LETTERS TO
THE EDITOR

Water jet skiing, a dangerous sport with inadequate policing!

Editor,—Water jet skiing is a popular international water sport. As yet there is no strict highway code to avoid accidents. We report two severe musculoskeletal injuries associated with this sport.

A 22 year old man presented with back-wards and downwards pointed locked arms following bilateral anterior inferior fracture-dislocation of the shoulder with an associated brachial plexus lesion after an injury sustained while water jet skiing. While racing, his 1100 cc engine vehicle was hit by another jet ski from behind. His trunk moved violently forwards towards the front part of the vehicle, while his hands remained holding the handle bars. The momentum of the forward trunk movement forced the shoulders to dislocate anteriorly as the arms stayed behind.

The accidents described are serious, producing devastating musculoskeletal injury. Although vehicle insurance, licensing, and speed limit are checked by the club where the sport takes place, these cases raise suspicions about the efficiency of current measures and speed control. We recommend that the European water police patrol should implement similar laws to those applied in other countries such as Australia and the United States.

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Electrocardiographic changes in “elite” athletes

Editor,—I am constantly amazed that authors of refereed articles in sports science and medicine journals get away with dictating to the reader. I refer specifically to the use of the term “elite”. I think this is particularly inappropriate when used in the title of a paper, because it presupposes that the population studied is elite when in reality it is the reader who should make such a judgement.

If, in the body of the text, the author(s) wish to refer to the population in question as elite, then they should present their definition in the opening introduction. Clearly, there are many instances where the term elite can be questioned, but I think most reasonable scientists and doctors would agree that there cannot be 1000 elite junior athletes in the United Kingdom. I refer to the paper of Sharma et al.1 I do not intend to vitimise one research group, as I have seen many papers that “transgress” in this way. However, I have noticed that an earlier paper of Dr Sharma’s, published as the result of a presentation at the European College of Sports Medicine Conference, Manchester 1998, also used the term “elite” when referring to junior athletes. Perhaps those of us who act as reviewers are also guilty here and should take a greater stand in the future in this regard.

I recognise that what constitutes “elite” could be debated interminably. The Chambers Dictionary defines elite as “…the pick or flower of anything”. There can be little debate that Olympic gold medallists are elite by this definition, but in a sporting context generally, the definition does tend to be less subject to clear distinction. By way of example, I cite the top 12 heavyweight rowers in the UK.

The British Olympic Medical Centre regularly tests 70 national squad rowers, of whom these 12 are a part, in the centre’s laboratory at Northwick Park Hospital in Harrow. As a result of a collaboration with DeMontford University, V_{O_2max} data for these 12 was “scaled”. In other words, it was recalculated raising it to a power function of the body mass such that physiological data could be “normalised” or rendered dimensionless. When successfully accomplished, this mathematical technique allows data for women to be compared with men, children with adults, and so on. When done with V_{O_2max} data, it allows the individuals with the highest aerobic power to be truly identified. The results of this recalculation showed that expressing body mass to the 0.67 exponent produced the most promising results in all cases, with the exception of the three Olympic gold medallists. This shows that even with 12 individuals who constitute a group that appears homogeneous (very similar ages, heights, body weights, training volume, and intensities for the last 10 years, and very similar competitive experience) there appears to be a “more elite” subpopulation. Put another way, in the population, the three gold medallists are “outliers” on the normal distribution curve.

So where does this leave us with respect to my criticism of the use of the term “elite”? In my view, it brings us full circle and simply reinforces the point that authors should not be using the term “elite” in the title of any paper, and should present their definition of the term “elite” should they choose to use it with reference to the population they have conducted research on.

These steps should return the power of judgement to the reader. After all, within science we are taught to criticise any scientific study and constantly assess its value in the context of the existing body of knowledge. Of course, authors’ opinions are often important and valid, but should not be stated as anything other than opinion where they cannot be supported by science.

RICHARD GODFREY
Chief Physiologist,
The British Olympic Medical Centre

Author’s reply

Editor,—Mr Godfrey has stated that “most reasonable scientists and doctors would agree that there cannot be 1000 elite junior athletes in the United Kingdom”. There are a number of reasons we would like to discuss in this regard:

• Mr Godfrey is correct to imply that the scientific community has failed to define the term “elite”, and to this end we would agree that a definition would avoid confusion. However, the use of the term “elite” in our paper is warranted, as the athletic population employed reflects the best athletes within each sport. Indeed this satisfies Mr Godfrey’s definition of “elite” as being “the pick or flower of anything”.

• When one examines the sporting standard of athletes employed in some studies, we would agree that the use of the term “elite” is reasonable science and doctors would agree that there cannot be 1000 elite junior athletes in the United Kingdom. There are a number of reasons we would like to discuss in this regard:


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The genetics of physical fitness

Editor,—Any paragraph that starts with the statement “We must be cautious, however, that such research is not misused.” is obviously completely ignoring the history of science in general and sport in particular. From the post hoc hand wringing of the Manhattan project scientists to the current debate about “genetically modified organisms”, it is manifestly obvious that, if there is money or fame (or both) to be made on the back of a scientific discovery, then that discovery will be used (or misused, depending on where you stand).

Unfortunately sports is one of the worst spheres of human endeavour for the misapplication of science, and the fault is not always with the “rogue” athlete and his pharmacological advisor. The idea of the “elite athlete” is one that has been promoted world wide, with one of its stated aims being to provide role models for the youth of the world. In fact, even without illegal chemical experimentation, they are nothing of the kind. With their exclusivity of selection, preparation, participation, and remuneration, they are as removed from real life as it is possible to be.

While I am happy that Montgomery and Woods continue their work for the best of motives, I would regretfully suggest that they end their pious wishing that their work is not misused. They can bet their bottom euro that it will be used, to distance even further the freak “elite” athletes from the rest of humanity.

EDWARD LAVIN
Gloucester Road Medical Centre, Bristol


Author’s reply

Editor,—Perhaps surprisingly, I wholeheartedly welcome the majority of remarks by Dr Lavin. He emphasises the very points we wished to make. Far from “ignoring the history of science”, we are referring to it.

The Manhattan project was a technological triumph aimed at designing a weapon of mass destruction. It does not surprise me that many of those involved regret their participation. In the case of genetic understanding, progress may well be aimed at more noble causes, but has again been technologically in nature. These new technologies allow probing of gene structure and function as never before. The moral issue that we face is therefore not whether we should develop the technology (which is already here) but rather its application.

There would seem to be few ways forward. At present, we are trying to use the genetics of sport for wholly humanitarian reasons: if we can find out how and why exercise training is possible to be. A further meeting on screening programmes. The next meeting on tendonopathies, risk of infection.

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notes and news

BJSM and JAMA


Current concepts

The first advanced sports medicine meeting entitled “Current Concepts” took place recently at the National Watersport Centre at Holme Pierpont in Nottingham. It was organised by Mark Batt, attended by 55 delegates from Great Britain and Ireland, and judged by those present to have been a great success. Speakers included Dr Mark Batt, Professor Don Detmer, Mr Graham Hollo- way, Mr Mike Allen, Mr Dylan Morrissey, Mr Nat Padhia and Mr Mike Barnes, but perhaps the greatest benefits were gained from the extended interactive discussion periods. The case presentations were excellent and are likely to be extended in future programmes. The next meeting on tendonopathies, coordinated by Brian English, is scheduled for 19 May 2000 in Loughbor- ough. A further meeting on tendonopathies, coordinated by Cathy Speed, is scheduled for 8 December in Cambridge. All details are available from Barry Hill at the National Sports Medicine Institute.
Exercise and sport: the pros and cons for health

Benefits and Hazards of Exercise is a new publication from BMJ Books. Each chapter began life as a review article published in the British Journal of Sports Medicine and was updated by the authors before selection for this compendium. The contents of this book attracted considerable interest when they were first published in the journal, particularly among those readers who work in primary care and exercise professionals. As a result, in an innovative collaboration between the BMJ Publishing Group and the Royal College of General Practitioners, a one day meeting on the benefits and hazards of exercise will be held on 15 June 2000 at the Chelsee Village Conference Centre. This conference will be open to health professionals and all those involved in the exercise industry, and will bring together a selection of international experts who will discuss the latest evidence on the beneficial effects of exercise and, more importantly, how these recommendations can be put into practice. For further details, please contact Jennifer Goulding at the Royal College of General Practitioners (tel: 0207 581 3232; fax: 0207 589 1428; email: jgoulding@rcp.org.uk).

Commonwealth Games Federation report

The Journal recently received details of the report of the Honorary Medical Adviser to the Commonwealth Games Federation, following the games in Kuala Lumpur. From August 31 to September 24 there were 3100 visits to the medical centre and 17 people required hospital treatment. There were 859 physiotherapy visits. There were 1362 medical encounters at the 16 sporting venues. The greatest number of these (573) took place at Langawi, the shooting venue. Interestingly there were only 19 heat related problems overall. There were three reported cases of Dengue fever, and, of 640 athletes tested at doping control, there were three positive tests.

The report of the Honorary Medical Adviser makes an interesting point in suggesting that training human resources is a new pub-

MSc programmes in Sport and Exercise Medicine

Two new MSc programmes in Sport and Exercise Medicine, and Sport, Exercise and Society, were announced recently by University College London. The MSc in Sport and Exercise Medicine, and Sport, Exercise and Society, were announced recently by University College London. The MSc in Sport, Exercise and Society will cover sociological aspects of sport and health. The course director is Dr Graham Scambler, Dept of Psychiatry and Behavioural Sciences, University College London. Both programmes are modular and may be undertaken full time or part time. Further information is available from Lori Coletti, Dept of Physiology, University College Lon-

Marathon Medicine 2000

The Royal Society of Medicine will host a conference entitled Marathon Medicine 2000 on 13–15 April 2000. This major conference will address the most important aspects of endurance sport and the programme brings together many of the most renowned experts across the globe. Among those speaking are Sir Roger Bannister, Professor Claude Bouchard, Dr Randy Eichner, Dr Lawrence Folinseb, Professor William Morgan, Dr Bente Pederson, Professor Peter Raven, Dr William Roberts, Professor Bengt Saltin, and, in the past, members have been funded to attend the American College Sports Medicine conference and other European events. If you are interested in attending the conference or who can demonstrate a particular benefit to the association will be given preference.

BASEM annual conference

Aircraft are continuing their support of the BASEM Annual Congress. They will be sponsoring one of the major speakers, Professor Norbert Baechl, and presenting the annual Aircraft prize. Researchers are advised to begin thinking about their projects for submission for the 2000 Aircraft prize which was awarded to Nick Peece 1998 and to Nicola Mafulli in 1999. This is a very valuable travelling fellowship which will allow the winner to select a research centre of their choice. Attention is also drawn to other opportunities for international travel. The Sports Council offer bursaries for members to attend sports medicine events abroad and, in the past, members have been funded to attend the American College Sports Medicine meeting and other European events. If there are more applications than bursaries, the grants will be allocated on merit and applicants will be invited to present papers or posters at conferences or who can demonstrate a particular benefit to the association will be given preference.

BASEM education

A major meeting of BASEM education took place on 29 February to discuss plans to develop the education programme. With increasing interest in sport and exercise medicine these courses have become very popular and are often oversubscribed. Barry Hill is updating the list of tutors for BASEM courses. If you are interested to become involved in BASEM education or you have heard a lecturer whom you would like to nominate, please contact Barry Hill at NSMI.

BASEM Scotland

BASEM Scotland has been busy over the last few months with a number of important events. As part of their continuing medical education programme there were two outstanding evening meetings. The first was presented by Professor Susan Ward, Director of the Centre for Exercise, Sports Medicine And Science (CESAME) on respiratory physiology, and the second by Dr John Shaw Dunn of the Anatomy Dept at Glasgow Uni-

CPD in sport and exercise medicine

Dr Nick Webborn, medical director of NSMI, who has a particular interest in medical education recently circulated a paper addressing the issue of continuing professional development (CPD) in sport and exercise medicine. Emphasising the importance of CPD across all medical specialties, he sug-

BASEM and the Sports Council for Northern Ireland

The Northern Ireland region of BASEM is working very closely with the Sports Council for Northern Ireland (SCNI) to develop a strategy for sports medicine which will be integrated into future SCNI policy. The main working group has representatives from all aspects of sport and medical provision including the Department of Health and the Health Promotion Agency for Northern Ireland, and is chaired by Eamon McCartan, the current chairperson of SCNI. There are three main subgroups dealing with research and education, clinical services within the NHS and in the private sector, and medical care of the elite athlete. It is proposed to develop a Commission for Sport and Exercise Medicine within the region to integrate developments across the province.
Doctors and doping
The General Medical Council have responded to the request by BASEM for clarification of their recent statement on doctors and doping, after the issue was raised by the British Olympic Association at the BASEM annual general meeting. The full statement is published below. Members of BASEM are opposed to drug abuse in sport and the GMC statement endorses the position of the medical profession with regard to the deliberate use of prohibited performance enhancing drugs.

GMC STATEMENT
“Doctors who prescribe or collude in the provision of drugs or treatment with the intention of improperly enhancing an individual’s performance in sport would be contravening the GMC’s guidance, and such actions would usually raise a question of a doctor’s continued registration. This does not preclude the provision of any care or treatment where the doctor’s intention is to protect or improve the patient’s health.”

Sport and Exercise Medicine and Science Council
The National Sports Medicine Institute, in their newly reconstituted format, arranged a meeting of their Sport and Exercise Medicine and Science Council on 1 March at the European Fitness Convention at Olympia. The meeting was addressed by Professor Angus Wallace, chairman of NSMI, who outlined the future direction of NSMI, and proposed an annual UK Congress for Sports and Exercise Medicine and Science in 2003. It is also proposed to have a major sport and exercise medicine conference at the Commonwealth Games in 2002.

3rd International sports sciences congress
11–13 May 2000; Istanbul, Turkey
The main topics will include:
- Teaching physical education and sports
- Training and movement
- Sports health
- Sport management
- Psychosocial areas in sport.
Further details: Kongre Sekreterligi, Marmara Universitesi, Beden Egitimi ve Spor Yuzkoku, Cumh Yolu Cad 81616 Ataköy, Istanbul, Turkey. Tel: +90 (216) 308 56 61/62/63. Fax: +90 (216) 332 16 20. Email: kongre2000@marun.edu.tr

Healthcare workers: their health risks and how to minimise them
25–26 May 2000; London, UK
Further details: Rosamund Snow, External Relations Department, Royal Society of Medicine, 1 Wimpole St, London W1M 8AE. Fax: 0171 290 2904. Email: rosamund.snow@roysocmed.ac.uk

International conference on sport technology: challenges for the 21st century
4–6 June 2000; Calgary, Canada
Further details: The Sport Technology Research Centre, Faculty of Kinesiology, University of Calgary, 2500 University Drive NW, Calgary AB, T2N 1N4, Canada. Tel: (403) 220 3377. Email: istconf@ucalgary.ca

Exercise and sport: the pros and cons for health
15 June 2000; London, UK
Further details: Jennifer Goulding, Courses and Conferences Organiser, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Tel: 0207 581 3232. Fax: 0207 589 1428

National Athletic Trainers’ Association 51st Annual Meeting
28 June–2 July 2000; Nashville, Tennessee, USA
Further details: NATA, PO Box 911758, Dallas, TX 75391-1578, USA. Tel: (301) 694 5243. Fax: (301) 694 5124. Website: www.nata.org

Rehabilitation and rheumatology 2000: unlocking the door of disability
29 June–1 July 2000; Bath, UK
Topics will include:
- Paediatric rheumatology and rehabilitation
- Pain management
- Spinal injuries
- Neuro-rehabilitation.
Further details: Janet Crompton. Tel: 01453 549929. Fax: 01453 548919. Email: janetcrompton@compuserve.com

5th Annual congress of the European College of Sport Science
19–23 July 2000; Jyväskylä, Finland
Details from: ECS, University of Jyväskylä, PO Box 35, FIN-40351, Jyväskylä, Finland. Tel: +358 14 603160. Fax: +358 14 603161. Email: ecs@pallo.jyu.fi Website: www.dshs-koeln.de/ecss

1st Latin American meeting in orthopaedic sports medicine
26–29 July 2000; Santiago, Chile
Details from: Chilean Soc Sp Med, Av. Las Condes 9792 Oficina, 206 Santiago, Chile. Email: info@sochmedep.cl Website: www.sochmedep.cl

British Association of Sport and Exercise Sciences Annual Conference
29 August–1 September 2000; Liverpool, UK
Further details: BASES 2000, Event Management Services, Egerton Court, 2 Rodney St, Liverpool L3 9UX. Tel: 0151 231 3585. Fax: 0151 709 5057. Email: ems@livjm.ac.uk

2000 Pre-Olympic Scientific Congress
7–13 September 2000; Brisbane, Australia
Themes running through the programme include:
- Role of the Olympic Games in promoting health for all
- Impact of elite athletes on sports medicine on the general community
Deadline for abstracts August 1999.
Further details: Congress Manager, Sports Medicine Australia, PO Box 897, Belconnen ACT 2616, Australia. Tel: +61 2 6251 6944. Fax: +61 2 6253 1489. Email: smanat@sma.org.au

19th congress of sports medicine
13–14 October 2000; Bruges, Belgium
Topics include:
- Sports physiotherapy
- Children and sports
Further details: Dr Michel D’Hooghe, President Brucosport, Hospital AZ Sint-Jan AV, Ruddershove 10, B-8000 Brugge, Belgium. Tel: +32 50 452230. Fax: +32 50 452231. Email: brucosport@azbrugge.be Website: http://user.online.be/brucosport/index.htm

1st Moscow International Forum: Sport medicine science and practice on the eve of the 21st century
20–25 October 2000; Moscow
Further details: Organising Committee of the Forum, Yachshuk AM, Zemlyanoi Val 53, Moscow. Tel: +7 928 29 92 92

British Association of Sport and Exercise Medicine Congress
3–5 November 2000; Tewkesbury, UK
Lectures include:
- Muscular conditioning during space station MIR flight
- Health enhancing physical activity—an upgrowing challenge for sports medicine
Further details: Dr Clive Monkley, Ridgeway Hall, Ridgeway House, Ridgeway Cross, Cradley, Worcestershire WR13 5JJ. Tel/fax: 01886 880158

Multiple choice questions—answers
p 93: Pescatello S, VanHeest JL, Physical activity mediates a healthier body weight in the presence of obesity
1 (b); 2 (c); 3 (e); 4 (c); 5 (b).