps the opportunity to buy a British vest.

When the date and venue were finally established as 15–16 September 1989 at Papendal, near Arnhem, in the Netherlands. I wrote to every doctor taking part in the London Marathon hoping to gain recruits. Eventually I persuaded Bass Charringon, manufacturers of Replay, the sports drink used in the London Marathon, to pay for the British team vests. As the event came closer more and more of the potential British entrants withdrew through injury or weddings or other miscellaneous reasons. Having been running extremely well in April and May, I suffered a recurrence of a hamstring injury in June and then a heavy feverish cold which cut my training activity down so much that I withdrew from competing in the Marathon and agreed to take part in the Half-Marathon which was run as part of the same event.

The vests supplied by Replay had not arrived the evening before I left for Holland. They had been sent from Glasgow and delivered to the hospital post room, rather than to the London Sports Medicine Institute in the medical college half a mile away in Charterhouse Square, to which they had been addressed. I therefore spent over two hours searching different post rooms in the medical college and eventually found them in the hospital post room locked up, after I gained access through the duty administrator and the security guards.

The journey to Papendal was extremely efficient. Flying from the Docklands City Airport to Amsterdam involved checking in only quarter of an hour before the flight left, and flying in a small comfortable plane. We were met in Amsterdam by the Dutch Medical Athletic Association and Mercedes limousines lent by one of the sponsors. I was disappointed however that Merecedes were not, as they do do for the New York Marathon, giving a Mercedes car to the first finisher in the male and female events!

Our accommodation and the conference were in the National Sports Centre at Papendal, a beautifully designed site surrounded by trees. The conference on the Friday consisted of several papers of general interest to a medical running audience, including two by visiting Americans—Professor Costill, speaking on clinical expression of over-training, and Dr Alf Morris on nutrition for optimum health and performance. Apart from myself, speaking on cardiovascular aspects of physical exercise, benefits and risks, the other speakers were all Dutch. However, the proceedings were con-
ducted in English and attended by over 150 registrants. The most controversial presentation was that of Alf Morris who believes that carbo-loading is not necessary in the accepted sense. He said that most Marathon runners eat too much in the last two or three days before the race and that their caloric intake need not be as heavy as normal because they should not be training anymore than gentle warm-ups at this stage.

The following day's athletic activity consisted of a Marathon, Half-Marathon and a 10 km run. The weather decided to play a part and there were deluges of rain during the morning. The numbers issued for the race were not waterproof. The colour ran and the numbers tended to become soggy and drop off. But as most people had numbers front and back this was less of a problem than it might have been. The course for the Marathon and Half-Marathon was the same, with the Marathon runners running two laps on an almost totally traffic free course through the local forest including passing by the dropping zone used by British paratroopers in the last war. The three races attracted varying numbers. The Marathon had 70 runners, some of whom were what the Dutch called 'maats' of the Medical Runners. I gather this meant 'friends'. The 10 km race attracted 44 runners and the Half-Marathon 40, including a few 'maats'.

After a team photograph, four British Marathon runners and one Half-Marathon runner set off in rather damp conditions on a course which had no major hills, not too much in the way of wind, but had one flooded underpass to negotiate. There were a few cycling supporters supplying illegal aid to their Dutch 'maats' but otherwise it was a delight to run on a course away from the traffic.
Simon Bricker (Senior Registrar, Anaesthetics) who was the first doctor (and veteran) home in the marathon race.

My personal ambition, in my current state of fitness, to run under 1 h 30 min for the Half-Marathon seemed to be holding good for the first 15 km or so, but then the fatigue slowed me down to finish in just over 1 h 32. I was thus able to see the finish of the Marathon itself in which a British senior registrar anaesthetist, Simon Bricker, finished as the first doctor in this international race some 11 minutes behind the first finisher who was a physiotherapist and a well-known Dutch runner.

The other British entrants finished further down the field with Eric Watts, a consultant haematologist finishing in 48th place, John Currie a consultant neurosurgeon and super-vet of 62 finishing 54th in 3 h 57 min, and a loquacious general practitioner, Rick Colman, finishing in pride of place just before the pick-up van in 4 h 43 min.

I finished twelfth in the Half-Marathon but sixth in the veterans 40–50 year age category. Had I been three months older I would have won the 50–60 age group by 20 minutes.

In the 10 km there was a Scottish entrant, Dr Scott from Castle Douglas, and a South American lady doctor, entered under British colours.

Following the race, we enjoyed more Dutch hospitality at a dinner and barbecue at the sports centre. The following morning we had the opportunity, depending on plane times, to visit Arnhem and see the famous bridge. We were then taken back by limousine to the airport for the trip back to England.

Jacob de Boeuff, President of the Dutch Medical Joggers (Athletic Association), an ex-professional footballer and consultant obstetrician had with his team made everyone feel most welcome. They had organised an interesting conference and a delightful venue for the races. Although there were entrants from 15 countries, the numbers were not up to expectation. Sponsorship of facilities, although generous from Mercedes, had not allowed them to do as much as they wished. Mr de Boeuff was the inspiration behind the event, and having raced me over 10 km in May in a Dutch Medical Joggers event, he was anxious to renew our rivalry in his Marathon event. Unfortunately, like me, he had been injured and had to run the Half-Marathon. He fared far worse than I with his injury in the race.

During the course of the Saturday evening’s festivities there was universal acclaim for the suggestion from Holland that Britain should host the next International Marathon in two years time (1991). We hope that this relatively small beginning will lead to a much bigger event and that doctors will flock to run in the second International Medical Marathon, Half-Marathon and 10 km race.

It will be difficult to match the Dutch in terms of their facilities for a traffic free route, so if any reader of the British Journal of Sports Medicine can let me know of a relatively traffic free Marathon course close to a suitable venue for a conference with residential facilities and reasonably accessible to international travellers, I would be delighted to hear from them.

I hope that BASM will have a major input into such a meeting and that a much larger number of entrants than entered for the Dutch races will be forthcoming.

START TRAINING NOW!