The ups and downs of high altitude mountaineering

EDITOR,—Professor Craig Sharp delighted us with a recent account of his world record ascent of Mt Kilimanjaro in the 1960s and voiced his concerns about the physiological demands and the resultant hypoxia. Perhaps he is one of the minority of mountaineers who have been able to adapt to high altitude conditions and continue mountaineering at the height of one of the most unforgettable experiences of their careers. The ups and downs of high altitude mountaineering have provided initial uncertainties for Barcroft, Margaria, and Henderson, the possibility of an “oxygenless” ascent of Mt Everest. The high altitude descent without supplemental oxygen by Messner in 1978 subsequently paid to any336 fewer mountaineers and reinforced what Huxley (1825–1895) once remarked “The great tragedy of science; the slaying of a beautiful hypothesis by an ugly fact!”

The “get up and get down” philosophy of mountaineering has become an increasingly popular practice among enthusiasts who are either pitting their physical attributes against the stopwatch or, as Messner would maintain, merely limiting their time spent in the “snow zone”. Perhaps the most astonishing feat of all was achieved during an Italian expedition to Mt Everest in May 1996 when Hans Kammerlander summited via the North Col in a record time of 17 hours and 30 minutes, whereas I have been concerned, over the years, with the incidence of severe injuries causing tetraplegia. The fact that professional players are suffering a greater number of injuries than are professionals is not necessarily compatible. Firstly, it seems to me that there may be a difference between stretching abnormally tight tissues into a norm and the speed of deceleration are the major factors in determining the severity of the injury. This is confirmed in the first class game where the players run faster and are bigger and heavier and impact with greater force. Schneider’ made a separate study of this group of American players. He found that 141 serious injuries occurred among 780 000 high school football players, 34 among 70 000 university footballers, and 14 among 4500 professional players, whereas, in Sandwell, 4500 professional players, whereas, in Sandwell, 6 Schneider RC. Head and neck injuries in football: mechanisms, treatment, and prevention. Baltimore: Williams and Wilkins, 1973.

Effectiveness of stretching to reduce injury

There appears to be a conflict of ideas in two of the leaders in the October issue of the International Society for Mountain Medicine Newsletter of the International Society for Mountain Medicine 1998;10:3–13. The “get up and get down” philosophy of mountaineering has become an increasingly popular practice among enthusiasts who are either pitting their physical attributes against the stopwatch or, as Messner would maintain, merely limiting their time spent in the “snow zone”. Perhaps the most astonishing feat of all was achieved during an Italian expedition to Mt Everest in May 1996 when Hans Kammerlander summited via the North Col in a record time of 17 hours and 30 minutes, whereas I have been concerned, over the years, with the incidence of severe injuries causing tetraplegia. The fact that professional players are suffering a greater number of injuries than are professionals is not necessarily compatible. Firstly, it seems to me that there may be a difference between stretching abnormally tight tissues into a norm and the speed of deceleration are the major factors in determining the severity of the injury. This is confirmed in the first class game where the players run faster and are bigger and heavier and impact with greater force. Schneider’ made a separate study of this group of American players. He found that 141 serious injuries occurred among 780 000 high school football players, 34 among 70 000 university footballers, and 14 among 4500 professional players, whereas, in Sandwell, 4500 professional players, whereas, in Sandwell, 6 Schneider RC. Head and neck injuries in football: mechanisms, treatment, and prevention. Baltimore: Williams and Wilkins, 1973.

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a neurological examination will find this concise American text a useful addition to practice. The book is primarily written for medical students, and achieves this aim as it is an excellent introductory text. It contains numerous practical tips for carrying out a thorough neurological examination in one excellent chapter. Fortunately, the text also contains many shortened or modified versions of aspects of the full examination, which will allow the physician or student to identify significant abnormalities, and then apply the findings appropriately. Challenges are set throughout the book, such as "Where's the lesion?", and discussion of case histories provides practical and applicable examples of application of the examination and accurate diagnosis. The format of these case histories is rather confusing initially, but a little persistence enables the reader to learn a great deal from their application. Common neurological disorders are covered broadly, but not in much depth, as the title of the book suggests. There is good coverage of new drugs and therapies for multiple sclerosis and Parkinson's disease for those doctors who may have fallen behind the rapid advancement of neurological treatments.

**Analysis**

- **Presentation**: 15/20
- **Comprehensiveness**: 15/20
- **Readability**: 12/20
- **Relevance**: 18/20
- **Evidence basis**: 17/20
- **Total**: 78/100

**MARK RIDGEWELL**
Kings Road Surgery, Mumbles, Swansea SA3 4JQ, Wales, UK

**Tendinitis: its etiology and treatment.**

I must say that I liked this book. It is a most logical and readable fashion it set about what can be a rather dour, but yet most clinically relevant information contained in these sections—for example, different x-ray views to request to visualise specific problems, but sadly it was difficult to access in essay format. This was let down the book as a whole, as the last two chapters ("Arthroscopic treatment of Osteochondral lesions and soft tissue impingements" and "Nerve injuries to lateral leg and ankle") were excellently laid out with clear, helpful information for all sports physicians. They were also very well illustrated, including a flow chart for chronic ankle pain management. I know I am a simple ex GP in sports medicine but, with limited time to read books, I like clear headings, major points highlighted, and tables to compliment the text. I also like pictures; the illustrations in the first two chapters did not do anything, to clarify the text (reduced size, unclear, black and white anatomy specimen photographs).

Although this book, I think, is aimed at orthopaedic surgeons, it has certainly increased my knowledge and enthusiasm to see chronic ankle problems and I would recommend that anyone serious about sports medicine consider it as a reference book for those difficult ankle problems. If only the authors in the latter part had edited the first two chapters.

**Analysis (chapters 1 & 2)**

- **Presentation**: 6/20
- **Comprehensiveness**: 6/20
- **Readability**: 6/20
- **Relevance**: 6/20
- **Evidence basis**: 6/20
- **Total**: 30/100

**Analysis (chapters 3 & 4)**

- **Presentation**: 16/20
- **Comprehensiveness**: 16/20
- **Readability**: 16/20
- **Relevance**: 16/20
- **Evidence basis**: 16/20
- **Total**: 78/100

**J DUNBAR**
Sports Medicine Physician and GP locum, 63 Aitchieson, Dundrum ER15 ODE, UK

**Chronic ankle pain in the athlete.** Edited by Glenn B Pfeffer. (Pp 88; soft cover; $38.00) Illinois, USA: American Academy of Orthopaedic Surgeons, 2000. ISBN 089203226X.

In reviewing this book, I was first struck down by the American terminologies, then boggled down by too much information in unimportant essay format for two chapters ("Sprains and soft tissue injuries" and "Subtalar injuries"). There was a vast amount of very relevant comprehensive information contained in these sections—for example, different x-ray views to request to visualise specific problems, but sadly it was difficult to access in essay format. This was let down the book as a whole, as the last two chapters ("Arthroscopic treatment of Osteochondral lesions and soft tissue impingements" and "Nerve injuries to lateral leg and ankle") were excellently laid out with clear, helpful information for all sports physicians. They were also very well illustrated, including a flow chart for chronic ankle pain management.

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**Analysis (chapters 1 & 2)**

- **Presentation**: 18/20
- **Comprehensiveness**: 17/20
- **Readability**: 19/20
- **Relevance**: 18/20
- **Evidence basis**: 17/20
- **Total**: 89/100

**B THOMPSON**
Sports and Orthopaedic Medicine Clinic, Craigaroun Area Hospital, N. Ireland

**Institute of Sports Medicine masters course**

The Working Party of The Institute of Sports Medicine and University College London (UCL) proposed that a new Course in Sport and Exercise Medicine be set up. After eighteen months of intensive preparation, the course started in September 2000. It is based on the Whittington campus of UCL but can draw on the combined resources of the Whittington, Middlesex, Royal Free, and University College Hospitals. The course is designed as an MSc in the Department of Surgery and concentrates on high academic standards, including training in research techniques and a solid foundation in basic science. Nevertheless, there will be a full clinical exposure to all aspects and candidates will be expected to sit for the Diploma in Sports and Exercise Medicine of the Academy of the Medical Royal Colleges.

The Institute have provided an annual bursary to defray the tuition fees of one candidate, and in this millennial year have also awarded a special Millennial Bursary.

**Annual awards ceremony**

The Institute's Annual Awards Ceremony was this year held at The Royal Institution, chaired by Sir David Money-Coutts KCVO. The Guest of Honour was Professor Christopher Llewellyn Smith FRFS, the Provost of UCL, who commented in his address that the presence of The Institute physically within the Department of Surgery was an excellent example of the symbiosis between the College and its many guest organisations, each contributing to the good of the others. Three fellowships were awarded by the Institute to Dr Richard Budgett, Director of Medical Services, British Olympic Association and Chairman, BOA Medical Committee (in absentia), Mr Graham Holloway, Consultant in Orthopaedic Surgery and Sports Injuries, Ridgeway and BUPA Cambridge Lea Hospitals, and to Dr Patrick Milroy, Regional Medical Officer to the British Athletics Federation, who gave an entertaining and informative lecture on pitfalls and dilemmas that he had encountered. The Sir Robert Atkins Award was presented to Dr Peter Wilmhurst for services to Diving Medicine, and the recipient of the Millennial Bursary Award, Dr Amir Ali Nervani, was congratulated by the Provost.

**Annual symposium**

The Institute's Annual Symposium on "Current Dilemmas, a journey through Sports Medicine, Ethics and the Law" has held jointly with the Section of Sports & Exercise Medicine of the Royal Society of Medicine on 8 November 2000. A total of 10 speakers of international repute presented papers to a packed Barns Hall at the Royal Society of Medicine. Details of further such meetings can be obtained by contacting the RSM.

**NOTES AND NEWS**

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BASEM Congress 2001

The BASEM Congress 2001 is to be held at the Vale of Glamorgan Hotel, Golf and Country Club, Wales, from 25–28 October 2001. Hosted by BASEM Wales, various topics will be covered from the use of padding in Rugby Union to exercise in extremes of temperature. There will be a free afternoon for sporting pursuits and European Club Rugby Union matches are scheduled for that particular weekend. Further details are available from Mrs Sue Roberts, BASEM Company Office, 12 Greenside Avenue, Frodsham, Cheshire WA6 7SA. Tel/fax: 01928 732 961; email: basemooffice@compuserve.com.

CALL FOR ABSTRACTS

The BASEM 2001 congress committee invite submissions of abstracts for the presentation of short papers and posters. All abstracts will be peer reviewed externally and anonymously and those selected may be published in *BJSM*. Awards will be presented including the BASEM Young Researchers Award, presented to the best paper from an author less than 10 years qualified. Those not selected for oral presentation will be invited to present a poster, or poster only presentations may also be submitted. There will be a poster award presented. Enquiries and submissions should be directed to: Dr Tim Jenkinson, Royal National Hospital for Rheumatic Diseases, Upper Borough Walls, Bath BA1 1RL. Tel: 01225 473428; fax: 01225 473 437; email: Tim.Jenkinson@rnhrd-tr.swest.nhs.uk.

AIRCAST TRAVELLING FELLOWSHIP 2001

This fellowship, funded by Aircast Limited Partnership is open to medical practitioners under the age of 40 years, for unpublished work relevant to sport and exercise medicine. It will allow the holder to spend two weeks in a medical centre of excellence in the United States. Receipted expenses, including the airfare, will be awarded to a maximum of £2000.

The work should include a structured abstract of approximately 250 words and body text of a standard format (introduction, methods, results, discussion, conclusion, references and an acknowledgement of support received) of approximately 5000 words. The closing date for submission is 1 August 2001, and the holder will be expected to give a 20 minute presentation of his or her work at the BASEM Annual Congress. For further information, please contact the BASEM office.

**CORRECTION**

We regret that figure 2 was omitted from a recent article (*BJSM* 2001;35:34–7). The figure is reproduced here and we apologise to the authors and readers for this error.