

your patrons are not going to have any useful function, as in the long run, this produces the exact opposite of the required effect.

I now want to warn you against the risks of professional jealousy. We have seen some of the effects of this in the divisions that I have mentioned in Canada and we have also seen it in a number of other countries. Until recently Australia had two separate medical sport organisations – now, they have one, but two states are at each other throats! There is no room for such jealousy in sports medicine. One of the things that I have found to be most exciting about the International Movement is that those individuals who are internationally recognised, meet together on the very best of terms. They are members of a big family, because they are united in a common interest which is sports medicine and not themselves. In this context I should warn you about a practice that we have seen in certain countries (though surprisingly not in Eastern Europe where perhaps it might have been expected) which is the practice of individual organisations to insist that athletes go only to the organisation's own doctors, and not to others. From time to time certain national associations appoint their own doctors and say "you cannot go to anybody, unless you go to our own doctor". This is merely an indication of insecurity, and I was much heartened and encouraged by what Dr. Owen said about the wish of the British Olympic Association to use the expertise of doctors throughout the country rather than to seek to hold for itself the responsibility for the clinical management of patients outside the Olympic games. The net result of any "exclusiveness" is to the disadvantage of the athlete, and I hope this feature of second rate national sports organisations will not be noted in your own country.

ANSWERING SPORT'S NEEDS – 2

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The institute of Sports Medicine exists to further the Study of medical aspects of sport and physical activity, i.e., medical research, teaching and treatment.

The Institute, as a Post-Graduate Medical Body, is concerned, therefore, with the additional relevant qualifications of doctors through courses of study and practical experience. Teaching programmes and symposia are being further developed.

Suitable research projects by doctors are encouraged together with the systematic accumulation and collation of medical data. By advancing medical knowledge we hope to effect not only the treatment of injuries in sport but also the physical fitness of every individual in the community.

Since the Institute relies entirely on voluntary

Finally, and to some extent off the record, I would bring one other matter to your attention. As I said early on in some countries sport is politically big business and there is a very strong political will developing sports medicine. As an extension of this, one finds the teaching of sports technology both medical and otherwise becoming part of the propaganda programme used by certain countries. They offer technical services to people from developing countries, and in providing technical services they provide at the same time a great deal of political propaganda as well. Some time ago when I visited India, I was struck by the large number of Indians who said that they were delighted to welcome an English speaking lecturer to come and talk to them and that they were delighted to welcome someone from Britain. Many of the people I met went on to say how much they had enjoyed the visit of other coaches and lecturers from the United Kingdom in previous months. We have a situation where people in India, and other English speaking developing countries want to come to the U.K. or to the United States, for training in sports medicine. They want what you have to offer, but you do not offer it to them and you apparently cannot make it available for them; they end up by going to countries whose language is foreign, and whose ideals are also very often foreign.

I would like to conclude by suggesting that from an international point of view, you should consider that there may be an element of responsibility to the rest of the world (particularly the developing world) in your development of sports medicine in the United Kingdom. You can give guidance not purely on a technical level, but on the level of the way of life you think to be worth living.

workers and financial donations, progress has been restricted. This is one reason why the contribution by various interests to the different problems of sports medicine is welcomed by the Institute.

There are many areas where closer cooperation on an inter-disciplinary basis could be helpful to everyone concerned. Already there are discussions with various organizations, including BASM, to explore such areas. In spite of the different bases of the organizations in the field, it should be possible for each to complement the other and to establish useful and lasting links.

The Institute is, therefore, happy to participate in today's meeting and to hear the views of colleagues and others concerned with Sports Medicine. Within our powers and terms of reference I am willing to pledge our help.