Editorials

Warm up

This edition is full of contrast. Our editorials focus on the Olympics and some of the factors that will come into play when the best athletes in the world converge at that great spectacle in Atlanta. At the other end of the exercise spectrum we publish a review article focusing on exercise promotion.

Empirically we would all support efforts to promote physical activity but the health and exercise promotion industry is often rich in rhetoric but short on fact. This review by Hillsdon and Thorogood presents a great challenge to us all. They present a very clear evidence based message on how to promote physical activity which is not perhaps the message we would like to hear. Some may argue with their criticism of exercise prescription

schemes and the lack of British research but the message remains. It is easy to watch the Olympics on television, but a lot more difficult to take some exercise ourselves. The paper is also a timely example of how to construct a systematic review article which we would encourage all authors to follow.

One name on the new masthead of the Journal will be sadly missed. John Sutton was known to us all for his zest for life and his enthusiastic embrace of every new adventure. He died just weeks before publication of his description of cycling the Simpson desert (March 1996). His last paragraph now has particular poignancy. We include appreciations from two of his close colleagues.

Olympic dream

In the next few weeks children all over the world will be competing in their own Olympics. Races will be run in playgrounds, on beaches and parks, in barefoot and in the most expensive runners, in the latest lycra and in rags. Everyone a winner. All imagining the glorious heights, breasting the tape arms held aloft. Proudly wearing the ribbons and gold on their chest, their own national anthem echoing in their heads. Dreaming and sport are two happy companions.

The Olympics still retain their magical attraction. A happy family of sporting nations joining together in a festival of achievement. Yet almost certainly we shall witness revelations about drugs, allegations of cheating, cynical efforts at performance enhancement, and manipulation of the regulations. Science and medicine have helped explore the outer margins of performance but inevitably some of these discoveries will be abused and we

must all accept some of the collective blame. Medicine does not always prosper from its association with sport. Most of us became involved in sport for the same reasons that children's hearts will flutter when competing in their own Olympics. We retain that inner belief in the value of sport but we cannot put the genie back in the bottle.

Yet, just when the cynic begins to wonder if it is possible to win fairly, we witness a performance that is clearly founded on natural talent and personal commitment which restores our faith in beauty of sport and the glory of human endeavour. As I watch, in my own mind, I too will be running the 1500 metres, racing the Olympics sculling final, and punching the air as I win the cycling road race. Sometimes it's nice to believe in fairy tales.

DOMHNALL MACAULEY

The role of the British Olympic Association

As we approach the Games of the XXVIth Olympiad in Atlanta this July much of the country will become fascinated with sport. All sports medicine professionals involved with Olympic sports have an opportunity to take advantage of this raised profile for the good of the profession.

The International Olympic Committee (IOC) set up the IOC Medical Commission after the Tokyo Olympics in 1964 in order to combat the threat of drugs in sport. A firm stand was taken against the philosophy of winning at any cost. Following on from Olympic ideals, the basic principles of the IOC Medical Commission consist of ensuring an equal chance for everyone, the defence of ethics, and the protection of the health of athletes. The

Commission is now active in all aspects of sports and exercise medicine. In parallel with this the British Olympic Association (BOA) has become deeply involved in sports medicine and sports science. The involvement is now seen as a fundamental part of Olympism, as well as being vital to the patriotic aim of optimising the performance of our athletes at the Olympic games! The BOA is formed from the amalgamation of more than 30 Olympic sports, and our first duty is to the 1500 "passport holders" identified by all governing bodies as potential Olympians. Through the British Olympic Medical Centre, the network of Governing Body Medical Officers and specialists all over the country we provide an elite service up to and during the Olympic Games.