
LETTER TO THE EDITOR

Can we really blame men for so many of the world's 'problems'?

EDITOR.—Feminist sociologists are able to find any and every opportunity to apply feminist theory to as many walks of life as they can, however inappropriate this may be. They may wish to believe that men and women are the same, but the fact of the matter is that physiologically (at least), men and women are fundamentally different. Sex is determined genetically, and although it may be acknowledged that there are a few individuals who are born with sex chromosomes that differ from the typical XX or XY pattern, genotype profoundly influences phenotype. In the context of sports performance, men inevitably outperform women because the physical dimensions of the average male and female body (external physique and internal organs) are so different! Surely it is fortunate that this has been recognised so that women are not disadvantaged by forcing them to compete against men?

Cashmore¹ suggests that the main reason why men outperform women in most sports is because women were barred from participating in these sports until the second half of the 20th century. He also attempts to refute the validity of the medical support for this barring of women by implying that it was a covert excuse to resist their emancipation. To support his hypothesis that women do possess the potential to equal men in their sporting capabilities, he claims that women's performances are "catching up" with those of men. I wish to challenge these ideas by presenting some alternative hypotheses.

Firstly, the medical issues. Concomitant with the increased participation of women in sport, there have been a series of reports that suggest that women undertaking intensive training are experiencing associated health problems. Interestingly, these problems are not unlike those that the 19th and early 20th century physicians highlighted when they suggested that women are not "designed" to cope with the same rigors of intensive physical training as are men. Secondly, surely the rapid increase in women's athletic performance observed during the 1960s and 1970s was predictable? If a population (women) who have been barred from participation in an activity are suddenly allowed the opportunity, then one might expect to observe an abrupt increase in numbers of this population both training for and participating in the activity. This in turn would be likely to elicit a rapid improvement in the performance "scores" of this population. It is noteworthy that 20 years on, these "scores" have now tailed off to reach a plateau. For example, the world record time for the women's marathon

has hardly changed over the past 10 years, in spite of its abrupt decline during the first few years of women's competition. Of course, when one compares the rate of change in women's and men's performance times over the past 35 years, it is greater for women, because these 35 years do not include the initial expected decline in performance time that presumably accompanied the start of men's competition in the marathon many years earlier!

I really think that Cashmore could have given more consideration to alternative ideas derived from different disciplines before allowing his own rather biased thoughts to override possible logic. One could hardly fail to observe that Cashmore's reference list comprises only literature written by feminist sociologists. Although I have a lot of respect for some of the early 20th century feminists who succeeded in gaining women the right to vote and to earn equal pay for identical employment, I do question just how far women's liberation should go!

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1 Cashmore E. Women's greatest handicaps: sex, medicine, and men. *Br J Sports Med* 1999;33:76-7.

BOOK REVIEW

Sports injuries: diagnosis and management (2nd ed). C M Norris. (Pp 368; 571 line illustrations; soft cover; £32.50.) Oxford: Butterworth Heinemann, 1998. ISBN 0-7506-2873-1.

This book provides a basic introductory text on sports injuries. It is ambitious in its remit, as it attempts to cover in less than 500 pages a wide range of topics both directly and indirectly related to sports medicine. The book is organised into two sections: the first deals with a variety of issues, ranging from biomechanics, psychology, rehabilitation, and the more practical elements of taping, massage, and first contact management; the second section takes a regional approach to the diagnosis and management of injury in sport.

The first section attempts to provide the reader with elements of sports science (biomechanics, psychology, physical training), but also includes chapters on the practical elements of taping, massage, and immediate management. There are two chapters on biomechanics, the first entitled "Biomechanics of injury", which perhaps more accurately covers the basic mechanics of movement. There are few references to injury throughout the chapter, and the content comprises definitions of forces, axes, and planes, and muscle and joint mechanics, rather than analysis of the biomechanical causes and

consequences of injury. The second chapter on this topic looks at the biomechanics of the lower limb in gait, based on the premise that "most sporting activities involve movement of the human body over distance". The latter part of this chapter, in which abnormal biomechanics of the foot are described, is more relevant to the context of a book on injury in sport. Two chapters are devoted to the topic of exercise and training. Again, these tend to try to cover everything, and consequently cannot treat any of the individual elements in great depth. The diagrams in these chapters are clear and add a useful dimension to the text.

The first section includes three chapters that focus on practical techniques. The chapter on sports massage describes the classical massage procedures, but apart from a brief paragraph that discusses the benefits of pre-competition massage, there is little application to sports injuries. The chapter on taping is more directly applied to sport, and provides information on taping materials, a brief section on the mechanisms of taping, and a few examples of taping techniques. Other techniques are described in the second section of the book, applied to specific injury situations. The final chapter in the section on first contact management includes subsections on prevention of injury, basic first aid, and environmental stress.

Any attempt to cover so many potentially huge areas in such a limited space may result in each topic being treated in a rather superficial fashion. Most of the topics were approached in a rather general sense, with little specific application to the sporting context.

The second section of the book considers injuries on a regional basis, devoting a chapter to each identified region. The elements of this section are more specifically related to sports injuries, with some quite detailed sections, for example on rehabilitation following anterior cruciate ligament reconstruction. One might question, however, the detail and space devoted to post-meniscectomy sequelae and rehabilitation, as total meniscectomies are becoming increasingly rare. The clear and informative diagrams demonstrating aspects of rehabilitation programmes are a positive feature of this section.

There are numerous excellent texts on the management of sports injuries, most of which have much greater focus and depth. The author has been ambitious by attempting to include so much material within a single text. The book is aimed at students on sports physiotherapy and sports rehabilitation courses, which are at the level of postgraduate/postregistration education. The section contains material that would be covered in detail in undergraduate physiotherapy programmes. However, the subsections on management and rehabilitation following injury are useful and clearly presented, and should perhaps have formed the focus of the book.

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