G. G. BROWNING

Chairman, British Association of Sport and Medicine

The future of Sports Medicine is closely tied up with the future of Sport. So the title British Association of Sport and Medicine was, I submit, a wise choice by the founders.

The future of sport is ever increasing participation at all levels of performance, at all ages: with the steady development of facilities of all kinds, including coaching and training, provided by both the government and private enterprise.

Sport will be practiced at professional level, amateur level, recreational level and spectator level.

With this development, supported by legislation, there are greatly increased medical and health implications. There are preventive and therapeutic elements, and perhaps most importantly it is set within a positive health programme, and so has medical, social and educational facets.

Within this medico-social health field there is both a specialised — and sometimes a highly specialised — content and a general content involving several different kinds of expertise and group interests, and kinds of organisations.

In order to produce the organised whole which the development of sports medicine in this country requires, co-operation and communication between all concerned is essential.

At the same time it is also essential that the different units of the organised whole should have, and be seen to have, their individual identity and autonomy.

In this way the unified concept can produce a unified service, at the same time retaining and encouraging the individual identity, character and expertise, and so maintain the vital spark and interest, and stimulus which unification often tends to dull.

In our thinking we have also to bear in mind the philosophic pattern developing in our society exemplified by such things as Community Councils, Health Councils and Consumer Organisations.

It is against this background and developing picture that the BASM has tried to meet the present needs and prepare for the future.

WHAT DOES BASM DO?

Membership

Our membership reflects the interdependence and the involvement of a number of professions that is so essential for the task — medical, paramedical, physical educationists, physiologists, bio-engineers, bio-chemists, psychologists; not forgetting a student membership, and representatives of sporting associations.

Training and Education

The BASM through its membership has lectured and participated in courses run by the BASM or in conjunction with other organisations or by special invitation for members of the medical and paramedical professions, physical educationists and others. The educational process also takes place in the sports injury and sports medicine clinics which some of us run in different hospitals. They involve graduates and undergraduates of different professions.

We have organised a one-week’s residential course at Loughborough to meet the 40 hour prescribed syllabus of the International Federation’s diploma — from 22 Sept. to 26 Sept. 1975.

We publish the British Journal of Sports Medicine.

Research

The BASM has encouraged and enabled — (though not financially) — research workers in hospitals, Universities and other institutions of further education in research with implications for both general and sports medicine.
Consumer, etc.

We also hold conferences for the consumer and involved members of the general public.

In our sports medicine clinics we have an increasing relationship with general practitioners, other consultants and coaches.

Advisory

We are being asked to advise on the medical requirements in the development of sports centres.

Coverage

We have arranged and provided the medical and physiotherapy coverage at national and international sports meetings.

International

We are the internationally recognised sports medicine body in Britain. We organised the World Congress of Sports Medicine in 1970 at Oxford, and are organising an International Symposium on 19th Feb., 1975, on "Anabolic Steroids in Sport".

Communications and Cooperation

In the context of this meeting we stress the need for communication and co-operation. It is joint meetings such as this one and the one we had with the British Olympic Association on "Altitude Training" which are valuable not only for their content but for the communication and co-operation which they achieve and which I hope will lead to a cohesive whole. A whole which involves us all with roles that are complementary and interdependent.

The Future

Is this a pious hope or merely, to quote from Priestly, "Words in the air and gesticulating shadows, a stumbling chronicle of a dream of life"?

We cannot make all our dreams reality but I think we can make this one.

I personally would like to see emerging from this cooperation some vital structure of high quality which would put British Sports Medicine firmly and squarely on the map.

"DISCUSSION"

CHAIRMAN: We are all very grateful to Dr. Browning for that "summing up", although he did a good bit more than that.

Our speakers have left us a reasonable amount of time for discussion, and I trust that as many of you as can will take part in it. This symposium has, I think, already begun in a big way to achieve its object, and let us remember that this is about the future, and I underline future, of Sports Medicine. Certain things have come out, I think, very well during the morning, which I will not say anything about now, hoping that you will. I am sure you must have a great number of questions . . .

DR MALCOLM CARRUTHERS (London): I would like to express the feeling I share with Prof. Kane, about the use of the word "sport" in that it does emphasise the competitive aspect. This is very understandable, in that there are many fine competitors who have built up this Association, but, it does reduce the sales appeal of the Organisation to the majority of non-competitors in the population, 95% of individuals, who, by the nature of the Gaussian distribution curve can't be very good at competitive sport. Also, it tends to direct activity approximately in the reverse relationship, so that about 95% of the research activity seems to be taken up studying the young competitive sportsmen, and the non-competitive individual is relatively neglected. For example, who knows about the relative indices of physical fitness in those who do, or do not go swimming once or twice a week, and those who do, or do not 'cycle, those who do, or do not play a game of football once or twice during the week in their middle years. I think it is because of this equation of the word "sport" with competitive activity. We have already enough competitive activities in our daily lives, so that perhaps physical activities should be taken as an antidote to other forms of competition.

The other thing is the tendency to deride amateur participation. Firstly, I think with the present darkening economic clouds the number of very highly trained professionals, who will be available and have time to advise, will be rather limited. Also, the derision of the amateur at the expense of the professional: if you take extremes of professionalism in both the surgical and cardiological fields, I think you get some fairly hideous things arising. Consider Dr. Barnard's physiological two-hearted preparation, which was announced in the papers today. I do not think we should deride the good will and sometimes the local, be it limited knowledge and enthusiasm of the amateur, at the expense of the officially created, officially trained, officially examined, (which is a manifestation of the English Doctor's Disease — to form colleges and grant diplomas,) which may in fact both limit, and act as an off-putting device in this field.

I think there is room for both amateur and professional, for co-operation between the two, and not exclusion of the amateur.