EDITORIAL

By the time this journal is published, we hope we shall have fulfilled our commitment to publish one volume, of four parts, during the year, even if parts 2 and 3 had to be issued as a combined number. If our membership supports the Executive Committee's recommendations for a realistic increase in subscriptions, to keep up not only with substantially increased costs and postage, but also a larger (and we hope better) journal, we should be in a better position to run a truly quarterly journal, devoted both to scientific and clinical articles, and to the business affairs of the B.A.S.M.

In this issue, we have again several articles from Australia the U.S.A. and Canada, but are still rather short of original material from Britain. We are pleased to receive the first instalment of epidemiological studies into sports injuries from the Department of Industrial Health, of the University of Newcastle upon Tyne, and hope to hear from Professor Browne about the frequency of injuries in other sports besides rugby and association football already covered in his area. We would like to see studies from other regions, even on a small scale, as data collected from several small studies can be coordinated, and give most helpful information so that future needs for sports medicine services can at least be planned, even if we have to wait many years for any action to be possible.

The present acrimonious disputes regarding private practice could have a very adverse effect on sports medicine clinics. If the DHSS is opposed to private practice in NHS facilities, this could stop the treatment of athletes, usually seen for a trivial fee or for a donation to sports medicine research funds, as a special group needing treatment of a type or degree of priority in time not possible under present circumstances under normal NHS conditions. Will we have to set up special hospitals, financed from non-Government sources, for their treatment? I see little hope of every injured person, athlete or not, receiving the rehabilitation, the careful assessment of fitness, and the emergency treatment of so-called "trivial" soft-tissue injuries that are disabling to the athlete as a routine in NHS hospitals.

In many cases, of course, athletes are seen in NHS clinics, free of charge of course — orthopaedic, physical medicine or casualty — by those consultants interested in their treatment. This work is usually undertaken additional to the official number of "sessions" that the consultant has contracted with his employing authority to perform.

In a hospital service where the polical ideologies of the porters and cleaners are of so much more importance than the experience and clinical judgement of the consultants, and with an act of Parliament that allows the take-over of any hospital, even private ones constructed since the "appointed day" 25 years ago, can we risk attempting to found an "athletes' hospital" and non-NHS "athletes' clinics" in this country, or should we try to acquire a site and build these clinics in the Channel Islands or France, well away from the grasping claw of a health service struggling to keep going, however unsuccessfully, in obsolete buildings with underpaid medical and ancillary staff and growing waiting lists?

At the time of writing, the AGM is still in the future, but any major decisions, and lists of the new committee, will be published at the end of this number, as an appendix (or even at the beginning, on a spare page, as the appendix is not always at the end).

APOLOGIA

The Editor and the Printers apologise to readers, and especially to Dr. Gregg, for printing the X-Ray upside down (Fig. 1) and duplicating paragraphs on page 71, Nos. 2/3, in his article "The Commonest Lumbar Disc — L3!" and for omitting page numbering in the alphabetical index in the same number.