

British Journal of
S P O R T S
 M E D I C I N E

Editorials

Warm up

Happy Birthday to a legend. One giant salutes another as Jerry Morris, the doyen of British exercise epidemiology, celebrates his 90th birthday and Ralph Paffenbarger reflects on his lifetime contribution (page 217). From opposite sides of the world they will be linked forever by their dedication to a common theme and research excellence. Two masters in sports medicine. True pioneers.

New frontiers in sport and exercise medicine will be at molecular level as we struggle to solve some of the mysteries of cellular metabolism. We are still learning why moderate exercise can improve immune function, yet excessive exercise may be harmful (page 161). The relationship between exercise, cancer, and the body's natural defence mechanism is closely linked too, and there is some evidence that physical activity may enhance that protective effect. Exercise may even have a place in cancer treatment, but cancer is more associated with suffering than with sport, so that the cancer athlete takes us completely by surprise when Dimeo reminds us of last year's sporting heroes (page 160). Cellular manipulation is

another brave new world. It has outstanding therapeutic potential but awesome potential for abuse (page 159). Sometimes the parallels between sport and science are uncanny, with every new achievement a step into the unknown.

New research in sports injury reflects the evolution of the discipline. Stress fractures are familiar in many sports but new sports with high impact change the pattern of injury (page 195). We see new patterns of injury from epidemiological studies in Australia (page 188) and new perspectives on physiology in adolescents (pages 168, 200, and 213).

New sports seldom catch on as quickly as the humble Frisbee but even the Frisbee would be embarrassed at this put-down. Few readers, however, will be surprised at this comment about sports medicine (page 212). Next time anyone doubts the new advances, scientific rigour of research, or achievements in sport and exercise medicine of the last 50 years, smile nicely and send them a copy of this issue.

Climb every mountain, till you find for your dream

Those last heroic steps, that final footstep to the highest point on earth, the achievement of a lifetime ambition. Everest. The pinnacle of human endeavour. We use it as a metaphor for the ultimate achievement. From childhood we know that only a few will ever dream of climbing the world's highest peak yet we all held that secret belief—that we could do it and succeed where others have failed. That dream has become a reality now for many. Still a tiny proportion of humanity but increasing numbers nevertheless. You could still do it! Oh yes, if you have enough money, you can buy a place on the package trip of a lifetime. A comfortable ride to the roof of the world. Be there, do it, super photographs, and a story to entertain dinner parties for the rest of your life. Everest, no problem.

There is a price. The price is the destruction of a sacred mountain. The beauty of the earth littered with discarded oxygen cylinders, the bodies of dead heroes or fools, the filth of human excrement at base camp, snow too polluted to melt and drink. There is no garbage collection at that address so the waste is either carried down or it lies there for ever. On the lower mountain there are still ropes and ladders from previous expeditions. The discovery of Mallory's body and the publication of the photograph of a true hero brought to light how times have changed since

the first pioneers faced their ultimate challenge. Science and technology have made the impossible possible, and the improbable straightforward. An image remains from the great tragedy of 1986—a queue of people, a traffic jam not far below the summit.

Technology and science have made this possible. Equipment and clothing have improved beyond recognition. Teenagers walk suburban streets in protective clothing more effective than that worn by mountaineers less than 50 years ago. Oxygen cylinders are lightweight, portable and available. Ropes, climbing hardware, and communications equipment are technically excellent. Logistics are simpler, transport easier, nutrition more effective. Medication can help some although we do not yet have the complete solution to mountain sickness. If there is a problem we might call in the helicopter, providing you are not too high and the air too thin. Success and death are available to everyone.

Death. Oh yes. Did I not mention it? Step over the bodies of your predecessors as you make your final assault and salute them on the way down. Climbing is only half the problem as many perish on the way home. Oh, and by the way, just to mention them: cerebral haemorrhage, snow blindness, frostbite. The mountain has claimed its sacrifice, and will continue to take its annual share. Never

mind the bodies on the mountain, someone must care for the shattered relatives, the broken lives, the price paid in instalments over many years. And this is just the price paid by the relatives of adventurers from the western world. We have not mentioned the sociological impact of western money, values, and influence on these remote populations.

You may be wondering why I bring this up. Surely it is not our responsibility to regulate climbing, to be the conscience of the mountain, to protect people from themselves and the environment from desecration. But, someone should begin to ask these questions or will we continue to litter the mountain ranges of the world with junk from expeditions and the dead bodies of novices, fools, and the unfortunate. Many doctors climb, assist expeditions, research the effects of high altitude, and prescribe and evaluate medication. Science and medicine

have made it possible to go towards and beyond the limits of human performance. We cannot now wash our hands and walk away. Today we focus on climbing and that is, perhaps, a little unfair on the climbing community. We could ask similar questions of those who sail the world's wildest oceans in flimsy plastic boats, surfing forty foot waves on millimetres of fragile shell. We could question those who jump off cliffs in hang gliders, dive off bridges attached to rubber bands, free climb sheer rock walls or go caving without support. Pushing out the barriers of performance. A disaster waiting to happen. All this for the achievement of a dream, but dreams have a price.

DOMHNALL MACAULEY

*Editor,
British Journal of Sports Medicine*

British Association of Sport and Exercise Medicine in association with the National Sports Medicine Institute

Education programme 2000

Intermediate Sports Injury Course—Part 1	9–14 July
Lilleshall Hall National Sports Centre, Shropshire (residential) PGEA and CME will be given	
General Sports Medicine Course	24–29 September
Lilleshall Hall National Sports Centre, Shropshire (residential) PGEA and CME will be given	
Practical Sport and Medicine Meeting	5–12 October
Club La Santa, Lanzarote (residential)	
Advanced Sports Medicine Course	8–13 October
Lilleshall Hall National Sports Centre, Shropshire (residential) PGEA and CME will be sought	
BASEM National Congress: (West Midlands)	3–5 November
Stakis Luxury Puckrup Hall Hotel, Tewkesbury	
Intermediate Sports Injury Course—Part 2	19–24 November
Lilleshall Hall National Sports Centre, Shropshire (residential) PGEA and CME will be given	
Current Concepts Meeting on Pre-event Screening	8–9 December
Cost and location to be confirmed	

For further details of these courses please contact Mr Barry Hill, The National Sports Medicine Institute, c/o Medical College of St Bartholomew's Hospital, Charterhouse Square, London EC1M 6BQ.

Tel 020 7251 0583 (ext 237). Fax 020 7251 0774. Email: barry.hill@nsmi.org.uk

Web site: www.nsmi.org.uk