EDITORIAL

There has been rapid growth in recent years in participation in sport. What used to be reserved for professionals and very keen amateurs is now taken up by all. The media has not been slow in reporting this and has played its part in promoting it (Cannon, 1982). Even if hard medical evidence cannot be produced to quantify the benefits of exercise it is generally accepted that it improves the quality of life. As more people indulge in sports then more ‘sporting injuries’ will occur (Davies, 1981). Inevitably these will find their way to accident and emergency departments. In this issue there is a review of such injuries presenting to a busy department. It demonstrates the size of the problem but the solution remains unclear. Should such injuries be treated the same regardless of how they were caused, or should special ‘Sports Clinics’ be established? If so, who should run them and for whom? It is generally thought that most sports injuries are no different to similar injuries sustained elsewhere. However, people who incur them have special demands. A minor injury to a semi-sedate office worker may be a major disability to a professional sportsman. A keen amateur can incur great social and psychological disability if injury prevents him pursuing his sport as much as he would like (Yaffé, 1983). Once the anatomical diagnosis has been made then special attention should be given in any patient to restoration of former activity. Patients may manage this themselves but often benefit from specialist advice and reassurance. For many patients this will involve physiotherapy and some will require orthopaedic surgery. Most, however, will benefit from a little extra attention during the process of rehabilitation.

The problem is how to provide this when established specialities like orthopaedics are already overworked. It has been suggested that general practitioners could fulfil this role (Macauley, 1982) but are they any less over-worked than orthopaedic surgeons? The speciality of ‘sports medicine’ has evolved to fill this gap but tends to be aimed at professional rather than more casual sportsmen. Perhaps the only solution is to spread the load and for us all to accept that sportsmen have increased demands that should be met and to supervise their progress accordingly.

This Journal will publish, where relevant, the proceedings of the scientific meeting of the Emergency Medicine Research Society. Several of the papers in this issue were first read at the inaugural meeting in York and hopefully give some impression of the aims of these meetings. There is a lot to be gained from open discussion about research in progress and the meeting (8–9 June) will provide another opportunity for us all to learn.

It is hoped that this Journal will concentrate on research into and the treatment of the acutely ill and injured. Many of these patients present to the accident and emergency department because of accidents on motorcycles. They are usually young people and eminently salvageable. Their injuries are often severe and may render them hospitalised for several months and they may never return to full activity. For these reasons, any efforts to prevent such accidents are most welcome. The paper on ‘The effect of rebreathing on psychomotor skills when wearing integral crash helmets’, demonstrates a possible contributory factor and so warrants a place in this journal. As with seat belts it seems not so much that prevention is better than cure but rather, prevention is the cure.
A regular feature of the Journal will be to ask various authorities to answer a given charge concerning their specialty and the emergency services or emergency medicine in general. Dr Proudfoot has taken up the challenge that ‘Gastric lavage should be abandoned in the accident and emergency department’. Many specialists in emergency medicine feel that it may be done without adequate forethought and for more punitive than therapeutic reasons. His conclusions must urge us to be far more selective in its use. Colonel Scott has given the views of a military surgeon as to where research in accident and emergency may be directed. He points out that doctors in training must be given an opportunity to learn the scientific method of solving a problem. They need guidance and tuition in this and a period spent ‘in research’ is of great value. It need not even produce hard results. A period spent reading and criticising the literature on a subject may be of equal value.

REFERENCES


A. D. REDMOND
Editor