Author's reply

EDITOR.—Thank you for the opportunity to reply to the letter from Davies and colleagues. I apologise for omitting the specific details of the growth hormone formulation used by 12% of the steroid users in my article. The study, however, was primarily reporting on anabolic steroid use, and the so-called "accessory drugs" were a secondary issue. As a result, individual analysis of these other drugs was kept to a minimum.

The bodybuilders involved were using synthetic human growth hormone, somatropin (Humatrope) manufactured by Lilly, at a dose of two units per day. The cost of a 16 unit vial on the black market in 1996 was around £100, which is cheaper than the price listed for this item in the British National Formulary (£122).

I agree with your comment that athletes need to be warned of the potential dangers of these drugs. However, the medical community must first possess a knowledge of this unsupervised drug use, which was the main purpose of my article. Of course, whether the athletes choose to listen to the advice of medical practitioners is another matter.

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Health surveillance strategy for professional footballers

EDITOR.—The thought provoking paper by Fuller and Hawkins appropriately frames footballers as employees within a working environment. Health and safety should be a duty of the occupational physician (club doctor) who must ensure that within reason Health and Safety at Work regulations are adhered to and employees protected, otherwise clubs themselves will be exposed to the possibility of legal action through the doctrine of vicarious liability.

As always introducing legal responsibilities into a traditionally casual relationship may appear harsh and unreasonable in the eyes of the club doctor (who may not be salaried). The law, however, is clear that the doctor has a duty of care to each player and is not immune from the laws of negligence. This in turn raises other thorny questions such as the role of hepatitis B testing as part of health surveillance.

It is agreed that the overriding duty, however, is to prevent exposure to an identified hazard, of which health surveillance is only part, as concluded by C C Harling in the commentary to Fuller and Hawkins article. It is therefore essential that sports injuries in professional soccer are audited to provide a scientific foundation for rational debate over injury protection. One of us (G Mackay) has recently completed a comprehensive study of sports injury in Scottish professional football. There is, however, a concern that even after the publication of the pre-season data, traditional practices may be slow to change.

Pre-season training annually results in overload and variance, which in its current form will injure one in four and therefore fail to meet the desired objective of optimising match fitness. Health and Safety legislation should provide employers with a duty to be aware of this harmful practice through such a dangerous programme. Fifty three per cent of injuries in the above study were non-contact injuries and of this number 50% had a further injury within the first 12 weeks of the season. The chapter training practices in light of current published research would provide a strong legal case for professional players who suffer injury as a result of working practices that have not been modified in the light of Health and Safety surveillance.

It would, however, be a great pity if the threat that Health and Safety surveillance records might be used in court were to prevent the club doctor from keeping such accounts. Indeed, the absence of such records might in itself be regarded as a form of suboptimal care.

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3 Mackay GM. The mechanism and prevention of injury in soccer [Thesis]. Glasgow: Glasgow University, 1996.

Exercise induced leg pain: chronic compartment syndrome. Is the increase in intra-compartment pressure exercise specific?

EDITOR.—We thank Simon Kemp and Mark Batt for their comments about our paper.1 Kemp and Batt make several comments about the case history which we welcome as a general debate on the subject of exercise induced leg pain. By their own admission they accept that a major difference exists between investigators.

Disappointingly they fail to enter into the debate on the main issue of the paper—Is the increase in intra-compartment pressure exercise specific? The case history presented was our second observation, the first one being on a rower. Since then, we have seen a further two cases in contemporary ballet dancers, a poster presented at ISAKOS conference in Argentina. A further collaborative case history of an underwater hockey player was presented at the American College of Sports Medicine conference.1

We now have enough case histories based on observance to justify a controlled experiment and a study to investigate this effect in more detail. Watch this space.

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