THE DEVELOPMENT OF SPORTS MEDICINE IN TWENTIETH-CENTURY BRITAIN

The transcript of a Witness Seminar held by the Wellcome Trust Centre for the History of Medicine at UCL, London, on 29 June 2007

Edited by L A Reynolds and E M Tansey

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Technology Transfer in Britain: The case of monoclonal antibodies; Self and Non-Self: A history of autoimmunity; Endogenous Opiates; The Committee on Safety of Drugs • Making the Human Body Transparent: The impact of NMR and MRI; Research in General Practice; Drugs in Psychiatric Practice; The MRC Common Cold Unit • Early Heart Transplant Surgery in the UK • Haemophilia: Recent history of clinical management • Looking at the Unborn: Historical aspects of obstetric ultrasound • Post Penicillin Antibiotics: From acceptance to resistance? • Clinical Research in Britain, 1950–1980 • Intestinal Absorption • Origins of Neonatal Intensive Care in the UK • British Contributions to Medical Research and Education in Africa after the Second World War • Childhood Asthma and Beyond • Maternal Care • Population-based Research in South Wales: The MRC Pneumoconiosis Research Unit and the MRC Epidemiology Unit • Peptic Ulcer: Rise and fall • Leukaemia • The MRC Applied Psychology Unit • Genetic Testing • Foot and Mouth Disease: The 1967 outbreak and its aftermath • Environmental Toxicology: The legacy of Silent Spring • Cystic Fibrosis • Innovation in Pain Management • The Rhesus Factor and Disease Prevention • The Recent History of Platelets in Thrombosis and Other Disorders • Short-course Chemotherapy for Tuberculosis • Prenatal Corticosteroids for Reducing Morbidity and Mortality after Preterm Birth • Public Health in the 1980s and 1990s: Decline and rise? • Cholesterol, Atherosclerosis and Coronary Disease in the UK, 1950–2000 • Development of Physics Applied to Medicine in the UK, 1945–90 • The Early Development of Total Hip Replacement • The Discovery, Use and Impact of Platinum Salts as Chemotherapy Agents for Cancer • Medical Ethics Education in Britain, 1963–1993 • Superbugs and Superdrugs: A history of MRSA • Clinical Pharmacology in the UK, *c.* 1950–2000: Influences and institutions • Clinical Pharmacology in the UK, *c.* 1950–2000: Industry and regulation • The Resurgence of Breastfeeding, 1975–2000 • The Development of Sports Medicine in Twentieth-century Britain

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ABBREVIATIONS*

AAA	Amateur Athletic Association (1880)
ACPSM	Association of Chartered Physiotherapists in Sports Medicine (1972)
ACSM	American College of Sports Medicine (1954)
AIMS	Association Internationale Medico-Sportive (1928)
BAAB	British Amateur Athletic Board (1932)
BAMM	British Association of Manipulative Medicine (1968)
BASEM	British Association of Sport and Exercise Medicine (1999)
BASES	British Association of Sport and Exercise Sciences (1984)
BASM	British Association of Sport and Medicine (1953)
BIMM	British Institute of Musculoskeletal Medicine (1992) formed by a merger of the Institute of Orthopaedic Medicine and the British Association of Manipulative Medicine
BJSM	*British Journal of Sports Medicine* (1968)
BOA	British Olympic Association (1905)
BOMC	British Olympic Medical Centre (1987)
BOSTA	British Orthopaedics Sports Trauma Association (1993)
CCPR	Central Council for Physical Recreation (1935)
DCMS	Department for Culture, Media and Sport (1998)
EIS	English Institute of Sport (2002)
ErgRS	Ergonomics Research Society (1949)
FIMS	Fédération Internationale de Médecine du Sport (1934)
FINA	Fédération Internationale de Natation Amateur/ International Amateur Swimming Federation (1908)
FIP	Fédération Internationale Pharmaceutique/ International Pharmaceutical Federation (1912)

* Dates in parentheses refer to the date of foundation

FSEM	Faculty of Sport and Exercise Medicine (2005)
IABSEM	Intercollegiate Academic Board of Sport and Exercise Medicine (1999)
IAC	International Athletes' Club (1958)
IFSM	International Federation of Sports Medicine (1928)
IOCMC	International Olympic Committee medical commission (1967)
IOM	Institute of Orthopaedic Medicine (1905)
ISEM	Institute of Sports and Exercise Medicine (2005)
ISM	Institute of Sports Medicine (1965–2005, ISEM thereafter)
LSMI	London Sports Medicine Institute (1986–92)
MAC	British Olympic Association's medical advisory committee (1959)
NFC	National Fitness Council (1937)
NSMI	National Sports Medicine Institute of the UK (1992)
PEA	Physical Education Association (1956)
SOM	Society of Orthopaedic Medicine (1979)
UKADIS	UK Association of Doctors in Sport (2001)

WITNESS SEMINARS:
MEETINGS AND PUBLICATIONS[1]

In 1990 the Wellcome Trust created a History of Twentieth Century Medicine Group, associated with the Academic Unit of the Wellcome Institute for the History of Medicine, to bring together clinicians, scientists, historians and others interested in contemporary medical history. Among a number of other initiatives the format of Witness Seminars, used by the Institute of Contemporary British History to address issues of recent political history, was adopted, to promote interaction between these different groups, to emphasize the potential benefits of working jointly, and to encourage the creation and deposit of archival sources for present and future use. In June 1999 the Governors of the Wellcome Trust decided that it would be appropriate for the Academic Unit to enjoy a more formal academic affiliation and turned the Unit into the Wellcome Trust Centre for the History of Medicine at UCL from 1 October 2000. The Wellcome Trust continues to fund the Witness Seminar programme via its support for the Centre.

The Witness Seminar is a particularly specialized form of oral history, where several people associated with a particular set of circumstances or events are invited to come together to discuss, debate, and agree or disagree about their memories. To date, the History of Twentieth Century Medicine Group has held more than 50 such meetings, most of which have been published, as listed on pages xiii–xxi.

Subjects are usually proposed by, or through, members of the Programme Committee of the Group, which includes professional historians of medicine, practising scientists and clinicians, and once an appropriate topic has been agreed, suitable participants are identified and invited. This inevitably leads to further contacts, and more suggestions of people to invite. As the organization of the meeting progresses, a flexible outline plan for the meeting is devised, usually with assistance from the meeting's chairman, and some participants are invited to 'set the ball rolling' on particular themes, by speaking for a short period to initiate and stimulate further discussion.

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[1] The following is the standard introductory text to the *Wellcome Witnesses to Twentieth Century Medicine* series.

Each meeting is fully recorded, the tapes are transcribed and the unedited transcript is sent to every participant. Each is asked to check his or her own contributions and to provide brief biographical details. The editors turn the transcript into readable text, and participants' minor corrections and comments are incorporated into that text, while biographical and bibliographical details are added as footnotes, as are more substantial comments and additional material provided by participants. The final scripts are then sent to every contributor, accompanied by forms assigning copyright to the Wellcome Trust. Copies of all additional correspondence received during the editorial process are deposited with the records of each meeting in archives and manuscripts, Wellcome Library, London.

As with all our meetings, we hope that even if the precise details of some of the technical sections are not clear to the non-specialist, the sense and significance of the events will be understandable. Our aim is for the volumes that emerge from these meetings to inform those with a general interest in the history of modern medicine and medical science; to provide historians with new insights, fresh material for study, and further themes for research; and to emphasize to the participants that events of the recent past, of their own working lives, are of proper and necessary concern to historians.

ACKNOWLEDGEMENTS

'The development of sports medicine in twentieth-century Britain' was suggested as a suitable topic for a Witness Seminar by Dr Ian Burney, who assisted us in planning the meeting. We are very grateful to him for his input and to Professor Domhnall MacAuley for his excellent chairing of the occasion. We are particularly grateful to Dr John Lloyd Parry for writing such a useful introduction to these published proceedings. Our additional thanks go to Dr Ian Adams, Professor Craig Sharp and Dr Thea Vidnes, who read through earlier drafts of the transcript, and offered helpful comments and advice. We thank the contributors and Dr John Lloyd Parry for their help with the Glossary; and Dr Ian Adams, Sir Roger Bannister, Mrs Harriet Tuckey, Dr Dan Tunstall Pedoe and Mrs Sally Williams for help with photographs; and Ms Stefania Crowther and Mr Felix von Reiswitz for editorial assistance. For permission to reproduce the images included here, we thank the Association of Track and Field Statisticians, the *Journal of Physiology,* Ms Elizabeth Robson, the Royal Geographical Society, Mr Anthony Sebastian and Wiley-Blackwell.

We depend a great deal on our colleagues in the audiovisual department of the Wellcome Trust and in Wellcome Images to ensure the smooth running of our meetings; our thanks to Mr Akio Morishima, who has supervised the design and production of this volume; our indexer, Ms Liza Furnival; and our readers, Ms Fiona Plowman, Mrs Sarah Beanland and Mr Simon Reynolds. Mrs Jaqui Carter is our transcriber, and Mrs Wendy Kutner and Dr Daphne Christie assisted us in running this meeting. Finally we thank the Wellcome Trust for supporting this programme.

Tilli Tansey

Lois Reynolds

Wellcome Trust Centre for the History of Medicine at UCL

HISTORY OF TWENTIETH CENTURY MEDICINE WITNESS SEMINARS, 1993–2009

1993	**Monoclonal antibodies**
1994	**The early history of renal transplantation**
	Pneumoconiosis of coal workers
1995	**Self and non-self: A history of autoimmunity**
	Ashes to ashes: The history of smoking and health
	Oral contraceptives
	Endogenous opiates
1996	**Committee on Safety of Drugs**
	Making the body more transparent: The impact of nuclear magnetic resonance and magnetic resonance imaging
1997	**Research in general practice**
	Drugs in psychiatric practice
	The MRC Common Cold Unit
	The first heart transplant in the UK
1998	**Haemophilia: Recent history of clinical management**
	Obstetric ultrasound: Historical perspectives
	Post penicillin antibiotics
	Clinical research in Britain, 1950–1980

1999 **Intestinal absorption**

The MRC Epidemiology Unit (South Wales)

Neonatal intensive care

British contributions to medicine in Africa after the Second World War

2000 **Childhood asthma, and beyond**

Peptic ulcer: Rise and fall

Maternal care

2001 **Leukaemia**

The MRC Applied Psychology Unit

Genetic testing

Foot and mouth disease: The 1967 outbreak and its aftermath

2002 **Environmental toxicology: The legacy of *Silent Spring***

Cystic fibrosis

Innovation in pain management

2003 **Thrombolysis**

Beyond the asylum: Anti-psychiatry and care in the community

The Rhesus factor and disease prevention

The recent history of platelets: Measurements, functions and applications in medicine

2004 **Short-course chemotherapy for tuberculosis**

Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth

Public health in the 1980s and 1990s: Decline and rise?

2005 **The history of cholesterol, atherosclerosis and coronary disease**

Development of physics applied to medicine in the UK, 1945–90

2006 **Early development of total hip replacement**

The discovery, use and impact of platinum salts as chemotherapy agents for cancer

Medical ethics education in Britain, 1963–93

Superbugs and superdrugs: The history of MRSA

2007 **Clinical pharmacology in the UK, *c.* 1950–2000**

The resurgence of breastfeeding, 1975–2000

DNA fingerprinting

The development of sports medicine in twentieth-century Britain

Clinical pharmacology in the UK, *c.* 1950–2000: industrial and regulatory aspects

2008 **History of dialysis, *c.* 1950–2000**

History of cervical cancer and the role of the human papillomavirus over the last 25 years

Clinical genetics in Britain: Origins and development

2009 **The medicalization of cannabis**

PUBLISHED MEETINGS

'…Few books are so intellectually stimulating or uplifting'.
Journal of the Royal Society of Medicine (1999) **92:** 206–8,
review of vols 1 and 2

'…This is oral history at its best…all the volumes make compulsive reading…they are, primarily, important historical records'.
British Medical Journal (2002) **325:** 1119, review of the series

Technology transfer in Britain: The case of monoclonal antibodies
Self and non-self: A history of autoimmunity
Endogenous opiates
The Committee on Safety of Drugs
Tansey E M, Catterall P P, Christie D A, Willhoft S V, Reynolds L A. (eds) (1997) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 1. London: The Wellcome Trust, 135pp. ISBN 1 869835 79 4

Making the human body transparent: The impact of NMR and MRI
Research in general practice
Drugs in psychiatric practice
The MRC Common Cold Unit
Tansey E M, Christie D A, Reynolds L A. (eds) (1998) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 2. London: The Wellcome Trust, 282pp. ISBN 1 869835 39 5

Early heart transplant surgery in the UK
Tansey E M, Reynolds L A. (eds) (1999) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 3. London: The Wellcome Trust, 72pp. ISBN 1 841290 07 6

Haemophilia: Recent history of clinical management
Tansey E M, Christie D A. (eds) (1999) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 4. London: The Wellcome Trust, 90pp. ISBN 1 841290 08 4

Looking at the unborn: Historical aspects of obstetric ultrasound
Tansey E M, Christie D A. (eds) (2000) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 5. London: The Wellcome Trust, 80pp. ISBN 1 841290 11 4

Post penicillin antibiotics: From acceptance to resistance?
Tansey E M, Reynolds L A. (eds) (2000) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 6. London: The Wellcome Trust, 71pp. ISBN 1 841290 12 2

Clinical research in Britain, 1950–1980
Reynolds L A, Tansey E M. (eds) (2000) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 7. London: The Wellcome Trust, 74pp. ISBN 1 841290 16 5

Intestinal absorption
Christie D A, Tansey E M. (eds) (2000) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 8. London: The Wellcome Trust, 81pp. ISBN 1 841290 17 3

Neonatal intensive care
Christie D A, Tansey E M. (eds) (2001) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 9. London: The Wellcome Trust Centre for the History of Medicine at UCL, 84pp. ISBN 0 854840 76 1

British contributions to medical research and education in Africa after the Second World War
Reynolds L A, Tansey E M. (eds) (2001) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 10. London: The Wellcome Trust Centre for the History of Medicine at UCL, 93pp. ISBN 0 854840 77 X

Childhood asthma and beyond
Reynolds L A, Tansey E M. (eds) (2001) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 11. London: The Wellcome Trust Centre for the History of Medicine at UCL, 74pp. ISBN 0 854840 78 8

Maternal care
Christie D A, Tansey E M. (eds) (2001) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 12. London: The Wellcome Trust Centre for the History of Medicine at UCL, 88pp. ISBN 0 854840 79 6

Population-based research in south Wales: The MRC Pneumoconiosis Research Unit and the MRC Epidemiology Unit
Ness A R, Reynolds L A, Tansey E M. (eds) (2002) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 13. London: The Wellcome Trust Centre for the History of Medicine at UCL, 74pp. ISBN 0 854840 81 8

Peptic ulcer: Rise and fall
Christie D A, Tansey E M. (eds) (2002) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 14. London: The Wellcome Trust Centre for the History of Medicine at UCL, 143pp. ISBN 0 854840 84 2

Leukaemia
Christie D A, Tansey E M. (eds) (2003) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 15. London: The Wellcome Trust Centre for the History of Medicine at UCL, 86pp. ISBN 0 85484 087 7

The MRC Applied Psychology Unit
Reynolds L A, Tansey E M. (eds) (2003) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 16. London: The Wellcome Trust Centre for the History of Medicine at UCL, 94pp. ISBN 0 85484 088 5

Genetic testing
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Foot and mouth disease: The 1967 outbreak and its aftermath
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Environmental toxicology: The legacy of *Silent Spring*
Christie D A, Tansey E M. (eds) (2004) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 19. London: The Wellcome Trust Centre for the History of Medicine at UCL, 132pp. ISBN 0 85484 091 5

Cystic fibrosis
Christie D A, Tansey E M. (eds) (2004) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 20. London: The Wellcome Trust Centre for the History of Medicine at UCL, 120pp. ISBN 0 85484 086 9

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Zallen D T, Christie D A, Tansey E M. (eds) (2004) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 22. London: The Wellcome Trust Centre for the History of Medicine at UCL, 98pp. ISBN 0 85484 099 0

The recent history of platelets in thrombosis and other disorders
Reynolds L A, Tansey E M. (eds) (2005) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 23. London: The Wellcome Trust Centre for the History of Medicine at UCL, 186pp. ISBN 0 85484 103 2

Short-course chemotherapy for tuberculosis
Christie D A, Tansey E M. (eds) (2005) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 24. London: The Wellcome Trust Centre for the History of Medicine at UCL, 120pp. ISBN 0 85484 104 0

Prenatal corticosteroids for reducing morbidity and mortality after preterm birth
Reynolds L A, Tansey E M. (eds) (2005) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 25. London: The Wellcome Trust Centre for the History of Medicine at UCL, 154pp. ISBN 0 85484 102 4

Public health in the 1980s and 1990s: Decline and rise?
Berridge V, Christie D A, Tansey E M. (eds) (2006) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 26. London: The Wellcome Trust Centre for the History of Medicine at UCL, 101pp. ISBN 0 85484 106 7

Cholesterol, atherosclerosis and coronary disease in the UK, 1950–2000
Reynolds L A, Tansey E M. (eds) (2006) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 27. London: The Wellcome Trust Centre for the History of Medicine at UCL, 164pp. ISBN 0 85484 107 5

Development of physics applied to medicine in the UK, 1945–90
Christie D A, Tansey E M. (eds) (2006) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 28. The Wellcome Trust Centre for the History of Medicine at UCL, 141pp. ISBN 0 85484 108 3

Early development of total hip replacement
Reynolds L A, Tansey E M. (eds) (2007) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 29. London: The Wellcome Trust Centre for the History of Medicine at UCL, 198pp. ISBN 978 085484 111 0

The discovery, use and impact of platinum salts as chemotherapy agents for cancer
Christie D A, Tansey E M. (eds) (2007) *Wellcome Witnesses to Twentieth Century Medicine*. Volume 30. London: The Wellcome Trust Centre for the History of Medicine at UCL, 142pp. ISBN 978 085484 112 7

Medical ethics education in Britain, 1963–93
Reynolds L A, Tansey E M. (eds) (2007) *Wellcome Witnesses to Twentieth Century Medicine.* Volume 31. London: The Wellcome Trust Centre for the History of Medicine at UCL, 241pp. ISBN 978 085484 113 4

Superbugs and superdrugs: A history of MRSA
Reynolds L A, Tansey E M. (eds) (2008) *Wellcome Witnesses to Twentieth Century Medicine.* Volume 32. London: The Wellcome Trust Centre for the History of Medicine at UCL, 167pp. ISBN 978 085484 114 1

Clinical pharmacology in the UK, *c.* 1950–2000: Influences and institutions
Reynolds L A, Tansey E M. (eds) (2008) *Wellcome Witnesses to Twentieth Century Medicine.* Volume 33. London: The Wellcome Trust Centre for the History of Medicine at UCL, 163pp. ISBN 978 085484117 2

Clinical pharmacology in the UK, *c.* 1950–2000: Industry and regulation
Reynolds L A, Tansey E M. (eds) (2008) *Wellcome Witnesses to Twentieth Century Medicine.* Volume 34. London: The Wellcome Trust Centre for the History of Medicine at UCL, 146pp. ISBN 978 085484118 9

The resurgence of breastfeeding, 1975–2000
Crowther S M, Reynolds L A, Tansey E M. (eds) (2009) *Wellcome Witnesses to Twentieth Century Medicine.* Volume 35. London: The Wellcome Trust Centre for the History of Medicine at UCL, 168pp. ISBN 978 085484 119 6

The development of sports medicine in twentieth-century Britain
Reynolds L A, Tansey E M. (eds) (2009) *Wellcome Witnesses to Twentieth Century Medicine.* Volume 36. London: The Wellcome Trust Centre for the History of Medicine at UCL (this volume). ISBN 978 085484 121 9

History of dialysis in the UK, *c.* 1950–2000
Crowther S M, Reynolds L A, Tansey E M. (eds) (2009) *Wellcome Witnesses to Twentieth Century Medicine.* Volume 37. London: The Wellcome Trust Centre for the History of Medicine at UCL (in press). ISBN 978 085484 122 6

History of cervical cancer and the role of human papillomavirus over the last 25 Years
Reynolds L A, Tansey E M. (eds) (2009) *Wellcome Witnesses to Twentieth Century Medicine.* Volume 38. London: The Wellcome Trust Centre for the History of Medicine at UCL (in press). ISBN 978 085484 123 3

Clinical genetics in Britain: Origins and development
Harper P S, Reynolds L A, Tansey E M. (eds) (2010) *Wellcome Witnesses to Twentieth Century Medicine.* Volume 39. London: The Wellcome Trust Centre for the History of Medicine at UCL (in press). ISBN 978 085484 127 1

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OTHER PUBLICATIONS

Technology transfer in Britain: The case of monoclonal antibodies
Tansey E M, Catterall P P. (1993) *Contemporary Record* **9:** 409–44.

Monoclonal antibodies: A witness seminar on contemporary medical history
Tansey E M, Catterall P P. (1994) *Medical History* **38:** 322–7.

Chronic pulmonary disease in South Wales coalmines: An eye-witness account of the MRC surveys (1937–42)
D'Arcy Hart P, edited and annotated by E M Tansey. (1998) *Social History of Medicine* **11:** 459–68.

Ashes to ashes – The history of smoking and health
Lock S P, Reynolds L A, Tansey E M. (eds) (1998) Amsterdam: Rodopi BV, 228pp. ISBN 90420 0396 0 (Hfl 125) (hardback). Reprinted 2003.

Witnessing medical history. An interview with Dr Rosemary Biggs
Professor Christine Lee and Dr Charles Rizza (interviewers) and edited by E M Tansey. (1998) *Haemophilia* **4:** 769–77.

Witnessing the Witnesses: Pitfalls and potentials of the Witness Seminar in twentieth century medicine
E M Tansey, in: Doel R, Soderqvist T. (eds) (2006) *Writing Recent Science: The historiography of contemporary science, technology and medicine*. London: Routledge, 260–78.

INTRODUCTION

> All problems of evolution afford an interesting subject of study. Growth usually implies progress but may be attended by certain difficulties which have to be faced or overcome.[2]

Thus commented the *Lancet* in a 1905 editorial on the proposal for a confederation of the London medical societies; the remark applies equally to the emergence of sports medicine during the latter half of the twentieth century. If it had not been for the vision and tenacious dedication of early pioneers, the difficulties encountered in the creation of the specialty of sport and exercise medicine may not have been overcome. Even so, the journey proved to be a long one, as described in the transcript of the June 2007 Witness Seminar on the history of sports medicine, chaired by Professor Domhnall MacAuley.

Setting the scene, the historian Dr Vanessa Heggie suggested that during the first half of the century sports medicine had no clear definition of its boundaries, nor of its content, although those involved 'thought they knew it when they saw it' (pages 5, 9). Sir Roger Bannister's recollections of the discipline in the 1950s provided a fascinating insight into elite athletics training at the time of his major and iconic feat in 1954 (the first four-minute mile; pages 10–16). His first tribute, however, was to Sir Adolphe Abrahams, who had accompanied all the British Olympic teams since 1912, and was considered the 'foremost authority on medical sporting matters'.[3] Sir Adolphe was a member of the Olympic medical committee during the so-called 'austerity Olympics' in London in 1948, when the director of medical services was Sir Arthur Porritt. It is, therefore, not surprising to learn that when the idea of forming the British Association of Sports Medicine (BASM), established in 1952, came about, perhaps, from a chance conversation between Sir Arthur and Dr William Tegner.[4] The help and advice of Sir Adolphe was duly sought, and he became its first president.

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[2] Anon. (1905).

[3] Indeed, his distinguished younger brother Harold, an Olympic gold medallist, wrote in a foreword to Sir Adolphe's *The Disabilities and Injuries of Sport* (1961) 'that he had reason to know from a lifetime's experience how well his brother understood his subject' (page vii).

[4] Sir Arthur Porritt wrote in the *British Journal of Sports Medicine* on the BASM jubilee: 'If I remember rightly, it was a chance conversation between Dr Tegner and myself which sowed the first seed; we later enlisted the help and advice of Sir Adolphe Abrahams, collected a few personal friends – including the secretary of the British Olympic Association, and, in the early part of 1952 held a number of informal "unofficial" meetings leading up to the first "Executive" in June.' Porritt (1978): 171. Dr W S Tegner was the hon. secretary/treasurer, the administrator of the association, until his death in 1967. See Anon. (1968).

There can be no doubt that much of the early nurturing was by Dr Henry Robson, treasurer of BASM and editor of the *Bulletin.* Many meetings took place at his house and it was from there that he edited the fledgling *British Journal of Sports Medicine* from 1968.[5] An early intention of the association was to affiliate with the International Sports Medicine Federation (FIMS), which might promote more scientific research into medical aspects of sport. Pioneers in this venture included Dr John Williams and Dr Peter Sperryn, whose international reputations and organizational skills cemented its continuing development.[6] The first meeting of BASM provided expert lectures, first in boxing and swimming, and regional groups like the Scottish section were later encouraged (page 30). Even then in the 1960s, Sir Adolphe Abrahams drew attention to the issue of doping in sport and BASM issued its initial policy statement on doping in 1964. This topic, which remains a dominant theme in sports medicine, was explicitly excluded from the present Witness Seminar and is one that requires a seminar of its own. By 1975 BASM organized its first residential sports medicine course at Loughborough and these courses continue to this day at many venues. With the annual regional conferences, they provide an introduction to and continuing education for the large number of those with a special interest in the discipline.

The first sports clinic for athletes in England was opened at the Middlesex Hospital in 1951 and others followed, including the Crystal Palace Sports Centre founded in 1964. By 1986 there were 30 clinics, nine of which were in London and 11 were associated with major NHS hospitals, although many lacked dedicated funding.[7] The co-existence of 33 private sports injury clinics clearly indicates the demands of the time. A leading pioneer was Dr Ian Adams, who established the first NHS Clinic in England at St James' Hospital in Leeds, setting the standard to be followed for the late 1970s. In Scotland seven such clinics were later to develop into 25 sports medicine centres.[8]

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[5] This began initially as a publication of proceedings in the Loughborough College of Education's journal, and subsequently as the *Bulletin*, part of the BASM membership subscription, from 1964. Since 1968 the journal has achieved world class status and three former editors, Professor Peter Sperryn, Dr Dan Tunstall Pedoe and Professor Domhnall MacAuley, described that journey (pages 56–60). See also Robson (1988).

[6] Dr John Williams became secretary general of FIMS and was awarded the Philip Noel-Baker prize for research in 1974 and subsequently the Federation's gold medal in 1980. Dr Peter Sperryn succeeded Dr John Williams as hon. secretary of BASM, becoming a member of the FIMS executive in 1984 and was president of its education commission for six years. For a description of the early days of BASM, see Ryde (1998).

[7] Anon. (1986).

[8] Harland (2005).

In 1980, Professor Ludwig Prokop, the president of FIMS warned:

> In the past, the title 'sports physician' or a relevant diploma was subject only to attendance at one or two more or less symbolic weekend courses. Since in some countries the designation 'sports physician' is not protected professionally, practically any physician who has ever had anything to do with sports can call himself a sports physician. This has led to a devaluation of the concept of sports medicine as a science among the public and the profession.[9]

He was articulating a concern about professional training that had been expressed as early as the late 1950s during the planning of the Institute of Sports Medicine (ISM), which was established as a specialist postgraduate medical institution in 1965 (Sir Arthur Porritt again makes an appearance as the ISM's first chairman), although its development into a professional organization with its own building, staff and elected membership was slow, as was professional recognition. Sports medicine was included as one of the special subjects in draft regulations for the new diploma of medical rehabilitation that started in 1976. In 1981 the ISM agreed the syllabus for a postgraduate diploma course with the London Hospital, initially developed by the orthopaedics senior lecturer Mr John King, and the course is now regarded as the gold standard for those wishing to enter the discipline. Several other professional training courses in sports medicine developed during the 1990s. The Society of Apothecaries of London instigated a diploma in 1989 followed in the same year by one organized by the Scottish Royal Colleges and a distance-learning course was developed by the University of Bath in 1992. Higher degrees in sports medicine became available, initially in Nottingham and Glasgow, and in 1994 the Royal Society of Medicine's section of sport and exercise medicine was established with Sir Roger Bannister as the first president.

It has been argued that 'in the development of any discipline, the literature is the key',[10] and the appearance of *Sports Medicine* by John Williams in 1962 (Williams and Sperryn from 1976) paved the way, followed by the *ABC of Sports Medicine* (McLatchie, Harries, King and Clyde Williams) based on a series of articles from the *British Medical Journal* in 1994, which reached

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[9] Prokop (1980): 81. Professor Ludwig Prokop (b. 1920) was then professor of sports medicine and director of the Austrian Institute of Sports Medicine, Vienna. See also Prokop (1975).

[10] Gray (1989).

110 000 doctors worldwide.[11] In that same year the *Oxford Textbook of Sports Medicine* appeared.[12] These all bear testimony to the increasing level of interest and involvement in sports medicine within the medical profession, but the essentially multidisciplinary nature of the field made it difficult for practitioners to define a medical specialty niche. Others argued, however, that the overlapping nature of these disciplines was indeed its strength, and BASM, which had 573 members in 1970, has a membership of 1200 at the time of writing (2009).[13]

Debates about membership of sports medicine organizations continue to plague the discipline. The relative claims of doctors, physiotherapists and others, problems about job opportunities in the NHS and the private sector, career progression and financial remuneration have led to the creation of breakaway groups such as BATS (British Association of Trauma in Sport) in 1980 and of UKADIS (UK Association of Doctors in Sport) in 2001. The London Sports Medicine Institute was founded in 1986, set up with funds from the Greater London Council (GLC) for five years (page 64). Despite its positive contribution to education and the infrastructure of sports medicine, its replacement, the National Sports Medicine Institute (1992–97), was controversially closed by the Sports Council. Funding had been withdrawn in favour of future development in the performance of elite athletes (for example, UK Sport). National prestige was seen to be reflected in the prowess of its athletes and sport became dependent on such funding.

At the prompting of the ISM in 1995, a meeting at the Royal College of Surgeons of England on the future of sports medicine resulted in a proposal to the Conference of Royal Medical Colleges (subsequently the Academy of Royal Colleges and its Faculties) to develop a Faculty of Sport and Exercise Medicine. This proposal was rejected, despite ever increasing demands from commercial and professional major sports, until 1998 when the Intercollegiate Academic Board of Sport and Exercise Medicine (IABSEM) was established. Mr Richard

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[11] Estimate given by Professor Greg McLatchie in a lecture, 'SEM: The state of play', at the School of Social Sciences, Greenwich University, 15 April 1997.

[12] Dr Mark Harries must be acknowledged for his contribution to the British Olympic Medical Centre which opened in 1987 at Northwick Park Hospital, Harrow (he was its first director) as well as to the *Oxford Textbook of Sports Medicine,* which he edited along with Professor Clyde Williams, Professor William Stanish and Dr Lyle Micheli. See Appendix 2, pages 91–3.

[13] BASM gave full membership to those from allied professions, but became a doctors-only association in 1999 when its name changed to incorporate exercise medicine, with associate membership available to physiotherapists, podiatrists, etc.

Caborn, the Minister of Sport, gave his approval to a working party to prepare the application for specialty status in 2003, which was finally granted in 2005 with its own Faculty established in 2006.

It seems strange now that the initial stumbling block to professional status appears to have been the hostility of the medical establishment and their reluctance to acknowledge the progress of the discipline despite the achievements and demands of sports medicine itself. Admittedly progress was further severely hampered because no single sports medicine organization existed to negotiate with the government to obtain the support and funding required for its development. The ISEM is adapting to its role as the research arm of the Faculty, well aware of the catastrophic impacts of obesity and the lack of physical exercise on the health of the nation.

Of course, it will not have gone unnoticed that the award of the 2012 Olympic Games to London presents other daunting but exciting challenges for sports medicine. The great example set by these pioneers, the body of knowledge and skill that they and their successors have established, together with the experience and wisdom gained by the medical services of the British Olympic Association, will without doubt stand the specialty in good stead.

John Lloyd Parry
The Institute of Sports and Exercise Medicine

THE DEVELOPMENT OF SPORTS MEDICINE IN TWENTIETH-CENTURY BRITAIN

The transcript of a Witness Seminar held by the Wellcome Trust Centre for the History of Medicine at UCL, London, on 29 June 2007

Edited by L A Reynolds and E M Tansey

THE DEVELOPMENT OF SPORTS MEDICINE IN TWENTIETH-CENTURY BRITAIN

Participants

Sir Roger Bannister
Dr Malcolm Bottomley
Dr Ian Burney
Professor John Elfed Davies
Professor Charles Galasko
Dr Robin Harland
Dr Vanessa Heggie
Mr Barry Hill
Professor Michael Hobsley
Dr Michael Hutson
Professor Monty Losowsky
Professor Domhnall MacAuley (chair)
Mrs Rose Macdonald
Professor Donald Macleod
Professor Moira O'Brien
Dr Malcolm Read
Professor Peter Sperryn
Dr Tilli Tansey
Professor Harry Thomason
Dr Dan Tunstall Pedoe
Mrs Sally Williams

Among those attending the meeting: Mr Richard James, Dr Patrick Milroy, Dr John Lloyd Parry, Professor Clyde Williams

Apologies include: Professor Mark Batt, Dr Richard Budgett, Dr Neil Carter, Dr John Clegg, Dr Tom Crisp, Professor Mike Cronin, Professor Michael Cullen, Dr Wendy Dodds, Mr Peter Hamlyn, Professor Steve Harridge, Mr Alan Hodson, Professor Graham Holloway, Dr Rodney Jaques, Mr John B King, Professor Greg McLatchie, Professor Jerry Morris, Professor Peter Radford, Dr James Robson, Professor Craig Sharp, Professor Neil Spurway, Dr Peter Thomas, Dr Simon Till, Dr Mike Turner, Dr Brian Walker, Professor John West, Professor Archie Young

Dr Tilli Tansey: I am the convenor of the History of Twentieth Century Medicine Group, now at the Wellcome Trust Centre for the History of Medicine at UCL. We were established by the Wellcome Trust in 1990 to bring together scientists and clinicians and historians of medicine to promote the historical study of recent medicine. One of the techniques that we devised to do that was this method of the Witness Seminar, where we get together a group of people who have been involved in particular debates or discoveries or changes, to talk together among themselves in a chairman-led discussion about what key events happened or did not happen, why and who was influential. We are very interested today to hear your reminiscences and your accounts of the development of sports medicine in this country.

The important part of any meeting is not only to find the participants – and we are very grateful to all of you for turning up today – but also to identify an appropriate chairman. We are delighted to have Domhnall MacAuley who has agreed to chair this meeting. Trained as a GP, he now only works one day a week in his day job, and works four days a week as the primary-care editor for the *British Medical Journal*.[1] He was in his youth – and I believe still is – quite a notable sportsman himself, particularly in rowing and cycling, and he is now involved in training a rowing team. We are particularly pleased that he could take part today and contribute in this rather onerous job of being the chairman, and I will hand over the meeting to Domhnall.

Professor Domhnall MacAuley: I am going to hand over to Vanessa Heggie, and then after Vanessa has spoken, we will chat and assess the parameters for the meeting, and what we are going to do, and how many rounds it is and all that. But I will hand over to Vanessa and we will take it from there.

Dr Vanessa Heggie: It is an occupational hazard as a historian of modern medicine that at some point you have to stand up and tell people what it is that they have been doing and they don't necessarily always agree with you. That can be a problem, so I am very interested to hear your takes on sports medicine compared with my own research.[2] I am supposed to talk about sports medicine prior to 1952 or prior to the founding of the British Association of Sport and Medicine in 1953, a key moment in British sports medicine. It's quite a challenge to talk about sports medicine before we have had a discussion about what sports medicine actually is.

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[1] MacAuley (ed.) (1999).

[2] For a description of the three-year Wellcome Trust grant-funded project on the history of sports medicine, see Heggie and Carter (2006). See also Heggie (2008a, forthcoming).

One of the fundamental problems the sports medicine project had to deal with is how the term was going to be defined. It was very tempting to say that since it wasn't recognized as a specialty until 2005, we could write a really short book and then do something else for three years, but we thought the Wellcome Trust probably wouldn't let us get away with that. At the same time, it was also quite tempting to say: '1952 is the key year; let's start with that year and go forward'. However, even with a start date of 1900 we might find that we are missing some important historical events, because by 1900 there was already a sports hospital in Britain.[3] This was colloquially known as the Footballers' Hospital, based in Manchester and, although largely for the treatment of football players, both nationally and internationally, it treated other sportsmen as well. This hospital used what was quite cutting-edge treatment at the time: it had an alcohol ban, which was not very popular with the players, and also used massage and machine-assisted passive movement therapy which, again, took probably another 10 to 20 years to become mainstream in other hospitals in the region and across the country.

But so far as I have been able to find out, no one referred to the work of this hospital as sports medicine – it just happened to be medicine that was practised on sportsmen. In fact, the phrase 'sports medicine' pretty much didn't appear in the UK until the Germans started using it. I am not going to attempt to pronounce the German version of sports medicine, *sportmedizin*. It is not until the late 1920s that we start seeing this phrase being used. We don't even have our historical actors, our doctors in the past doing sports medicine calling themselves sports doctors or writing articles on sports medicine prior to 1952, which doesn't help the historian.

We are stuck with this definitional problem. Are school medical officers who deal with physical education doing sports medicine? At what point when climbing Everest does what the doctors do caring for the team stop being mountaineering sports medicine and start to become endurance or expeditionary medicine? Should I be worrying about the evolution of the treatment of blisters? If I ignore the medical attendants at a table tennis match, am I neglecting a key part of sports medicine history in Britain?

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[3] Dr Vanessa Heggie wrote: 'Matlock House was founded by John Allison (*c.*1850–1919), a director and chairman of Manchester City Football Club as well as the Salford Harriers Athletic Club. Allison studied massage and alternative therapies in the US and Sweden, opening his "hospital", which initially offered a hydropathic bath with massage, after a grateful patient left him a large bequest.' Note on draft transcript, 11 February 2008. See Roberts (1899); Nannestad (2004).

Now, there is a certain validity in arguing that we know what sports medicine is when we see it, but the problem for the historian is that if you start with that attitude, you tend to find what you are expecting to find in the story of the past. A better way of tackling this problem is to turn away from the doctors, the nurses, the physiotherapists, the nutritionists, and ask instead: 'What about the athletes?' It may sound obvious, but the one common thread linking 1902, 1952 and 2002 in sports medicine is that it deals with the physical body of the athlete: treating it, preventing injury, enhancing its performance and finding out how it works.

Once we start to ask: 'What's happening to the athlete's body?', then we start to see patterns and trends in the difficult early years of the twentieth century. In the first 20 or 30 years, athletes' access to medical care was generally equivalent to their peers. That's not to say that they couldn't get specialist treatment if they wanted it, but access was, in many ways, dependent on their class, their region and the type of sport they were taking part in. A Sunday-afternoon footballer would get the treatment that he could afford. In some sports, particularly rowing and rugby as it happened, there seemed to be quite a high number of doctors taking part, and therefore the players in those sports tended to get slightly better treatment. There are plenty of accounts of rugby matches where someone is injured and another player comes along to help them out. Much of this treatment and the sports medicine that was going on was essentially voluntary, it was not paid. By 'voluntary' we shouldn't imply that it was in any way careless, backwards or casual. The people who were involved in this were deeply passionate about the sports that they were involved with, evidenced by the fact that they often gave up their spare time to be sports doctors. Any literate athlete or coach who had access to a couple of shillings [10p] could go out and buy specialists' advice: books on special diets or first-aid manuals to use on the pitch (this is in the really early part of the century, prior to 1910). Even some of the sports journals, the widely read ones like *Athletic News,* would carry columns of advice and information for sportsmen on everything from dehydration to very specific advice, like how to manage a concussion, the treatment of knee injuries and so on.[4]

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[4] *Athletic News*, a weekly journal of 'amateur sport', was established in Manchester in 1875. See www.spartacus.schoolnet.co.uk/Fathleticnews.htm (visited 24 October 2008). Dr Vanessa Heggie wrote: 'J Ker Lindsay's "Medical Miscellany" ran most weeks in the *Athletic News* from 14 October 1907 until he was replaced as author by "A Practising Physician" from 18 April to 5 September 1910.' Note on draft transcript, 5 January 2009.

Doctors also had their say in how the sports were run; in particular they dictated terms and conditions for the organization of a marathon, which was thought to be a particularly dangerous event, saying it should only happen in cool periods of the day and so on.[5] There were extensive debates in the early part of the century about school sports, what was appropriate for young girls, what was appropriate for young boys, etc.[6]

Some parts of sports medicine research fed into broader themes. I don't have time here to talk about any of them specifically, but cardiology in particular went through a revolution in the first 14 years of the twentieth century, and sports doctors and those involved in sports medicine played a key role in understanding how the heart worked, especially during exercise and exertion. When we come to the First World War, we notice that war focuses attention on ideas of fitness and health, partially the health of the entire nation, but also, of course, on the young, fit male body, an unusual patient group, probably only ever encountered in sports medicine or in military medicine. In 1922 the British physiologist A V Hill won the Nobel Prize for his work on the physiology of muscles and exercise.[7] In 1927 he also published two books about physiology and exercise physiology that were widely read.[8] In 1931, Charles Heald's *Injuries and Sport* was published, the first real sports medicine book in the UK.[9]

In 1928 the first international sports medicine organization was formed.[10] It was also the first year that the British Olympic Association (BOA) took an official medical officer (MO). There had been unofficial ones since about 1908, but the first official appointment was made in 1928. Also, the *Lancet* published an

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[5] Anon (1909a). See also Birley (1995).

[6] In 1909 Professor Sir Lauder Brunton and others wrote: 'We have no hesitation in saying that we consider school and cross-country races exceeding one mile in distance are wholly unsuitable for boys under the age of 19, as the continual strain involved is likely to cause permanent injury to the heart and other organs.' Brunton *et al.* (1909). See also British Medical Association, Section of Medicine (1909); Anon. (1909b). For later advice for girls and women, see Central Council of Recreative Physical Training (1938); Heggie (2008b).

[7] See Figure 1, page 7.

[8] Hill (1927a and b). For an appraisal of Hill's work, see http://nobelprize.org/nobel_prizes/medicine/laureates/1922/ (visited 24 October 2008).

[9] Heald (1931).

[10] For details of the International Federation of Sports Medicine/Fédération Internationale de Médecine du Sport's activities, see http://sportsmedicine.about.com/gi/dynamic/offsite.htm?zi=1/XJ/Ya&sdn=sportsmedicine&zu=http://www.fims.org (visited 24 October 2008).

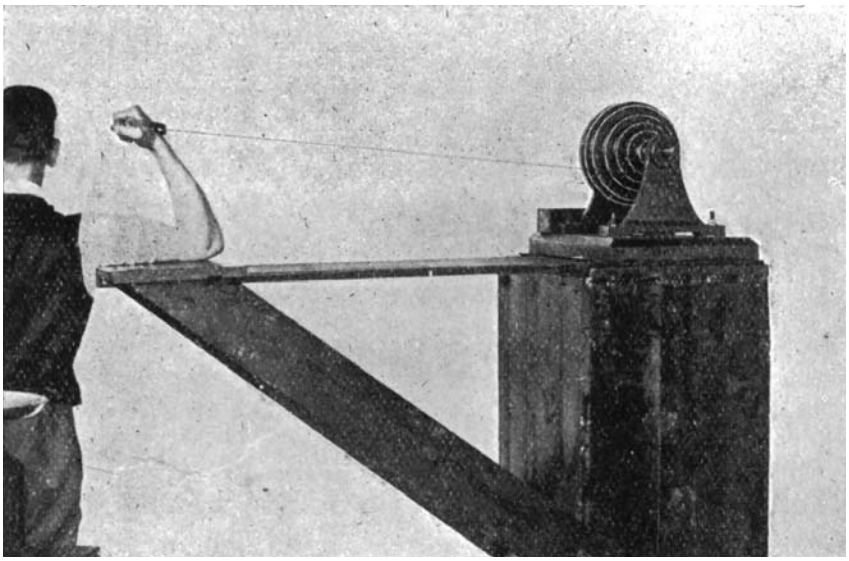

Figure 1: A device to measure maximum work, 1922.
A heavy fly-wheel provides the inertia against which biceps and brachialis anticus muscles have to work to produce one rotation of the fly-wheel. The speed of rotation is measured by a hand tachometer. Hill (1922): 22.

article complaining about the lack of specialists in sports medicine compared with the European continent in 1928, in particular Germany.[11]

The period between the two wars was absolutely crucial in the formation of sports medicine. The reasons are, firstly, the government's interest in national health and fitness led to the formation of organizations such as the National Fitness Council.[12] Many of these weren't very long-lived – they normally only functioned for a couple of years – but they did act as a networking site, where people who were interested in these areas could get together, meet each other, talk about future research and put projects together.[13] There were also new specialists and specialisms. Things that attracted money during wartime – particularly those concentrating on male bodies, overuse injuries and traumatic injuries, orthopaedics being an obvious example – received an awful lot of money, and

[11] Anon. (1928).

[12] Minutes, papers and reports of the National Fitness Council are in the National Archives, ED113. See also Jones (1987).

[13] See, for example, the MRC's Physical Exercise Research Committee (1937–*c.*1939; Thomson (1975)) and the CCPR's Medical Advisory Committee (1937–39; National Archives, ED113/49).

there were many more specialists in these areas.[14] There was increasing funding for basic physiological research; the MRC was really coming into its strength at this time.[15] Finally, there was also an outside influence. Germany is the obvious example; it was particularly building up its sports medicine at the time, but there was also an international sports medicine organization.[16] British researchers, including A V Hill but also others, were finding that the meetings that surround big international sporting events like the Olympics were really useful places, not only to meet people and talk about their medicine and research, but also to experiment on the athletes themselves.[17]

When the dust settled after the Second World War, there was another aspect to sport emerging and, in the shadow of the cold war, international sporting events heated up; sport was a political tool at this point, a place of propaganda, for promoting different political systems. By 1952, when Dr Adolfe Abrahams and Sir Arthur Porritt put their heads together and formed the British Association of Sport and Medicine (BASM), all of the ingredients for a specialized interest area were in place.[18] The fundamental research in both physiology and exercise physiology in some sports medicine had been done – another example being nutrition – because, of course, rationing had caused the MRC to do a lot of research into what nutrients we need and what sort of calorific intake we need.[19]

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[14] See, for example, Platt (ed.) (1950); Wiles and Sweetnam (1965).

[15] See Austoker and Bryder (eds) (1989); Thomson (1973, 1975).

[16] See note 11.

[17] Professor A V Hill wrote: 'To physiologists, the Olympic Games provide a supreme example of human physiological experiments. And now that athletes, their coaches and the public in general are beginning to think in physiological terms much new and exciting knowledge will come from them….All physiologists know how greatly they depend on the quality of their experimental animals, in order to obtain reliable results; and a cooperating and highly trained animal, as the human athlete can be, is an enormous asset to the experimenter.' Hill (1970): 136.

[18] See letter from Abrahams and Porritt (1952a and b); Anon. (1968). Dr Vanessa Heggie wrote: 'I have never seen BASM referred to as the British Association of Medicine and Sport in its own records and I wonder if this is a repeated typo in the letter Abrahams and Porritt sent to the journals (Abrahams and Porritt (1952a and b))? The letters do open with the line "A British Association of Medicine and Sport has recently been formed" and interested parties should apply to the hon. secretary, British Association of Medicine and Sport", but in the archive materials of the BASM, the name is always British Association of Sport and Medicine from its first meeting on 23 June 1952 onwards (minutes of the executive committee, BASM, 23 June 1952).' Note on draft transcript, 5 January 2009. The archive materials of BASM will be deposited in archives and manuscripts, Wellcome Library, London, as SA/BSM.

[19] For earlier MRC work, see, for example, note 15. See also McCance and Widdowson (1939, 1946).

There was space now to go on to do specialist studies and to create specialist types of organizations. There was also a reasonably large body of men – and it was still largely men at this time – who as orthopaedic surgeons, as GPs or as attendants to the British Olympic team, had gained quite a lot of personal experience of working with athletes and sportsmen. There was also, and this is quite important, a political climate in which sport was a decent public study – it was important to the nation. What is particularly interesting, for me at least, is the effect that this 50-year process had on the way we think about athletes and the athletic body. If we leave aside the professional sports, football and boxing, which were in some ways a minority pursuit at the beginning of the century, in 1902 the athlete was just a normal guy: he ate a healthy diet, he did a reasonable amount of exercise, he smoked and he drank moderately. He was the sort of person to aspire to be like, the perfect type of person. But to have a specialism, you need a specialist area of study. Now some disciplines will take particular disease groups, others will take parts of the body, others will take life stages.

By 1952 what had happened was that the athlete himself was a clinical entity, still generally healthy, but he was something slightly different. Now it was still quite positive, but there was beginning to be a blurring of the difference between an abnormal body and a super-normal body. What is its physiology? What is its pathology? And this idea of the athlete did not remain static, it certainly changed over the rest of the century, but the really big thing happened between 1900 and 1952. So that would be the history of sports medicine in Britain in one sentence: for those first 50 years, athletes, doctors, scientists, and coaches all acting in their own interests had come together and made the athlete's body into a discrete clinical entity. They hadn't yet quite got round to defining it; that was what was to come in the future, but it probably was the case that they thought they knew it when they saw it.[20]

MacAuley: When you look around and you see all these people, with two things in common – sports medicine and we have all fallen out with each other. [**From the floor:** Not all.] Well, you have fallen out with everybody! So this is the sports medicine family and what we are looking at today are the fantastic achievements in sports medicine, and it is because of you all. I must say it's been a tremendous privilege to know all of you for the last number of years; you put sports medicine where it is at the moment. I was chatting to Peter Sperryn and Dan Tunstall Pedoe earlier and I'm sure many people here will identify with this: to create sports medicine required pioneers, and pioneers by definition are single-minded people,

[20] See, for example, Anon (1960); Bannister *et al.* (1960).

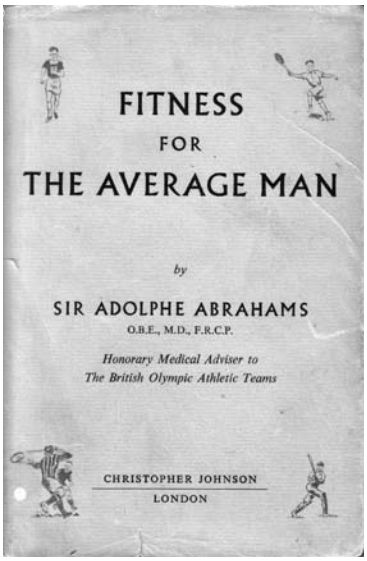

Figure 2: Sir Adolphe Abrahams' 1952 advice for the average man.

and if you are a single-minded person, the lazy kind of guy next door finds it a bit irritating. So, you are the pioneers, you created it, and by the fact that you were pioneers you may have upset each other from time to time, but let's put that all aside. This is a fantastic opportunity to record step-by-step how you got here, because what you remember, what you take for granted, is that you made history. You can look at BASM, and the office bearers, and these athletes floating off to the Olympics: they wouldn't be there without you. We have until 6 o'clock and you may, to a certain extent, ignore the programme: the agenda is yours.[21] It is for you to record how it was for you, how it happened. Vanessa has brought us up to 1950-ish. Sir Roger Bannister is going to bring us up to the next phase.

Sir Roger Bannister: I want to talk of those whom I would regard as the fathers of the subject. There's a story about someone saying to Winston Churchill, 'Attlee, he's such a modest man'; to which Churchill replied: 'Attlee's got a lot to be modest about.'[22] This leads me into the Abrahams family. They were the sons of a Lithuanian Jew who was expelled from Russia and ended up in the East End of London. The first two, I believe, went to a Jewish school in the

[21] A general draft outline of each Witness Seminar is circulated to all participants prior to the meeting. The timings suggested on the outline are flexible and if earlier topics are discussed for longer than anticipated, not all the topics listed are covered in the same depth.

[22] There are many versions of this quip attributed to Churchill, e.g. 'Mr. Attlee is a very modest man. Indeed he has a lot to be modest about.'

East End, and the eldest ended up a high-court judge in India. Adolphe has the claim to be the father of sports medicine in Britain; he got a place at Cambridge and eventually was the senior physician and dean of the Westminster Hospital, London. I can still remember my first experience of one of his lectures in sports medicine, he with his stiff, winged collar and bow-tie, speaking with an East End accent, but nevertheless superbly eloquent, without a note.

I brought along a little book of his, written in 1952, that summarizes views during the interwar period (Figure 2).[23] I just pulled it down from my bookshelves. I will read you two things. 'Many athletes found that the sedative effects of a little tobacco could not be abandoned without distress,' and therefore he recommends it.[24] And the next sentence is 'of the performances of vegetarians and meat-eaters' (he doesn't pay much attention to that); and then he says 'the explanation for coloured athletes being conspicuous as sprinters and jumpers was the rapidity of muscular contraction brought about by low viscosity and the minimum of internal friction in the muscular tissue'.[25] That's not bad, considering that nobody at that stage, apart from A V Hill, had done any detailed experiments on exercise physiology.

There are a number of interesting things that this book says. Adolphe suggested that he thought he was rather a scholar, whereas his younger brother, Harold, was not; Harold was a very practical man.[26] He quotes Robert Louis Stevenson on walking: 'The lowest expression of animal life, but one of the greatest pleasures a man can experience.'[27] He delves a little into psychology, quoting William James:

> Even if the day ever dawns in which muscular vigour will not be needed for fighting the old heavy battles against nature, it will always be needed to provide a background of sanity, serenity, and cheerfulness, to give moral elasticity to our disposition, to round off the wiry edges of our fretfulness, and make us good-humoured and easy of approach.[28]

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[23] Abrahams A (1952).

[24] *Daily Telegraph* reporter (1952).

[25] Abrahams A (1952): 5.

[26] Harold Abrahams, the Olympic athlete, who was the subject of the film *Chariots of Fire* (1981). See biographical note on page 113.

[27] Abrahams A (1952): 5.

[28] Abrahams A (1952): 10.

Then he talks about how much exercise is needed to burn off body fat, and the, even then, current problem of obesity: you have to run ten miles an hour for 43 hours to get rid of a pound of fat.[29] He contrasts Plato, who famously said health was the greatest hindrance to life, to Herbert Spencer, who said the preservation of health was a duty, a kind of physical morality.[30]

Now, I will move on to the state of athletics in the 1950s. As we have heard from Vanessa, I was at the Olympics in 1952. The Russian guns were 11 miles from the city of Helsinki and the Russians occupied the Balkan ports. They were so politically distrustful that they thought they might have to make a rapid getaway from Helsinki and so the Russian team stayed outside the Olympic village. In 1952 the East Germans were not invited to take part. They had their own first championships and their 1500 metres was run in the equivalent of a 4.17-minute mile. Think of that, and what they did in the next five years. We now know that it was achieved by drugs.[31]

There was no drug testing in 1952 and, of course, a major sector of sports medicine since then has been trying to control the use of drugs. I had myself just finished what is now an MSc in physiology in Oxford in 1951 and I agree with what Vanessa Heggie says, that our concern was to understand how respiration and cardiac function are integrated in the normal person. What happens in the 1 per cent at the very top of performance was not a matter that concerned us. A very clever mathematician in the physiology department in Oxford, Brian Lloyd, did work out new equations plotting the world records and bringing the oxygen debt work of A V Hill up to date.[32]

I regard Harold Abrahams as the person who took sport forward by his statistical knowledge.[33] There was no one else who devoted his life so fully to athletics. He could have been a very successful lawyer or judge but, having been an Olympic champion athlete himself, he devotedly spent the rest of his life popularizing the sport, as a leading journalist and broadcaster. BBC commentators were told then not to be partisan or emotional, and he preserved that until the Berlin

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[29] Abrahams A (1952): 12.

[30] Abrahams A (1952): 13.

[31] See, for example, Hoberman (1990). See also note 62.

[32] Lloyd (1966).

[33] See, for example, Amateur Athletic Association (1932); Abrahams and Richardson (1937); Abrahams and Crump (eds) (1954).

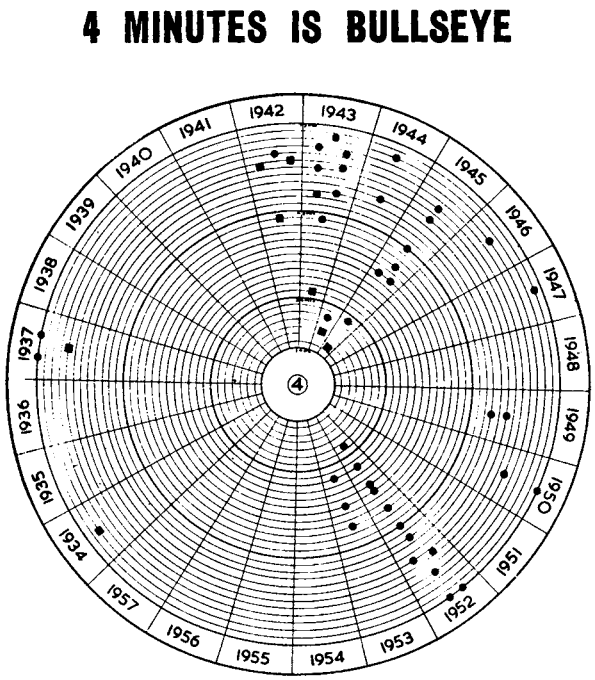

Figure 3: Four-minute bull's-eye, devised by Harold Abrahams for the 1953 *International Athletics Annual*. The bull's eye represents 4 minutes, with the next ring 4 minutes 1 second. The three thick circles (4.2.8; 4.4.8 and 4.7.2 are 1, 2 and 3 per cent worse than 4 minutes). The closest 'shot' in 1945 was Sweden's Hägg, whose world record was 4.01.3. Association of Track and Field Statisticians (1953): 15.

Olympic 1500-metre final. You will recall that Jack Lovelock – New Zealander, Oxford Rhodes scholar and doctor – burst away from the field with 300 yards to go, and Harold shouted: 'Come on, Jack', again and again. Lovelock won.[34]

Another book, published in 1952, was on athletics statistics in greater detail than any previous book. In 1952 Harold Abrahams produced a diagram with the four minutes as the bull's-eye (Figure 3).[35] Harold's interest was in spreading the scientific aspects, about which, of course, he was not an expert. But in 1952/3 he edited a book by Don Canham, the track coach of the University of Michigan (Figure 4).[36]

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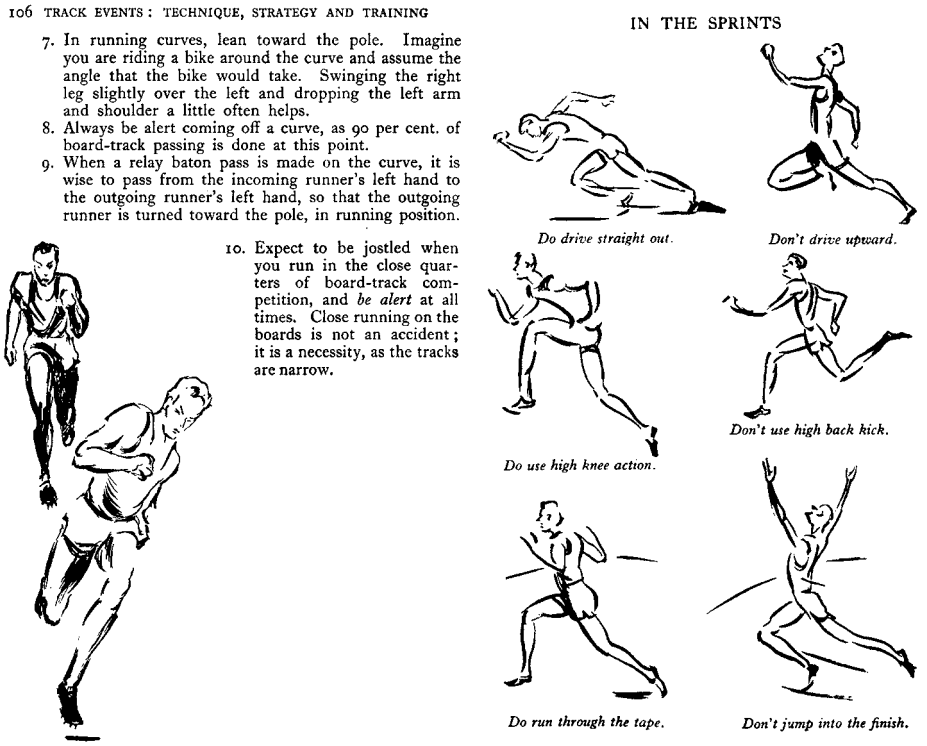
[34] Woodfield (2007).

[35] Association of Track and Field Statisticians (1953): 15.

[36] Canham (1953).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7. In running curves, lean toward the pole. Imagine you are riding a bike around the curve and assume the angle that the bike would take. Swinging the right leg slightly over the left and dropping the left arm and shoulder a little often helps.
8. Always be alert coming off a curve, as 90 per cent. of board-track passing is done at this point.
9. When a relay baton pass is made on the curve, it is wise to pass from the incoming runner's left hand to the outgoing runner's left hand, so that the outgoing runner is turned toward the pole, in running position.
10. Expect to be jostled when you run in the close quarters of board-track competition, and *be alert* at all times. Close running on the boards is not an accident; it is a necessity, as the tracks are narrow.

IN THE SPRINTS

Do drive straight out.

Don't drive upward.

Don't use high back kick.

Do use high knee action.

Do run through the tape.

Don't jump into the finish.

Figure 4: Advice on track technique from Canham's 1953 *Field Events*. Drawings by Tyler Micoleau. Abraham H. (ed.) (1953): 34, 106.

We have to remember that the US totally dominated world sport at the time, based on its university sports programme and skilled coaching. In the Olympic Games in Helsinki in 1952, they won gold medals for 14 out of 23 athletic events.[37] Robert Mathias, who was only 17 in 1948, came from California where all year round training is possible and won the decathlon.[38] He also won it again four years later in 1952, having married an English sprinter by then. By then we were seeing the new mood that Vanessa Heggie has spoken about, because the 5000 metres, 10 000 metres and the marathon were all

[37] At the 1952 Helsinki Olympics, the US won 15 gold medals in athletics events out of a total of 33 athletics events, including men's, women's and mixed events. Of the 23 men's events, the US won 14. See www.olympic.org (visited 24 March 2008).

[38] Robert Mathias (1930–2006) was 17 at the 1948 London Olympics, where he fouled the shotput, but won the decathlon, the youngest winner in men's athletics history. He repeated the win in Helsinki four years later, breaking his own world record. See www.olympic.org (visited 24 March 2008).

won by Emil Zátopek from Czechoslovakia. With Zátopek, training changed overnight around the world.[39]

One anachronism in the 1952 book by Harold Abrahams was 'staleness', which had been the fear of every athlete.[40] I used to train three times a week because of reading books like that, with a month off in the summer and two months off in the winter. I didn't want to get stale and because of that I didn't run in the London Olympics in 1948. That shows how ridiculous our ideas were. I doubled my training after reading about Zátopek, and after finding out about *fartlek*,[41] and how Gunder Hägg trained.[42] Then in the 1970s Sebastian Coe quadrupled anything I did and was training up to four hours a day.[43] So the body will stand almost anything, but we didn't know it then.

I would also say in relation to sports medicine and its inception, that I myself was busy training to be a neurologist and didn't feel that I could play a part, after having done physiology in Oxford. Then I was appointed to the first Advisory Sports Council in 1965 and I became chairman of the Sports Council in 1972. We shall doubtless hear about that later.

Sir Arthur Porritt was a very distinguished figure, also the Queen's surgeon. As was befitting, he always came with a rose in his buttonhole, pin-striped trousers and a black jacket, and his clerks would almost genuflect as he entered St Mary's Hospital, where I was trained as a doctor. He wrote a popular textbook with Handfield-Jones on surgery[44] and, although he didn't have any particular interest in research, he gave his prestige to the inception of the BASM, which continued all his life. Without his leadership for 25 years, the specialty would not have the prestige it had. It was a long struggle over the years; Dr Peter Sperryn and Dr

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[39] The Czech runner Emil Zátopek (1922–2000) won three gold medals at the 1952 Olympics in Helsinki. He is known for his unorthodox training methods, short stretches run at full speed to improve stamina (Anon. (2000)). For Zátopek's description of his training strategy, see www.ioa.leeds.ac.uk/1960s/66163.htm (visited 2 December 2008).

[40] Abrahams A (1952): 86–90.

[41] *Fartlek*, a Swedish term for 'speed play', is a running technique of frequent pace alteration, a combination of continuous and interval training seen in Finland from the 1920s. See, for example, Fogelholm *et al.* (1991).

[42] The Swedish runner Gunder Hägg (1918–2004) held the mile world record of 4 mins 1.04 sec in 1952 ('Record Run', 3 March 1952, see www.Time.com (visited 24 March 2008)).

[43] Watts *et al.* (1972).

[44] Handfield-Jones and Porritt (1938).

Figure 5: Dr Henry Robson at the 5th Balkan Congress of Sports Medicine, 5–7 June 1981, Izmir, Turkey.

John Williams from St Mary's did the serious work, of course, which Sir Arthur Porritt was not able to do as he did not have the knowledge or experience.[45] We shall doubtless be talking about that later. Henry Robson (Figure 5) was the editor of the *Journal* (1963–83) and it was a labour of love, but the papers were essentially descriptive and not many of those papers would have got past the eagle eye of the current editor of the journal with its international backing.[46]

MacAuley: That was absolutely super. I suggest we should talk about the inception of BASM. There were eight individuals involved.

Bannister: I know that I went to one meeting and Arthur Porritt wanted to involve me more than I felt that I was able. I was doing the Membership of the RCP and I felt my time might come a few years later.

Heggie: You were their first honorary member, weren't you? Their first honorary vice-president.

Bannister: Yes, that's right, and their first honorary life member.

MacAuley: Does anyone else have fragments of that early history rattling round their brain, those people who were involved in the beginning?

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[45] See, for example, Williams (1962a); Sperryn and Williams (1975).

[46] The editor of the *British Journal of Sports Medicine* in February 2007 was Paul McCrory, from the centre for health, education and sports medicine, University of Melbourne. See Robson (1988).

Professor Michael Hobsley: I qualified in 1951, at the Middlesex Hospital, which at that time had a sports medicine clinic. I can't remember whether it was once a week or once a fortnight. Rodney Sweetnam, a colleague of mine, a registrar senior to me, used to run it on behalf of, I think, a Dr Woodard.[47]

Bannister: Dr Woodard was the person who was regularly in charge of that clinic.[48]

Hobsley: Indeed. I don't know Dr Woodard, but I do remember Rodney Sweetnam very well, and this was on behalf of the whole orthopaedic department.[49] As far as I know, there were not many such clinics.

Heggie: The Middlesex clinic was the first, and probably the only one by 1951.

Bannister: Woodard's grandfather started all the Woodard public schools.[50] Ben became the medical officer at the Regent Street Polytechnic Athletic Club, which was near the BBC, and the club met at the polytechnic.[51] Woodard had some very strange ideas. Who else knew Woodard? He believed in faith healing and he had an Orgone Accumulator, an odd box for giving treatment, possibly electrical.[52] He took each athlete seriously, and the athletes felt that he, as a doctor, understood their problems. He treated muscle injuries, very effectively, with ice to reduce local effusion of blood. He was an all-enveloping enthusiast who was not always popular with some other specialists.

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[47] Professor Michael Hobsley wrote: 'Not Dr Woodard; it was Mr Philip Wiles, a senior orthopaedic surgeon at the Middlesex at that time.' Note on draft transcript, 31 December 2008.

[48] Dr Vanessa Heggie wrote: 'Ben Woodard, who was associated with the Amateur Athletic Association (AAA), was apparently appointed as an accident officer to the Middlesex Hospital, London, in 1948, set up his own, possibly informal, sports medicine clinic in that year – almost certainly the first such in the UK.' Note on draft transcript, 11 February 2008. Dr Christopher Roy (Ben) Woodard was the great grandson of Nathaniel Woodard. For details of the Woodard schools, see note 50. See also Woodard (1949, 1951).

[49] Sir Rodney Sweetnam, orthopaedic surgeon, was also president of the Royal College of Surgeons of England (1995–98) and a fellow of UCL. For details of his contribution and that of Mr Wiles to hip replacement surgery, see Reynolds and Tansey (eds) (2007). The athletes' clinic at the Middlesex Hospital was set up for the 1948 Olympics at Wembley. See Edgar (2007).

[50] Cowie and Cowie (1991): 5–12.

[51] The Polytechnic Harriers were formed in 1883. See www.ianridpath.com/polymarathon/history.htm; for a photographic exhibition of the Polytechnic sports clubs, see www.wmin.ac.uk/pdf/Exhibition%20panels%201-8.pdf (both sites visited 11 December 2008).

[52] For a description of the technique, see the Glossary, page 135.

MacAuley: Moving on from the early 1950s then, what is the most distant memory that anyone has? Is it back to the 1950s at all, or people who were still knocking about at that time? Are we moving into the 1960s now? Can you remember, Harry, when Henry Robson would have become involved?

Professor Harry Thomason: I was a postgraduate student at Loughborough in 1962/3.[53] Henry Robson was a tutor there and he and John Williams organized a sports medicine conference. It would be May 1963, and there were at least 200 people present: a Saturday conference, I can remember it.[54] And from that meeting on, Henry became the membership secretary; John Williams was the secretary and then John went on to become secretary general of the Fédération Internationale de Médecine du Sport (FIMS).[55] The following year (I had gone to work at the University of Salford), Henry and John Williams organized a conference at Goldsmith's College, London, on boxing, with the doyen of boxing and medicine, Mr Arthur Dickson Wright. A book was published of the proceedings, with Roy James, a PE lecturer at Goldsmiths' College, London, and if you read it now you would realize how far removed they were from addressing the question: 'What is sports medicine'. In fact they said there was nothing wrong with boxing.[56] Henry Cooper got up and spoke about it. It is quite an interesting manuscript to look at.

They asked someone to become the membership secretary, who didn't want to take it on, so Henry Robson did. Robson was a gentleman who was a lecturer at Loughborough College who then became a GP in the Loughborough area, so things started to centre around Loughborough. It was a group of people that Sir Roger Bannister talked about, highly qualified, highly placed people inside the medical establishment based in London, who had a strong commitment to helping sportsmen and women with problems. At Loughborough a lot of people

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[53] See Glossary, page 134. For the background to the department of physical education, sports science and recreation management at Loughborough University, see http://sdc.lboro.ac.uk/aboutus/history.php?cat_id=15&subcat_id=31&level=2 (visited 11 December 2008).

[54] For details of the early arrangements for publications on sports medicine, including the evolution of the name of the journal and its editorship, see Robson (1988).

[55] FIMS began as the Association Internationale Medico-Sportive (AIMS) founded at the Winter Olympics in St Moritz on 14 February 1928. The name was changed to Fédération Internationale Medico-Sportive et Cientifique in 1933, taking its present name in 1934. See www.fims.org (visited 13 August 2008).

[56] See, for example, Bass *et al.* (eds) (1965). For details of Mr Arthur Dickson Wright's contribution, see James (1998). Professor Craig Sharp wrote: 'In fairness, I think the reference was to amateur boxing, which, especially then with its three rounds, was very different from professional boxing, with, usually, 15 rounds (sometimes 12 in non-championship fights).' Note on draft transcript, 7 February 2009.

who were athletes got involved, as was John Williams. John was working with a rehabilitation centre, the Farnham Park Rehabilitation Centre in Slough, Bucks, on the rehabilitation of athletes.[57] From about 1964 onwards, Henry Robson became treasurer of the BASM, and he started the journal, or helped to start the journal in 1964, and he was the editor and also the membership secretary. That all took place in his house and he had a secretary, Olga Harris, whom I inherited (and that's another story, she's still alive and doesn't haunt me yet). It was set up by two or three people – in particular John Williams, who was honorary secretary of BASM, and Henry Robson. I joined the BASM committee in 1964 and we used to meet in Basil Kiernander's house in Weymouth Street, London.[58] Sir Arthur Porritt came along in his car with his chauffeur and would conduct the meeting. That's how we established the first phase of BASM.

There's a very famous anecdote about one Friday when we couldn't use Basil's house for our meeting, so we went to the Physical Education Association (PEA) in Ling House (Nottingham Place, London). When we got there, there was a buffet and Sir Arthur said, 'That's very pleasant,' so we ate it. Half-way through the meeting, an irate Irish woman wanted to know who had stolen the buffet. Sir Arthur did a very tactical retreat and left us to face the music. But he was very good. So, we had a group of people who were interested in sports medicine, a group of practitioners, people like Sir Arthur who never missed a meeting; he was always there as chairman until he became governor general of New Zealand, left for three or four years, and came back again.[59]

The Institute of Sports Medicine (ISM) was there as well. My first involvement with the ISM was in 1965 when I found myself responsible for introducing drug testing into world sport in an event called the Tour of Britain cycle race (also known as the Milk Race).[60] I was doing my PhD on stress on the heart, and I wanted to look at people involved in a long endurance event.[61]

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[57] See Jones M S (1960); Williams W (1965). See note 86.

[58] See Biographical notes, page 121.

[59] See Biographical note, page 126.

[60] Professor Harry Thomason wrote: 'Beckett contacted me when he found out that I was going to do the first drug testing. He offered his services free, my university were prepared to do the work but wanted paying, so I invited Beckett to be involved. It is amazing how some forget how these things happened.' E-mail to Mrs Lois Reynolds, 7 April 2009.

[61] See, for example, Brooke *et al.* (1969). See also Wishart (1934).

I had tried to get on the Tour de France. The British Cycling Federation said: 'Why don't you go on the Tour of Britain?' I didn't even know what that was. So I got an invitation to it and the week before I went, it was announced in the press that I was going to do drug testing, but I knew nothing about it. My own university refused to help me, but a man called Arnold Beckett from King's College London did. We started drug testing under the auspices of the Institute of Sports Medicine.[62] That was in 1965. As a result of positive tests we banned the Spanish team and I still don't go to Spain. From that period, a group from the Scottish region, the north-west, and then the London region, started organizing conferences.[63] These were one-day conferences on a particular theme.

MacAuley: Harry, can we stop on that timeline, and just take a step back for other people to reminisce about that time? Sally, can you remember those days?

Mrs Sally Williams:[64] Yes, I remember them very well. We were in Derby in 1961 when Henry Robson (Figure 5) and my husband, John Williams (Figure 6), met more than once to sort out all this. I don't know at what stage Peter Sperryn joined the trio, but there was a lot of work going on between the three of them. I remember all the names that have been quoted so far, and it was very interesting, certainly a very challenging time from the point of view of the picker-up-of-the-pieces in the Williams household. It turned out to be extremely worthwhile and has grown to what it is today, which is brilliant.

MacAuley: When you say that they were challenging times, we are looking back in history, do you want to explain a little bit about what you mean by challenging? What were the kinds of controversies or issues that were difficult to cope with?

Williams: The one that I remember most clearly was the total lack of acceptance by all sorts of high-powered, much more senior people, including my father, to whom Roger has alluded, as a co-author of a book with Arthur Porritt.[65] My

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[62] Drug testing was explicitly excluded from the discussion at this Witness Seminar. See, for example, Beckett and Cowan (1978); Collier (1988). See also the 1964 BASM statement of policy on doping in sport, BASM (1969); see also note 60.

[63] Professor Harry Thomason wrote: 'There was the boxing conference at Goldsmiths College, London, November 1963 ((Bass *et al.* (eds) (1965)) and the rugby football conference at Salford University, October 1966. The proceedings were not always published.' Note on draft transcript, 14 January 2009.

[64] See Biographical notes on page 130.

[65] Handfield-Jones and Porritt (1938).

Figure 6: Dr John Williams, *c.* 1990.

father was R M Handfield-Jones of St Mary's Hospital, London, so I have a fairly well-established medical background. But that really was the most distinct impression, the barriers that were put up and the odds that had to be overcome. But they stuck it out, which was good.

MacAuley: Peter, when did you come on to the scene? What are your memories?

Professor Peter Sperryn: I suppose I came on to the scene, as one did, as a student at St Mary's, idling my mornings round the library, picking off, I think, the 11 sports pages available in the national press. There was mention of a meeting in something called sports medicine in Scandinavia. It would have been about 1956, 1957 or something like that. But being obsessive, I stuck there forever after. When I went for my house job interview and said: 'Sports medicine, sir', I was shown the door. When I went on my course for the MRCP (Membership of the Royal College of Physicians of London) and said something similar, a very senior censor of the Royal College of Physicians, said: 'Ah, sports medicine, what's that? What's in the bucket, a sponge?' And that's what we have been fighting. What Sally says is absolutely right.

I qualified in 1961 and did one of my house jobs at Stoke Mandeville Hospital (Aylesbury, Buckinghamshire), where I came across John Williams, who was a couple of years my senior at St Mary's, but I had never talked to him. He got me into sports medicine. The point was that I knew what I wanted to do, because, as an athlete there was no help for athletes, least of all at St Mary's. I should have gone to Ben Woodard at Middlesex.[66] I spent a whole year off training with chondromalacia patella ('runners' knee'), because all the orthopods at St Mary's didn't know what it was and I ended up being taught to do my bending exercises by the physios of the day, which, of course, is a good way of exacerbating it. So I thought: 'This isn't good enough. We need sports medicine. Nobody knows what it is. So we are damn well going to sort it out.' And that's been my entire life. So when I came across an equal fanatic in John Williams, who got there first, it was not very difficult to see where we went from there.

I was a member of BASM, I can't remember if it was 1963, but by 1964 I was the conference secretary, the one who got the meetings together. That provided a few happy years, but basically it was Williams, Robson and Sperryn. I want to say that this was done with the help of our wives and in our homes; we did it out of our own pockets. The subscription was embarrassingly nominal when we had to raise money. We made a virtue of not making it professional; it wasn't based on professional sport in 1962, 1963, 1964. Eventually our poor wives despaired of ever having back their kitchens and garages and all the weekends going, and stuff like that, but that's what British sports medicine was in the mid-1960s: no money, not just no recognition, but a 'vindictive hostility' to the expression of 'sports medicine' in the senior medical world.

May I ask how many people here knew about the World Congress of Sports Medicine at Oxford in 1970? You would have known if you were there. I want to say that we would have had to put in the tender to organize an international federation-recognized world congress; the eighteenth already.[67] We didn't invent

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[66] See notes 47, 48 and 49.

[67] See Robson and Sperryn (eds) (1973). Professor Peter Sperryn wrote: 'Organized by BASM's organizing committee.' Note on draft transcript, 25 February 2008. The organizing committee included: Dr George G Browning (chair), Dr J G P Williams (secretary), Miss C M Leverett (assistant secretary), Dr H E Robson (treasurer), Miss Jenifer Brennan (assistant treasurer), Dr P N Sperryn (scientific programme secretary), Dr J A Currie (press relations), Miss Suzan Livingston (social secretary), and members (Dr B B Lloyd, Dr E F Mason, Dr Bryan Scott, Mr Brian Seaton and Mr H Thomason). A leather-bound volume of the programme for the World Congress has been donated by Professor Harry Thomason and will be deposited, along with other records of this meeting, in archives and manuscripts, Wellcome Library, London, in GC/253.

sports medicine; everybody else had it outside of England. It took four years to organize it; and we did. We made a loss of £14 000, it took us three years to pay it off; it took us three years to publish the proceedings; but we did. Even two world congresses later, the national association involved was unable to raise the funds to publish the proceedings. That was up to 1970, but I have a lot more to say later.

Bannister: Might I bring the Sports Council in here, which was founded in 1965. Vanessa Heggie has mentioned the problem of fitness and sport for war, when it was discovered that so many of the recruits for the army for the First World War were physically unfit.[68] We were obviously going to have a war and the Germans had strengths through these other schemes that were really not disguised at all as to their purpose.[69] So, Britain developed a national fitness scheme. It was abandoned because it was politically unpopular; after the war the government didn't have a body to manage the national sports facilities already in place, so they were vested in the Central Council for Physical Recreation (CCPR), created in 1935.[70]

Prime Minister Harold Wilson was persuaded by Denis Howell and Dave Munrow, in the 1960s.[71] I would mention Munrow as a critical figure; he was the first senior lecturer dedicated solely to physical education at Birmingham. Harold Wilson appointed Denis Howell, former lord mayor of Birmingham, as the first Minister for Sport in 1964. The Minister for Sport and I were on the Advisory Sports Council. There were various political interferences in sports management – as I saw them – by government; for example, I didn't think it

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[68] Cathcart and Orr (1919); see also Winter (1980).

[69] 'The training of the body in competitive sports is not a purpose in itself, but a means to strengthen German men spiritually and physically, to increase their efficiency, and to make them ready and able to serve for the maintenance of the nation even up to an advanced age.' SA regulations of 18 March 1937. See the transcript of the 213th day in the trial of major German war criminals, Wednesday, 28 August 1946, at www.nizkor.org/hweb/imt/tgmwc/tgmwc-22/tgmwc-22-213-08.shtml (visited 17 February 2009). See also, for example, Keys (2006); Weber and Black (1999).

[70] For the Minister of Sport's 8-point policy in 1964, see McIntosh (1987): 100–4 and 110–21. For further details of the CCPR, see www.ccpr.org.uk/aboutccpr/ourhistory/ (visited 15 December 2008); Houlihan (1991).

[71] Professor Craig Sharp wrote: 'Dave Munrow persuaded the senate of the University of Birmingham to let him set up the first university-level degree course in physical education in a British university in 1949. I was appointed in 1971as the first university lecturer in exercise and sport physiology in that department.' Note on draft transcript, 7 February 2009. Our thanks to Dr Bill Tuxworth and Dr Iain Moir for additional details. See Biographical notes on pages 120 and 124.

was proper telling teams whether they could or could not compete. I agreed to become the chairman of the first independent or executive Sports Council in 1970, under a Conservative government.

I had been chairman of the first research committee of the Advisory Sports Council and we devised methods of looking into problems affecting sport and sports medicine. We had meetings, which were not satisfactory, because we didn't want to ally ourselves solely with one body, were it the PEA or FIMS. I was personally involved in taking up the drugs issue, and we got the first testing for steroids done at St Thomas'. Arnold Beckett was a pioneer here.[72]

The expenditure on sport is something greater than £100 million, of which £5 million probably goes on running the high-quality drug centres, which no amateur group could possibly do, and this was what I foresaw.[73] Once the Sports Council was granted a Royal Charter in 1971, which was the same as the charter for the Arts Council – this is the mechanism to establish a non-party political body, neither side can abolish it; all they can do is to give it more money. They tried to tell the Council how to spend it, which Denis Howell tried to do, and that was why I was really forced to go separately and do it independently.

The Sports Council included Peter McIntosh, someone whose name we must remember.[74] He was the head of physical education, the chief inspector for ILEA, the Greater London Council's education authority for inner London; he had an Oxford history degree, had worked with Munrow in Birmingham; and his first book was called *Sport in Society*.[75] That was the beginning of the more sociological approach to sport. In my view, Peter McIntosh had the most profound effect on sports history and sociological science.

MacAuley: Just to bring you back, Harry, to the World Congress of Sports Medicine in 1970.[76] That seems to me to have been a pivotal moment in the evolution of British sports medicine. You also had courses at Loughborough. My father was at the first FIMS course in 1975 and at that stage Henry Robson

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[72] See also note 63.

[73] The estimated expenditure on sport in the UK in 2005/6 by the Department of Culture Media and Sport was £123 million; see www.statistics.gov.uk/StatBase/Expodata/Spreadsheets/D4009.csv (visited 17 February 2009). For the development of government policy on elite sport, see Pickup (1996); Green (2004).

[74] See biographical note on page 123.

[75] McIntosh (1963).

[76] See note 68.

was a tutor and lecturer.[77] My father used to tell the story that he said to Henry: 'Look, they are not paying you half enough here, I think you should go into general practice.' I think that is one of the reasons why Henry went into general practice. But, Peter, were you at that conference?

Sperryn: I can find you the date in my diary (6–11 September 1970).

MacAuley: We have a photograph at home. I think there must have been about 30 people at that conference, one of whom was Jim Railton, a sprint coach, not a doctor.

Sperryn: That's plausible, because BASM was *ab initio*, what you would now call a multidisciplinary organization, but we didn't know about multidisciplinary anything. It was a cross-disciplinary inquiry group of informal meetings among a growing band of friends. It was for interdisciplinary meetings and enlightenment, not feuding. That followed later. Possibly more fun.

Could I just as a matter of historical record say to Vanessa that I think you will find that FIMS claims it was founded in about 1920, but it changed its name from AIM in 1928, which was basically associated; same thing, same outfit.[78]

Secondly, from another argument, there is documentary evidence that the Institute of Sports Medicine was co-founded by three bodies: BASM, signed by John Williams; the BOA, signed by Denis Cussen; and the PEA, signed by the secretary Peter Sebastian.[79] Now something happened in history, and they fell out; most of us honestly had no idea what it was about, except – what I am going to say later, is that you cannot, if you look back from this hyper-civilized, hyper-organized, hyper-recognized, validated and politically correct world that you poor fellows have to live in now – it was a feuding undergrowth, you had

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[77] Professor Peter Sperryn wrote: 'From 1975 on, the one-week, 40-hour FIMS-syllabus courses were run by BASM at Loughborough. They fulfilled the criteria for FIMS approval and certification and they invariably sought and gained the approval of the British postgraduate deans under the "Section 63" regulations for postgraduate courses. It was a critical step at the time that enabled GPs to be reimbursed for attendance and effectively underwrote the course overheads. These courses were subsequently held at Brunel University, Uxbridge (1976); Glasgow (1977); and Loughborough (1978–82), organized by me.' Note on draft transcript, 11 February 2009. See also notes 186, 190; MacAuley D C (1982).

[78] See note 56.

[79] The Memorandum of Association of the Institute of Sports Medicine was signed by Arthur Porritt, William Eldon Tucker, Alexander Ross, Kenneth Sandilands (Sandy) Duncan, Denis John Cussen, John Garrett Pascoe Williams and Peter Sebastian on 29 July 1965. Photocopy of page 6 of this document was donated by Professor Peter Sperryn. The Certificate of Incorporation was granted on 6 August 1965.

Figure 7: Mr Peter Sebastian, *c.* 1990.

to fight to keep any corner, because somebody was always out to get you; to not fund you; to spite you; to jump you, anything.

We went into sports medicine to provide clinical services for our mates – it was as simple as that. Here was the prime motive for any clinician, to look after your mates who had problems on the track or field. Bear that in mind as you look at what it is now.

MacAuley: So in those early days, just for the record, what was your career? What was your day job at that time, when you were doing this sports medicine?

Sperryn: I worked backwards from what I thought you needed to have as a sports medicine consultant; I was never going to be anything else. It seemed to me a matter of general internal medicine, or orthopaedics, but there are too many orthopaedic colleagues here to tell why I decided this wasn't the answer to sports medicine. As a team doctor, which I was also fortunate to get in on early, general internal medicine was what you needed first, last and foremost, with a healthy smattering of soft tissue injury management knowledge. And therefore I did internal medicine for my MRCP and beyond, then I went into what was

then physical medicine and has been abolished since,[80] and rehab, which has evaporated; not rheumatology, and, I am proud to say, eventually becoming a GMC-recognized consultant and professor.

Professor John Davies: I would just like to take Peter Sperryn up on physical medicine. As a young man of about 23 or 24, just qualified at Guy's Hospital in 1966, I was rugby captain at Guy's, playing in a pack that was half South African, half Celtic, and I was pushed around and battered. A young man called Hugh Burry came to Guy's Hospital. Hugh was an All Black and he coached us, and we became a very successful team, and, more importantly, I went into physical medicine, as it was then.[81] I did my diploma in physical medicine, and we started, historically, one of the first NHS sports injury clinics at Guy's Hospital. Now, the reason I bring this up is because this clinic still functions once a week, 40 years later.[82]

MacAuley: And certainly Hugh Burry's paper was one of the definitive papers on sports medicine.[83]

Davies: Yes, it was, and he certainly gave me a lot of ideas to continue, both on the research side and the epidemiological side. I will come on to this later – Hugh Burry had a grant from the Sports Council at the time to look at injuries in rugby, which was quite a significant paper.[84]

MacAuley: Sally, may I bring you into the record again? At this time, what was John's (Williams) day job, while he was doing the sports medicine?

Williams: Back in 1957/8 he was doing all sorts of things, including the DRCOG (the diploma of the Royal College of Obstetricians and Gynaecologists) and goodness knows what else. I think the breakthrough came when, because of my job – Luton and Dunstable Hospital was very short of physios and the boss

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[80] The physical medicine section of the Royal Society of Medicine was active (meeting minutes) between 1931 and 1955. See http://library.wellcome.ac.uk/assets/wtl039783.pdf (visited 13 February 2009); Glossary, page 135.

[81] See note 80.

[82] Fortnightly, see www.guysandstthomas.nhs.uk/services/ambulatory/specialistmedicine/rheumatology/sportsinjuries.aspx (visited 7 November 2008).

[83] Burry and Grahame (1973); Burry (1975).

[84] Burry (1988). For grants to recognized national governing bodies from the Sports Council in 1996, see House of Lords, *Hansard* (26 June 1996, col. WA62), which can be found at www.publications.parliament.uk/pa/ld199596/ldhansrd/vo960626/text/60626w02.htm (visited 3 December 2008).

physio didn't want to lose me – my boss agreed to intercede with the orthopaedic surgeon there to appoint John to a senior registrar job which had a tie-in to the Middlesex Hospital and Rodney Sweetnam. John started at the Luton and Dunstable, then had the second year at the Middlesex, and, I think, that was where his real conversion to sports medicine as a career occurred, as opposed to a part-time or interest side-based thing. From there he was appointed to Stoke Mandeville Hospital and later to Mount Vernon Hospital, Northwood, Middlesex, in physical medicine, and he was also appointed to Camden Road Rehabilitation Centre, London.[85] The rehab side also came into his life then as well, so all the way along the line he was looking at jobs that were specialties, which were going to be of huge interest and additions to his sports medicine and rehab, an extremely important tie-in of the two.[86] He was very well qualified in all sorts of rather strange fields like DRCOG and got an FRCP as well. So, he was hugely well-qualified in all sorts of branches, but all adding to what he ultimately became passionate about.

Sperryn: May I add a little aside? I look at what I can understand of modern training facilities for trainee would-be consultants. Apart from not getting a job at all, I look at my CV and John's CV and Henry's CV; no-one can do what we did today. Nobody is allowed now to get grass-roots experience; they seem to be fast-tracked to some sort of semi-expertise, because they don't have half the hands-on experience that we used to have to get. You can't possibly suddenly go off abroad, do something, get study leave at the wrong time and place, go to a conference, suddenly turn left and go to another hospital. You can't do it. What are we losing now? Are you really replacing that flexibility by a rigidly controlled straight-track for the minimum time, with minimum experience?

MacAuley: At this time we had BASM as a membership organization. We also had the institute. Do we have a folk memory of the institute from around that time?

Dr Dan Tunstall Pedoe: I was asked to serve on the research committee of the Institute of Sports Medicine in the late 1960s, and nothing was happening. There were several quite well-known people on the research committee, and we

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[85] Williams W (1965).

[86] Mrs Sally Williams wrote: 'He was Ludwig Guttman's registrar at Stoke Mandeville in 1962 before being appointed as consultant to Mount Vernon in 1964, which tied in with his appointment at Wexham Park Hospital and Farnham Park Rehabilitation Centre, Slough (Berkshire after 1994 boundary reorganization).' Note on draft transcript, 13 February 2008.

got a peremptory letter from Peter Sebastian saying that we had been disbanded. This caused great offence to some of the military people who had travelled up from Portsmouth to come to the meetings to be told they weren't wanted any more. I am afraid that the institute did have a reputation for some rather high-handed behaviour by Peter Sebastian at the time. Later I was asked to represent the Royal College of Physicians on the governing body of the ISM by the president, Sir Douglas Black, but never received an invitation from Peter Sebastian to any meetings and it appeared the ISM was 'hibernating' for a long time. When we were setting up the LSMI, the LSMI treasurer found that at the time they had not been making any annual returns to Companies House, which could have precipitated their closure by the Charity Commission. There certainly was a long period of inactivity and many of these people wanted to know what happened.

May I give an example of how athletes were treated by orthopaedic consultants in the late 1950s? I was running at Cambridge and had a knee injury which flared up from time to time and which, when it was painful, would not allow me to straighten it completely. I was referred to the senior orthopaedic surgeon at Bart's, very much a bone doctor, as I was doing my clinical studies there. I was an athlete referred to a non-sports medicine specialist. He did an examination under anaesthetic and found that it would straighten. I tried to find out what the diagnosis was and everyone was very embarrassed. I wasn't given any physiotherapy or anything else and it caused me some anxiety as to the diagnosis. After I qualified I managed to get my notes at Bart's and found that I had been labelled as having an 'hysterical joint'.

Bannister: Can you tell us what the real diagnosis was?

Tunstall Pedoe: I have been told it was a synovial tag but, being a cardiologist, I have always regarded the knee as being much more complicated than the heart, so I don't really know.

Sperryn: Going back to the ISM, the great thing was that it never did anything. It was founded expressly by the three parties I mentioned earlier as being in essence the bricks-and-mortar academic institute for the pursuance of sports medicine, which by definition BASM, as a membership organization, could not legally be. We aspired to charity status but there were big problems through the law of the land concerning commercial activities of associations becoming charities and you have really to have a separate outfit to do your academia. I could say that, in 1966, whatever else the institute never did, it was very good at

providing X-ray cover for horses at racetracks, and never producing any money for common goods and events, never giving answers, and, in fact, we all thought it had died several years earlier. But we set the ISM up, I think, with the intent of getting where we nearly are now: we have a Faculty, and you can have a place to do work in it, and a library, if you are lucky. That's what we thought we were setting up in 1965.

MacAuley: Around the 1960s, we have the institute and we have BASM; were there other organizations around at that time? Any other sports medicine organizations?

Sperryn: Do we have any reps from the physiotherapy, sports physio, world, the Association of Chartered Physiotherapists in Sports Medicine (ACPSM)?

Professor Donald Macleod: It was in 1966 that I was invited to assist the Scottish Rugby Union in establishing a medical service for international rugby. I was the pre-registration house officer, and they had invited my chief, Professor Sir John Bruce, who was the Queen's surgeon, the president of the Royal College of Surgeons and chairman of Hibernian Football Club. He said he didn't know anything about rugby, but commented that I played the game and asked me to set something up for him. And that was probably one of the very earliest sporting bodies to establish any form of consistent medical support. It was through that experience that it became apparent that more players were injured during training than playing, and that's where my interests developed. BASM Scotland was established in 1964, and I think it was Jimmy Moncur who was the student health physician for the Scottish School of Physical Education at Jordanhill College of Education, Glasgow, who took on the role of establishing BASM there.[87] I think they had their first regional conference about 1969. Maybe Peter can remember that.[88]

Sperryn: It's very interesting what you say, because in those days the big bosses wouldn't sully their hands with touching athletes or talking sports medicine, so rapacious registrars like us got a pretty free hand. And that's why you have got sports medicine.

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[87] See Macgregor and Moncur (1977).

[88] Professor Peter Sperryn wrote: 'The 1977 BASM/FIMS course was organized in Glasgow at Jordanhill College by Dr J A Moncur, medical officer, Scottish School of Physical Education, Jordanhill College and Dr James Macgregor, reader in tissue biomechanics, bioengineering unit, University of Strathclyde.' Note on draft transcript, 11 February 2009.

Williams: I never had a huge amount of sports medicine physio to do in my working life, because once the kids were at school, all my referrals came from general practitioners. Yes, a small quantity of sports injuries of the minor sort. My biggest interest or expertise was doing the postoperative physio on all the work that John did, and that was a huge range of things from knees, ankles, soft tissues, you name it. So, I don't have a vast experience of it; it was just mopping up after John.

Sperryn: Future researchers can look at why the three people we are talking about – Sperryn, Robson, Williams – should all have married physios. Conspiracy theory!

Thomason: From the mid-1960s until the beginning of the 1970s, there was a series of conferences that were organized by regions. The north-west always organized a yearly or two-yearly conference, and it was always on rugby, because a man called Don Masterson, who was my head of department at Salford, was keen on rugby, so we always had a BASM conference on rugby held over a weekend.[89] In 1964 Dr Laurie Liversedge, a neurologist in Manchester, gave a very interesting and informative presentation one evening to the Manchester Statistical Society on sport and medicine.[90] It was quite a defining article and he challenged the group of neurosurgeons who produced the conference report that BASM had hosted in the early 1960s on boxing.[91] It's quite an interesting challenge. He was a friend of Sir Harry Platt, who was the orthopaedic doyen of the north-west, and arising from this boxing conference, Ciba-Geigy sponsored a very large conference on sports medicine in 1966/7 and Sir Harry opened it.[92] This gave a lot of credence and credibility to a group of medics in the north of England. If Sir Harry was going to come and open this conference, it had some meaning. John Williams was there; it was a big turning point for sports medicine, certainly in the north-west.

But I think from my perspective, there was a group of people like John and Peter, a group of general practitioners, who individually were invited as doctors to help various governing bodies for different reasons. Then a number of universities got involved in helping BASM to establish conferences on particular themes, usually financially supported by the university. There was no money, unless as in this instance Ciba-Geigy sponsored it, because Sir Harry Platt was going to come. But it was always done on a song and a prayer.

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[89] See note 63.

[90] Liversedge (1964); Anon. (1979).

[91] Bass *et al.* (eds) (1965).

[92] Sperryn (ed.) (1975). See also Galasko and Noble (eds) (1988).

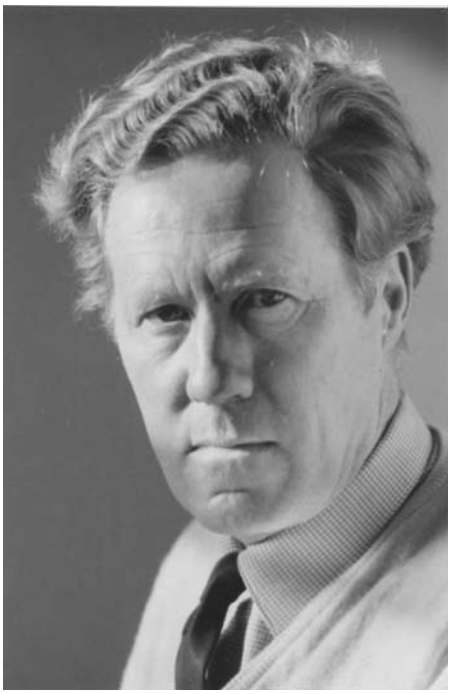

Figure 8: Dr Griffith Pugh, *c.* 1965.

Going on to the 1970 World Congress, I was involved in that conference and I remember when we set it up and we did finish up with a large debt.[93] I ran the translation services with two groups of interpreters, and paid them different rates. I got away with it until the Saturday morning, the last morning, when they got together and found out there were different rates, and they chased me around Oxford, trying to get the same rate, and I think Henry paid them, because I wasn't going to. That's the kind of thing we did, and we finished up in debt. John Williams was so committed to it that he was willing to underwrite things, to make sure that the conference took place; we eventually paid off the debt. But it was done by individuals, and always people who had a commitment to it. Peter has explained that kind of commitment, but from the university's point of view, that was a group of academic staff who had an interest and were persuaded to support conferences in that way. So, by the end of the 1960s, and in particular with the Oxford conference in 1970, we were starting to have regular conferences around the country.

Heggie: May I interrupt to ask a question, maybe jog some people's memories? Did anyone here work with other organizations? We have mentioned the

[93] See discussion on page 22; see also note 191.

Figure 9: Dr Griffith Pugh taking alveolar gas samples from John Hunt, the leader of the expedition, base camp, Mount Everest, 1953. © Royal Geographical Society.

PEA, which in the 1960s was doing some sort of research in fitness and health generally,[94] but there was also the Ergonomics Research Society (ErgRS) which I know had a fitness and training subgroup from about 1961 to 1968, and had some joint meetings with BASM.[95] I am also thinking about BOA.[96] A key area for the 1960s would also have been the Mexican research project and problems

[94] Professor Peter Sperryn wrote: 'The first issue of the *BJSM* was, in effect, a section in the PEA booklet.' Note on draft transcript, 17 February 2008.

[95] Professor Peter Sperryn wrote: 'The leading light was Dr Ernest Hamley, senior lecturer at Loughborough and close friend of Henry Robson (and a member of BASM).' Note on draft transcript, 17 February 2008.

[96] Professor Peter Sperryn wrote: 'The BOA conducted a specific research project by Dr Griffith Pugh (Figures 8 and 9) for the altitude problems to be associated with the Mexico Olympics of 1968. BASM organized an International Symposium on Altitude Training.' Note on draft transcript, 17 February 2008. Dr Pugh was also scientific leader on the 1960/1 silver hut Himalayan scientific and mountaineering expedition. See Reynolds and Tansey (eds) (2003): 18.

of altitude training and altitude sickness for the Mexico Olympics in 1968.[97] I don't know if anybody here worked with any of those people or in any of those areas.

Bannister: The Sports Council was founded in 1965 and I was chairman of the research committee. The choice of Mexico City for the Olympic Games of 1968 raised the altitude safety issue. Some members of the press had made alarmist comments such as: 'There could be deaths in Mexico City for unacclimatized runners in the distance races', because the games would be held at 7 500 feet, with 25 per cent less oxygen.[98]

Tunstall Pedoe: I did write to Griffith Pugh saying that I was interested in sports medicine and the studies he would be doing in Mexico City and asked if he wanted an assistant as I would be happy to pay my own way to come along. I got no reply.

But Griffith Pugh was an interesting man (Figures 8 and 9). He was a remarkable physiologist; he was on the Everest expedition.[99] And, he was obsessional. When you have climbed to whatever it is, 25 000 feet, staggering back to the tents, and a physiologist wants you to do a maximum exercise test for the next half hour, he is probably not very popular.[100]

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[97] See, for example, Pugh (1967). Mr John Le Masurier, the training supervisor and national coach for BAAB, reported in 1966 to BOA on the results of the four-week study of six international 3-mile runners chosen for consistency of performance over a set period in England and in Mexico City. See also the proceedings of the joint conference of BASM with BOA on altitude training (Richardson (ed.) (1974)). Professor Craig Sharp wrote: 'Pugh did a ground-breaking study on the effects of altitude training on runners. Subject Tim Johnson reckoned the distance (5–10k) runners improved 1 per cent through training at altitude. It doesn't sound a lot, but is 50m in a 5k and 100m in 10k.' Note on draft transcript, 7 February 2009.

[98] The BOA sent a medical research team to Mexico City in 1965 to identify problems likely to affect the British team when competing at more than 7000 ft (2140m). See Pugh (1969b); Stiles (1974); Owen (1974). See also Heggie (2008a).

[99] There were several editions of Hunt's book on Everest. Hunt (1953) actually has two appendices by Dr Griffith Pugh ('Diet', with George Band, 263–9; 'Physiology and medicine' with Michael Ward, 270–9). Lord Hunt wrote in his autobiography [Hunt (1978)]: 'Griff Pugh is a dedicated and distinguished scientist, who has become a leading expert in his field of physiology' (and continued to list his contributions, p. 115). See also Ward and Milledge (2002); Pugh (1976). We thank Mrs Harriet Tuckey for drawing our attention to the Hunt autobiography.

[100] Hunt described Pugh's 'maximum work test' during the early stages of the ascent, 'rushing uphill at best possible speed until the lungs were bursting and then expiring air into an enormous bag until it swelled out like a balloon….[Pugh] had not spared himself the tortures which he inflicted on his guinea-pigs'. Hunt (1953): 71. See Figures 8–9.

Griffith Pugh did some original sports medicine research on marathon runners with the Road Runners Club, and I think he was the first person to measure rectal temperatures and fluid loss in runners in 1967, and that preceded a lot of the American work and he was a remarkably fine physiologist and did the work on altitude as well.[101]

Thomason: There was a death on the Four Inns walk in 1964 and Griffith Pugh was sent up by the MRC to cover that and I was one of the team. That report was on the effects of hypothermia on the young people.[102] As an anecdote, I remember all the young men were given temperature pills[103] on the night before they started the Four Inns walk. I won't tell you how they swallowed them, but they did with difficulty, and then Griff realized that he hadn't activated them. So we had to do it again.

Bannister: Griff Pugh was an eccentric. He appeared to be a man of substance who had joined the MRC, and he came up to the Oxford physiology department in 1951 when I was working there. He said quite candidly he had never done any respiratory physiology, but as a mountaineer he had been appointed medical officer for the 1953 Everest expedition. He asked: 'Can you tell me what kind of tests I need?' And: 'How does the Haldane apparatus work?' And: 'Can you give me an example of what you think would be reasonable tests to do?' So he was a willing learner.[104]

Dr Malcolm Read: I was a member of the Olympic hockey team in 1968 and we were taken out three weeks early, because this was the advice we had been given to acclimatize there in Mexico City. Just to come back to Griff Pugh, I was an Olympic medical officer in 1972, when we were discussing whether we should go up to altitude as part of the preparation for the Munich Olympics and I was certainly sitting there with the BOA. This is where you were asking whether they were involved: they were certainly involved at that stage in trying to plan, and Griff Pugh came along to the meetings with Sandy Duncan, myself, Raymond Owen, and so on, to present the physiology that presumably he had got, as we thought, only from the Everest expedition, and then, of course, I

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[101] Pugh *et al.* (1967); Pugh (1969a and b); Gill *et al.* (1962); West *et al.* (1962).

[102] Pugh (1964, 1966).

[103] Professor Harry Thomason wrote: 'Not a drug, but a temperature probe as big as a large pill that was activated by turning it clockwise.' Note on draft transcript, 14 January 2009. For details of the use of the Wolff radio pill, see Wolff (1961); Fox *et al.* (1962); Pugh (1969a); also MRC (1963): Plate IVa, 85–6.

[104] Ward and Milledge (2002); Pugh (1965). See also note 100.

don't know whether you got results out from the Mexico Olympics, because no one tested us at all there.

Dr Robin Harland: The *Lancet* published an article in 1960 on sports medicine which really is remarkable.[105] It was written by a Dr J D Troup. Who was Dr J D Troup, does anybody know?[106]

Sperryn: I met Troup, but I can't remember him. He was a research wallah anyway, central London, but I can't place him better than that. Just a word about Griff Pugh: in 1965 he took half a dozen of our best middle-distance athletes out to Mexico for the altitude research for the 1968 Olympics and I was very close to them because I was the British Amateur Athletic Board (BAAB) officer at that time, and the great thing about Griff Pugh was the athletes would say: 'We could never get him to understand why we can't run a bloody 5000 metres flat out every day for a week.'

MacAuley: Now before we leave the 1960s, any other thoughts or ideas on the 1960s? Different characters or people?

Sperryn: Nobody has mentioned the epoch-making publication in the whole of sports medicine: John Williams' first edition of *Sports Medicine*, 1962.[107] This earned him the undying hatred of most of his professional peers, but it was an absolutely signal event. A further eulogy for John, who was the most maligned man I have ever known; one of the kindest, most encouraging, but most bloody difficult. But that man, along with Henry Robson, basically set up sports medicine in this country. So, bear that in mind when I say that you had to fight every inch of the way to get anywhere in sports medicine in the first 20 years. John fought them all, at once, on all fronts. Nobody has ever been so productive.

Bannister: I don't know whether there is a restriction in this Witness Seminar solely to British involvement, but, if not, I think we should mention some

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[105] Troup (1960).

[106] Dr Robin Harland wrote: 'Troup's aim was to promote specialization in UK sports medicine, which he compares badly with research in the sports medical centres in Finland, Sweden, Russia and West Berlin. This article was followed by two subsequent letters (Barbor (1960); Goulden (1960)). Barbor implies that he worked with athletes at St Thomas' Hospital; Goulden gives a list of seven basic rules for the treatment of sports injuries (no source supplied) that "will give good results for anyone willing to learn" them.' Note on draft transcript, 29 January 2008; 3 January 2009.

[107] Williams (1962b).

international figures. The first of those is someone called Dr Ernst Jokl. He had been at a German university and, being Jewish, left or was expelled in 1933. He then went to South Africa, which was a relatively welcoming country and later came to England, then to the US.[108] A colleague at the same German medical school where he had trained, the University of Freiberg, was Ludwig Guttmann. Guttmann had interests in sport and medicine and he was not accepted, for a number of reasons, as a full neurologist in Oxford, but was appointed to direct the spinal unit at Stoke Mandeville Hospital.[109] Through his iron discipline he changed not only the treatment of patients with spinal injuries, who had previously often died of bed sores and urinary infections, but he also founded the Paralympics.[110] The hospital also became a focus for physiologists who were studying human physiology and sports medicine. I think that is very important.

Perhaps we should also mention what was happening in the US. They had a flying start, because most universities had athletics departments. These universities were often well-funded and developed research techniques into sports medicine to increase the success of their teams. This was never nationally coordinated as it was in this country by the Sports Council, but someone else may have been to conferences in the US at that time.

Heggie: In the US, although there was an awful lot of money in it, a lot of people working on it, I think the formalization of organizations came a little bit later than in the UK. I don't think they got a college of sports medicine until the American College of Sports Medicine (ACSM) was founded in 1954, and their first sports medicine book was a little bit after what was happening in the UK, so although there was plenty of money, some of those formal structures seemed to come along a little bit later. I am not quite sure why that is. The Wellcome project is not looking at the entire world of sports medicine, on the grounds that we only have three years to do the project, and it seemed a little bit of an onerous task to do the entire world.

Professor Moira O'Brien: I first got involved in international sports medicine through swimming, and when they had the first Fédération Internationale de

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[108] See Jokl *et al.* (1956); Jokl and Jokl (eds) (1968); Litsky (1997); Bale (2000).

[109] Guttmann (1967); Silver (1992, 1993, 2004).

[110] The spinal unit at Stoke Mandeville Hospital became the national spinal injuries centre in 1952, funded by the NHS. See, for example, Guttmann (1976a and b); Gold and Gold (2007). For further details of the Paralympics, see www.ukathletics.net/grassroots/disability-athletics/history/ (visited 13 November 2008).

Natation Amateur (FINA) meeting in Dublin in 1974, which was where I first met Harry Thomason. But it was after the centenary of the Irish Rugby Union in 1974 when John Williams came to speak at the conference in Dublin that they held the first live-in one-week course in Loughborough for sports medicine in 1975, and they had people from all over.[111] That's where I first met John Williams and John Davies. There were people from the Netherlands, South Africa and all over, and this was how I first got involved in sports medicine.

Later I was on the board of FIMS and set up the European Federation of FIMS. It was because of John Williams and Peter Sperryn, who invited us over and told us when the conferences were on. I then joined BASM, and further down the road, in the 1980s, I formed the Irish Sports Medicine Association. It was a great collaboration, but it would not have happened without John Williams and Peter Sperryn. I remember Sally Williams; I stayed in their house one time when I had come over for a meeting, and they put me up. This was a long time ago and it was the friendships made at that time that have been particularly important. Everybody helped everybody else – the people who were really interested. The other people at the university level thought we were mad. When I first got involved with the Irish Swimming Association, they said they did not want to test swimmers: 'We should leave that to the Russians. We don't want to get involved in testing.' I just wanted an ECG and a couple of medical instruments. This was in 1972.[112]

Professor Charles Galasko: Just to take up the US story for a moment. Sports medicine in the US is very divided and it wasn't until 1992 that the American Board of Medical Specialties recognized a subspecialty of sports medicine in four different disciplines: family practice, paediatrics, internal medicine and emergency medicine. It wasn't until 2003 that they recognized a subspecialty in orthopaedics, and the first orthopaedic subspecialty examination in sports medicine is only taking place this summer (2007), and sports medicine is run by six separate disciplines.[113]

Macleod: Just to add a little to what Moira has said. That 1974 conference in Dublin was a very important conference in rugby terms, because out of that came the International Rugby Board medical advisory committee in 1977, which

[111] This was the 1975 FIMS course in Loughborough. See pages 24–5.

[112] Rodahl *et al.* (1976); O'Brien and Fitzgerald (1978); O'Brien (1985, 2001).

[113] For the different boards involved in the US, see www.abms.org/Who_We_Help/Physicians/specialties.aspx (visited 13 November 2008).

continues today and is a very influential body in world rugby.[114] For many years, they were the only body who could recommend changes in the law, with the aim of prevention of injuries. That conference was run by Bob O'Connell, one of the great men of Ireland not just of rugby, who was a consultant surgeon in Dublin, and his name should be noted, because of the enormous contribution he has made.[115] Unfortunately, I couldn't attend the conference as no-one would pay for me to come back to the US where I was working at the time.

Sperryn: A little bit about Dublin. It must have been a little earlier in the 1970s that John Williams took me over to Dublin with Dr Kevin O'Flanagan, who was, I believe, a double international in both soccer and rugger,[116] and Lord Killanin, who was president of the IOC from 1972 to 1980.[117] We had a lecture in some sort of warehouse theatre on the periphery of Dublin, from which was established an Irish Sports Medicine Association. Obviously, it didn't last as well as the hospitality, which has lingered in my mind. It was memorable because it started two hours late. The operative dropped my slides out of the carousel, and it was the first time I have ever had to give a lecture backwards on a random basis, according to the slide shown. I will never forget that. The hospitality was so phenomenal, that I vaguely remember the *Book of Kells* bouncing in front of me the following morning before getting on the plane.[118] So there was definitely an intention, there was great sympathy from Lord Killanin. Kevin, a private practitioner in Dublin, was a very committed guy.

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[114] Professor Donald Macleod wrote: 'The medical advisory committee of the International Rugby Board first met in March 1978. Their remit was, and remains, to review all aspects of player safety: preparation for playing rugby, injury prevention, immediate care of the injured or ill player, their rehabilitation to full fitness following treatment and anti-doping policies, all in conjunction with an educational programme. The committee's initial discussions were limited to anecdotal evidence based on experience. Gradually prospective cohort studies based on agreed definitions of injuries allowed a professional approach to the "risk management" of rugby. The topics addressed by the committee have applied to amateur as well as to professional rugby since August 1995. These range from the minor to the major – concussion to spinal injury, soft tissue and joint injury, "burn out" and the consequences of padded or protective garments worn by players.' Note on draft transcript, 28 January 2009.

[115] See, for example, O'Connell (1954, 1961). Listen to Dr Bob O'Connell's stories on http://tinyurl.com/2q42ql at pod-v-ce-sun060408-14m20s-curiousear-boboconnell-s.mp3 (visited 17 April 2009).

[116] See Biographical note, page 125.

[117] See Biographical note on page 123.

[118] The *Book of Kells*, an Irish illuminated manuscript in Latin, sometimes known as the Book of Columba, contains the four gospels of the New Testament together with various other texts and tables and is held in the library of Trinity College Dublin. See www.newadvent.org/cathen/08614b.htm (visited 27 November 2008).

O'Brien: I have to come in on that. Kevin O'Flanagan had absolutely nothing to do with the Irish Sports Medicine Association, because it wasn't founded until 1980, and he was never involved.[119]

Sperryn: It's not for me to fight definitions across the water.

Davies: To follow on from Moira: we were at that conference together, the BASM/FIMS week-long conference in Loughborough in 1975, and it began a lifelong friendship and with other people as well. In my mind, it was a watershed and the Welsh division of BASM was formed later on that year, which I founded with a few other people.[120] And that lasted a few years, so BASM was really moving at that time.

MacAuley: One of the things that struck me, Peter, is that you mentioned that you were the medical officer to the BAAB, and then there was a rugby medical officer. At what stage did organizations and teams start to bring doctors with them? When did medicine become part of the touring sports team?

Sperryn: I was going to ask if Roger could tell us today what, if anything, was provided at the Wembley Olympics?

Bannister: The 1948 Wembley Olympics was on a slightly smaller scale than the 2012 Olympics will be: cost less than £750 000, as opposed to what may turn out to be more than the current estimated £10 billion. There was no special preparation of accommodation; the camp at RAF Uxbridge was used.[121] I was an assistant to Colonel Evan Hunter who was the commandant, and I rushed around taking messages like a boy scout. We did have unofficial medical advisers who will be named in the official report of the Olympic Games of London 1948.[122]

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[119] The Irish Sports Medicine Association (ISMA) was wound down in November 2008 following the creation of the UK Faculty of Sports and Exercise Medicine in 2006.

[120] The Welsh region of BASM was founded in March 1978.

[121] See Sir Roger Bannister's comments at www.the2012londonolympics.com/forum/showpost.php?p=12712&postcount=1 (visited 13 February 2009).

[122] Bear (ed.) (1951): 180. The following were members of the medical subcommittee: Mr A E Porritt (chairman), Brigadier H Glyn-Hughes (vice-chairman), Sir Adolphe Abrahams, Lord Amulree (Ministry of Health), Mr E H Beasant, Captain Goulden, Dr R Green, Professor A V Hill, Dr K N Irvine, Mr Hume Kendall, Professor A Kennedy, Dr K O'Flanagan, Dr J M G Sarson, Mr H B Stallard, Sir Henry Tidy, Mr W E Tucker, Major A C White-Knox, Dr A L Winner, Mr R S Woods and Lt-Col. T P M Bevan (secretary). Col. Evan Hunter was secretary general of the BOA.

Read: I first did the Commonwealth Games in 1970; I was a medical officer for the England team. Basically when you went there, the criteria that governed how many doctors could go were written by either the organizing committee or the Olympic committee, so that when I then went as the medical officer to the Munich and Montreal Olympic games (but I resigned from Moscow[123]), there were only five doctors who could get into the village and live there for the teams. The basic set-up was that most of the Olympic teams would have to have these five doctors. The doctors going on it had a huge experience, of course, going round all the teams and gaining experience with every member, because you could get access to them and you could look after them. I think that it was somewhere around Los Angeles in 1984 that it became such that each of the teams could take a doctor in with it. In other words, once the accommodation was opened up, more doctors and more teams could travel with their own doctors. For instance, when I went to Seoul with the track and field, I went as part of the British Olympic team as the track and field doctor. So when you look at who was able to travel with teams, some of it was governed by the rules of the Olympic committee as to who could take team doctors to the Olympics.[124]

Heggie: Could I interrupt to say that from what I have seen of the Olympic records, it seemed to be a lot more informal early on. I mean, people like the swimming team do seem to have taken their own masseurs and physiotherapists from a very early period. I am talking 1920s, 1930s, 1940s. They had some named 'medical staff' travelling with them, but 1928 is the first time that there is an honorary medical officer going with the British Olympic team, although Adolphe Abrahams claimed that he had been going with the athletics team since 1908, when I think it was in London. So there is a slippage between what is officially recorded and what people were taking with them when they went out.

Read: A lot of teams did take their own advisory staff, medical staff, but they couldn't get into the village. So what would happen is that the athlete would then go out to the person to get treated, as opposed to the person being able to get in. In the early days, before Munich, you could get almost anyone into an Olympic village. Munich was the turning point in terms of security.[125] After

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[123] See Harman (1980).

[124] Watt *et al.* (1989).

[125] Five Arab terrorists climbed the fence surrounding the Olympic Village in Munich, Germany, on 5 September 1972. Within 24 hours, 11 Israelis, five terrorists, and a German policeman had died.

Munich, Montreal became the turning point in not being able to get people into the village. So a lot of those medical staff could be brought into the village to do the treatment, but they couldn't live there.

Galasko: At that time there was no organization for looking after athletes between competitions, and I know that it was in the late 1970s that the Sports Council set up a list of whom they considered to be elite athletes. In the north-west there were 70 elite athletes on this list, and they asked me if I would look after these elite athletes.[126] What that meant was that if they were injured or anything of the sort, the coach would phone up and we would see them the following day. They wouldn't have to wait to be referred by their GP, etc. This went on for about five or six years until they started to centralize things more.

Dr Ian Burney: Which sports were these?

Galasko: All Olympic-recognized sports.

Heggie: Sorry, did you say this was UK Sport? Was the Sports Council funding it as well?[127]

Galasko: I think it was the Sports Council that contacted me and we set it up across the north-west, and this was mainly Manchester and Liverpool. Injured athletes from those two areas would come to the clinics at the hospital where I was working, the Hope Hospital in Salford, and we would see them the next day.

Sperryn: On the subject of governing bodies, I was lucky to serve as team doctor to the British teams to the World Student Games several times after 1965. They already had a doctor on the team at the previous games and had one ever since. I was encouraged to bring a physiotherapist about 1977 or later.

I first became a team doctor on the BAAB in 1969 and they always had a team doctor. I agree there was a problem of who was allowed to stay in the village, but they had always had them. They always had a team of 'physios', most of whom weren't, and this caused a great deal of ill feeling between the professions. They had some very well-known and highly favoured masseurs,

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[126] Dr John Lloyd Parry wrote: 'UK Sport was not founded as such until 1997. It was probably the Sports Council that approached Professor Galasko'. Note on draft transcript, 28 January 2008. Professor Charles Galasko wrote: 'It was the Sports Council.' E-mail to Mrs Lois Reynolds, 29 December 2008.

[127] Dr Dan Tunstall Pedoe wrote: 'There seems to be some confusion between the Sports Council and UK Sport, which superseded it in 1996/7'. Note on draft transcript, 18 February 2008.

called physiotherapists, with no qualifications except charm, and they made a good cup of tea and looked after the worries of the team. Sharing a room with good old Ted Chappell made me realize the importance of the extra bit of team doctoring that you wouldn't have learned at college.[128] Very, very important.

Dr Malcolm Bottomley: A few years ago I was able to send out a questionnaire to the surviving Olympians from the prewar Olympics, and the object of the exercise was to try and determine what effect injury had had on their careers and what sort of medical support was available to them. My responses are somewhat at odds with the description of the BOA's declaration of medical support, in that the majority of the responses from 30 respondents indicated that they weren't aware that they had any medical support for the Olympics.[129] One of the replies that pleased me most was, I think, from a cyclist, who said if he had any serious problems he used to ask his mother what he ought to do. So, my impression from the little bit of reading that I have done about the prewar era is that, as has turned out today, there were willing and enthusiastic doctors, but there seemed to be very little organization and my impression is that the athletes were lucky if they happened, through various contacts, to know an appropriate medical source to go to.

Heggie: Just to come in here, you are quite right that what seems to have been happening is that there were these four-year panics, where you would have the medical officer there, and even in the prewar Olympics, the provision was quite extensive. At the US games of 1932 they had the first Olympic hospital, and they made a big show about having 15 different advisory departments, emergency aid, and things like that, but the support between the Olympics definitely doesn't seem to have come about again until the 1960s and 1970s, much, much later on. Although the name was there and the report of teams having the honorary medical officer, they probably only met him the day they flew out and probably only knew him for two or three weeks while they were

[128] Professor Peter Sperryn wrote: 'Ted Chappell was a highly esteemed physio in the track and field athletics world, based in Worcester Park, Surrey. While he lacked an officially recognized qualification like Membership of the Chartered Society of Physiotherapy (MCSP), he was nonetheless about the first name on a team-sheet. Having roomed with him, I admired his talents, modesty and discretion which were so useful in the midst of the usual British athletics team turmoils of that time. In fact the move towards CSP-qualified team physios led to the recognition that the group of "physios", including Ted, had to be on the teams, hence designated "masseurs", which allowed happy compromise.' Note on draft transcript, 11 February 2009.

[129] Dr Malcolm Bottomley wrote: 'This survey was a part of a project of mine in 2001 that, unfortunately, fell by the wayside. I still have the returns from the survey.' E-mail to Mrs Lois Reynolds, 9 April 2009.

there and that was it, they had no contact with him the entire rest of their athletic careers. So, it doesn't surprise me at all that they didn't really know they had any support. Definitely.

Bannister: Thinking back to 1948, the old nineteenth-century-type masseur, or 'rubber' as he was called then, was still prominent in the British athletic team; certainly Mr Mays was at Uxbridge for the London 1948 Olympic gang. I think the hope was that there would be an Olympic medical centre in the middle of the village, and any teams whose athletes had an injury could be seen at this medical centre. If you look up the records, I think you will find the doctors who were really in charge of any medical injuries and countries were not encouraged to bring all their own team doctors.

The other question was about UK Sport. I am not quite sure in which year and which sports minister decided to split the Sports Council into the 'sports for all' side, Sport England and the 'sport elite' side, UK Sport. It was long before Richard Caborn, the current Labour Government Minister for Sport (2001–07).[130] In the 1970s, we on the elite side were already concentrating on trying to give expense allowances to elite athletes to enable them to train and to make sure that they could have free physiotherapy treatment.[131] That was quite a breakthrough.

MacAuley: Could I ask Peter Sperryn to address two other questions? We all know the answer to this, but how much were you paid when you were the medical officer? And second, what was the structure of your referral process, if you had an athlete with an injury?

Sperryn: Ah, that reminds me. I can't resist a dig at famous Harold Abrahams, God rest his soul. I was team doctor to the European championships in 1971, again in Helsinki, when there was a published per diem tariff of allowances for the athletes, which was fair enough. And one of the heavy men stood up at a team meeting and said: 'Where's my ******* allowance?' To which Harold

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[130] Mr Iain Sproat MP was sports minister when the Royal Charter for Sport England and UK Sport was signed in 1996. DCMS (previously the Department of National Heritage (1992–97)) has responsibility for sport. See DCMS, Department of Education and Skills (2002)*;* Sports Council, Health Education Authority, Department of Health (1992); Department of National Heritage (1995)*;* DCMS (2001). For a list of Her Majesty's government, see www.parliament.uk/directories /hciolists/hmg.cfm#29 (visited 14 November 2008).

[131] Professor Peter Sperryn wrote: 'This was the IAC (International Athletes' Club) scheme *c.* 1970.' Note on draft transcript, 17 February 2008.

Abrahams said: 'There is no allowance, we don't have any money.' This was pursued at two more team meetings and not long afterwards one of the team management surreptitiously came round and said: 'Peter, would you be liking a bit of pocket money?' and I replied: 'I don't do this for money, but if you force it down my throat.' It turned out that the team expenses had been carried all the way to Helsinki, to be brought all the way back, until rumbled by the team. So, yes, I have been paid on one occasion for team-doctor services, but I say it was a gratuity, and not a fee!

Secondly, BAAB spent years and years leading us on about continuing medical services for its athletes, its elite. Right through the 1960s, Squadron Leader Peter Travers was lecturer at St Luke's College, Exeter. He was ex-RAF, a real physical medicine expert, a good man, but terribly frustrated, because, of course, we didn't get any money from BAAB; we didn't get any support, we got promises of a future 'one day'. The athletes were on us all the time; we took all the calls around the clock, and all the rest of it. The athletes acted and there was an International Athletes' Club (IAC), which got to grips with its own destiny for sports medicine, got sponsorship and made a very cheap physio scheme available to the athletes.[132] OK, then you found that you were getting referrals later, and the athletes were being told repeatedly about these free medical services but didn't bother to take them up. They would rather grumble about the deficiencies than lift up the phone. So that's one complicating factor.

Then you had coaches sending their boys to elite clinics in Munich or other fashionable places to semi-qualified people who gave eccentric treatments, and that was together with the belittling propaganda by journalists and coaches – even national coaches – against the deficiencies of British sports medicine. All of us have suffered that, haven't we? That's very, very difficult to fight, because it slid gradually into this new attitude: 'Oh, well, sport is rich now so it can pay for its own special needs', which we will talk about later. There's no real justification for spending public funds on free medicine for top athletes. Then, of course, everybody who does any sport gets lumped into this, and that's something else I want to raise later: the political background of trying. So what happened in BAAB? I have to say it was the athletes and a few doctors who pretty well

[132] Professor Peter Sperryn wrote: 'Derek Johnson (1933–2004, secretary and later chairman of IAC), but much push came from John B Herring (assistant director at Crystal Palace National Sports Centre), John Boulter and Mike Turner (treasurer, IAC; England cross-country runner and captain over ten years, as well as a Pugh guinea-pig for the Mexico altitude experiments!).' Note on draft transcript, 11 February 2009. See Downes (2004); Anon. (2004).

forced sports medicine upon reluctant governing bodies, whose attitude was: 'If someone doesn't sponsor it, you can't have the service.'

Read: Peter Sperryn and I were both working with BAAB about the same time. I went with lots of teams to several Olympic games and went with the hockey team on several of their world tours and so on, but was never paid by any of them. You were always expected to take it as holiday. At that stage I was working in general practice and one of my partners came out and said: 'We don't think that we ought to pay you while you are away.' That was what you were up against; I can't remember the year. But then I became a fully paid medical officer for track and field – I became their chief medical officer in about 1986 – so at that stage I was paid, and I was paid to do a job over that time, which I think has now carried on and is still being paid. So in 1986 there was the first Olympic medical officer being paid that I know of. I was also asked to be the chief medical officer for the Olympics. I had just come out of full-time general practice, and I said: 'Well, I think this job is at least four days a week for me to do it properly; how much are you going to pay me?' To which they said: 'Nothing'. And I said: 'I cannot do the job if I am trying to earn a living, and you expect me to work four days a week for free; it's impossible.' So they were not paying us even at the Olympic stage in the mid-1980s.[133]

Macleod: To deal with the money: there never was any money in rugby. I was a consultant surgeon in 1983 when I accompanied the British Lions to New Zealand for a 12-week tour as the team doctor. My employers, the South-east Scotland Regional Health Board, allowed me to save up all of my holidays for that year, six weeks as paid leave, and the remaining six weeks as unpaid leave. As was mentioned earlier, the wives and families did have to give a lot of support. From the point of view of out-of-hours self-referrals, unfortunately, or much to the family's entertainment, all players in the team had our phone number and there were some very amusing phone calls from players about their injured this or that relayed to me by my children and my wife. Scotland was always able to keep a pool of players, about 40, and they were all looked after. The physiotherapist at that time was a retired professional football goalkeeper who had trained in chiropody.

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[133] Professor Craig Sharp wrote: 'I was a member of the BOA medical advisory subcommittee from 1973 and it was a point of honour that we never submitted expenses, accommodation claims, because it was an "Olympic committee" and we should all patriotically support the BOA. I also tested 80 Olympic squads completely free in my Birmingham laboratory from 1974–87.' Note on draft transcript, 7 February 2009.

Harland: Donald, you mentioned two things about two groups of people who looked after sports medicine in the 1940s and the 1950s. Doctors conscripted into the army found themselves treating patients who were more involved in sports, because the army had little else to do than rolling around playing games. A lot of us who had been conscripted in the 1950s were in Germany, and that's certainly when I was involved in sports medicine for the first time.[134]

The other group of doctors who looked after athletes was at the universities. Malcolm Bottomley and I were GPs who provided university student health services, Malcolm at the University of Bath, while I, after some ten years as a part-timer at Durham University, worked full-time for 21 years at the Queen's University Belfast. Because our students were involved in many different kinds of sport, we had the opportunity of treating a huge variety of sports injuries.

O'Brien: Like Robin, I was an academic and I looked after all the students' sports injuries as well, but in all the years – at the student level, at government level and also at Olympic level – we never got paid a penny. I think it was in Seoul we discovered that the Canadians and the Irish were the only medical officers who were not paid a penny. I don't regret it; I enjoyed every minute of it.

Bannister: Two points: the first is the mention of assistance from the services which Robin Harland mentioned. I think that Group Captain Wynn-Parry, who ran Headley Court, was really very happy to treat non-RAF sports injuries there.[135] So, I think that was important. And someone has mentioned self-help and the IAC: this was the brainchild of Derek Johnson (1933–2004) in 1969. They showed that instead of the stylized boring BAAB events, they could organize humdingers of events at Crystal Palace and they got their own

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[134] Dr Simon Till wrote: 'Dr Robin Harland was senior medical officer at Queen's University Belfast (QUB, 1970–91) and played an active role on the sports field, becoming assistant manager of the QUB's rugby team and later, president of the club. He also served for almost 40 years as a referee and was known as "Doc Harland", making himself available at all hours to treat their injuries. He was also chief medical officer to the Northern Ireland Commonwealth games team on five occasions. One of his many achievements was to set up a sports injury service at QUB, when they were virtually unheard of elsewhere in Ireland, culminating in the creation of the sports injury clinic at QUB, in addition to the introduction of sports and exercise medicine (SEM) into the undergraduate curriculum. Today there is a Robin Harland prize, open to third year students at QUB for the best joint project in SEM.' Letter to Dr Tilli Tansey, 15 August 2007.

[135] Headley Court, near Epsom, Surrey, was the Royal Air Force rehabilitation centre run by Wing Commander C B (Kit) Wynn-Parry, an RAF consultant in physical medicine specializing in rehabilitation, in the 1960s, later known as the Defence Services Medical Rehabilitation Centre (DMRC). See Nichols (1951); Wynn-Parry (1964); Bennett *et al.* (2006).

sponsorship, they got their television money, and they used that money to do what the athletes felt was needed. Physical medicine and treatment was made available from that point.

Dr Michael Hutson: On the question of remuneration and payment, there's been quite a lot of discussion so far, quite rightly, on athletics and a bit on rugby. My interest, primarily, was soccer and cricket and my first appointment was to Nottingham Forest Football Club to work with Brian Clough in 1976. At that time, on the question of payment, which is the point at issue here, the Forest was not a board; they were a committee. When I said that I would take the job, 'You have got a good manager and if you want a decent doctor I will do the job but I wish to be paid for it.' There was a lot of muttering; I can't remember exactly what the terms were at that time, but they weren't bad, something like £4000 or £5000 a year, and I was informed very strongly that: 'You are going to be the best-paid doctor in the first division and would you please remember that and to make sure that you give the right sort of service'. So, I was with them from 1976 to 1984 (or 1985, maybe 1986), during the glory years, and also as medical officer for Nottingham County Cricket Club at that time. Again, I asked for a reasonable return, I can't remember exactly what it was, I think a few thousand pounds a year, to run the medical services for the test cricket at Trent Bridge. So, in the early 1970s onwards there were doctors demanding, or at least receiving, payment from the first-class football clubs – maybe from some of the country cricket teams – but, by and large, I think it was variable and modest.

Sperryn: When I first became a consultant in 1971, as an established BAAB medical officer, I went straight to Sir Arthur Gold, honorary secretary of the BAAB,[136] who ran it, and offered my contract, my two NHS part-time consultant sessions, to take to the board to set up and do what Peter Travers and I had been doing gratis – getting the athletes down to Loughborough once a year and doing all the routine tests. The whole point was to establish a routine maintenance mechanism for our elite squad, which the BAAB wanted. Of course, the minute that I had suggested some remuneration on professional terms, strictly according to the NHS consultant contracts – I wasn't playing Harley Street – I was sacked. It was always joked that Sperryn had a four-year cycle with the British athletics, and that's about right. I would like to compare contracts with Malcolm afterwards, because I think in 1971 I wrote his subsequent contract, together with Mike Turner's of the IAC and that was what we were trying to get for athletics then.

[136] See biographical note on page 117.

So, bear in mind the time lag. Here you have sports medicine services being forced upon governing bodies by doctors speaking for athletes and repeatedly being refused on cash and general, God-knows-what terms. So we were there first, we led them by the nose, and what you have got now is what we forced on them. The reason that they suddenly wrote cheques in athletics was that it became professional. I looked after a team with the same guys two years later, but I never saw half of my elite athletes at major games; they were in this or that deluxe hotel downtown, cruising around in white BMWs and they didn't talk to the team; they were earning tons. Suddenly an awful lot of TV money would be lost if the boys dropped out of the race at short notice, so we had to get the guys to the starting line. So, suddenly we had a value, didn't we, Malcolm?

MacAuley: Now we have reached the mid-1970s, but we have forgotten a few bits along the way, so before we move on we will go through some of the things that probably we ought to think about. Now when we are getting towards more recent memories, it is going to get a little bit more difficult to keep it all organized. I have listed a few general themes, but think about other things. We need to talk a little bit about elite sport and how elite sport developed and how that has affected the way we contributed to sports medicine.

The physical activity issue: do you remember your famous quotation, Peter? '"Sport for all" inevitably leads to "sports injuries for all". So we need sports medicine for all.'[137] Then we need to think about the development of sports and exercise medicine as an academic discipline and the various diplomas, the public versus private – that was very interesting; how we were thinking about NHS clinics, and how the football clubs were the lever that changed it then. We are going to exclude drugs if at all possible, because we would really need a two-day Witness Seminar on that topic. We need to talk about sports science applied and we need to think about physiotherapy and how the Association of Chartered Physiotherapists in Sports Medicine (ACPSM) was created in 1972.

Bottomley: I was just going to say that we have been largely talking about sports injuries in the discussion that we have just had. I certainly feel very strongly that sports medicine practitioners ought to be involving themselves in health education and healthy living, and we haven't really said very much about that.

MacAuley: That's in the general theme of the benefits of physical activity and sports for all. We need to think about the Institute of Sports Medicine also, and the professionalization of sports medicine.

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[137] Sperryn (1983): ix.

Macleod: Occupational medicine and health for athletes and professional indemnity of doctors treating professional athletes.

MacAuley: Malcolm mentioned insurance for athletes as well. We are going to start with the mid-1970s, but Malcolm, you mentioned NHS clinics and the first time sports medicine became an NHS clinic.

Read: I shall talk from my experience of that. I was privileged to go as a medical officer with the England team to the 1970 Commonwealth games and, as I said, I was able to see every sport and sit with the top people and get them to talk to me about their sport.[138] So one began to have an insight that sports medicine was also about talking to the sportsmen and finding out the skill of the sport, as opposed to just treating the injury, because you were returning them to their activity. I happened at that stage to be sitting in – because I was the second person through the general practice training course at Guildford and they hadn't really sorted it out, and they wanted me to do a casualty job but I had already done one – with Dr Yardley MacKenzie, who was Jimmy Cyriax's partner.[139] So a lot of my training was in musculoskeletal medicine, and in 1971 I then enjoyed all that side of musculoskeletal medicine and started a private sports clinic on a Monday and a Wednesday evening, in my free time from general practice. Later on my wife left a photograph of herself asking: 'Do you recognize this person'? And I realized that I was trying to do too much.

When that clinic was established I also worked as a clinical assistant in the musculoskeletal medicine clinic and from that I was then able to do a session myself, the whole of a morning as a sports medicine session in the NHS. It was quite interesting, because although I was a clinical assistant, and although Dr

[138] Dr Malcolm Read wrote: 'When I became MO for BAAB in 1986, this group of track and field teams who belonged to the IAC could get funding for treatment. This was set up by the athlete David Bedford. I then organized for the rest of the team – 200 or so – to be insured by PPP on a cost-plus basis. This was when there was a lot of money in athletics and before it became professional. In the early 1970s Crusader Insurance were going to provide a scheme linked to my sports medicine clinic in Guildford but the then ethics of advertising and medicine prevented it. The Bowring scheme mentioned by John Davies failed, I felt, because Bowring wanted to recognize only certain doctors and, of course, arguments arose as to who was competent to list the competent doctors, a never-ending circle in those days before exams.' Note on draft transcript, 18 January 2008. See Robson (1981).

[139] Dr Malcolm Read wrote: 'The duration of Guildford GP training course was 18 months: 3 months' gynaecology covering obstetrics, 3 months' obstetrics covering gynaecology; 6 months' paediatrics; and 6 months' casualty. Dr Bruce May started in October 1968 and I started in January 1969. The course was run at St Luke's Hospital, Guildford, which no longer exists as it has become part of the Royal Surrey Hospital.' Note on draft transcript, 29 December 2008.

MacKenzie wasn't there, I was covered by an orthopaedic surgeon in another hospital across the other side of town. But then we did run an NHS clinic and the advantage of that is that you then have the facilities of the NHS around you, which is vitally important when you are running a clinic. Again I was very fortunate in that I had a major cancer department, so our clinic started to have bone scans, CT scans. MRI hadn't really arrived at that time. All this, literally, on the NHS. But all of those clinics were all individually independent, as I think were those of Hugh Burry, John Davies, Peter Sperryn and Ian Adams, whom we haven't mentioned.[140] I don't know when Ian Adams converted Leeds to their sports clinic.[141] I think in the NHS, once the individual goes, the clinic goes.

MacAuley: I will ask you, Malcolm Read and Mike Hutson, to talk about how this other group, this other organization of musculoskeletal medicine, developed when you were first involved with it and its parallel track with sports and exercise medicine?

Hutson: There are a number of my generation who developed the way that I did. Initially from general practice, and thrown into general practice in Nottinghamshire, in a pit village where people came to me with headaches, diarrhoea, back pain, and it was more profitable for them to be off work at that time than otherwise. Having trained at St Thomas' Hospital, like Malcolm, and, as far as I was concerned, failed to get into Jimmy Cyriax's clinic to learn orthopaedic medicine, but simply to appear there with knee injuries, I returned to Cyriax and was trained there, and trained under others internationally.

So you mention musculoskeletal medicine, we called it orthopaedic medicine at that time. Cyriax's branch of orthopaedic medicine was very structural, based on pathomorphology, the same as orthopaedic surgery. But orthopaedic surgeons were not too keen on Jimmy, because of the treatment strategies that he used and he also trained physiotherapists.[142] Orthopaedic surgeons didn't like this one little bit. Just cutting this tale short, musculoskeletal medicine became the buzz word much later on to comply with international terminology and the British Institute of Musculoskeletal Medicine, formed in 1992.[143]

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[140] Professor Peter Sperryn wrote: 'I started an athletes' clinic at King's College Hospital (1969–71) and was consultant at Hillingdon Hospital (1971–1998/9, NHS); athletes and specialist runners' clinics with podiatrists.' Note on draft transcript, 17 February 2008.

[141] See also Appendix 2, page 87.

[142] See, for example, Cyriax (1983).

[143] For background, see www.bimm.org.uk/Information.shtml (visited 13 January 2009).

In the 1970s and 1980s our national association of doctors was the Institute of Orthopaedic Medicine (IOM). There was also the Society of Orthopaedic Medicine that had both doctors and physiotherapy members, though the physiotherapists had always predominated and that is the current situation. In 1990 there was another organization known as the British Association of Manipulative Medicine (BAMM) – incidentally all these organizations were inspired by Jimmy Cyriax – later the IOM and BAMM joined to form the British Institute of Musculoskeletal Medicine (BIMM). You invited me just to say a few words, and BIMM continues to this day.

Unlike Malcolm Bottomley – whose view, experience and commitment, like others, I respect enormously – my involvement has always been with sports injuries. I have much less interest in the general thrust of sports medicine, recognizing as I do that 'it is important', but leaving it largely to others. As far as my own development was concerned, and this is perhaps of relevance to the historians, I have always thought of the diagnosis and management of those injured in sport, whether it's at amateur or professional level, as simply being the application of musculoskeletal medicine to those injuries.[144] Musculoskeletal medicine is much more than non-surgical orthopaedics and comprises other aspects that haven't been touched upon today, but include manual medicine as seen on the continent, osteopathic treatments, chiropractic treatment and liaison with physiotherapists that hopefully we will hear more about. That is the background of how a number of us got into sports injuries. I emphasize injuries, and that is through a background of what was then orthopaedic medicine, and is now called musculoskeletal medicine.

O'Brien: I think Sally should be able to give the exact date. It was in the 1970s that John Williams was secretary general of FIMS and did an awful lot for it. At that time Britain was one of the leaders in sports medicine. But then FIMS, like most other international organizations, was full of politics as well, and there was a change. Professor Wildor Holmann became president, and I was the British/Irish representative in 1990, liaising between education of physiotherapists and other groups, and then as the president for four years (1990–94), and after that I was president of the education commission for four years and an executive member. The Swedes had set up the northwest European chapter of FIMS and this was Per

[144] Professor Craig Sharp wrote: 'Much of sports medicine was an attitude of mind. The injuries in sport were often no different from recreational or industrial injuries, the difference was that we took the injury, e.g. an ankle sprain, very seriously. A minor nuisance to an ordinary person could take an athlete out of an Olympic or World team.' Note on draft transcript, 7 February 2009.

Renstrom, Lars Peterson and Bengt Erickson comprising the Swedes, the Danes, the Finns and the Dutch, to start off with. I can't remember who the British representatives were – and then I joined the northwest chapter representing Ireland in 1980 and every year we met in a different country. We were the first in the late 1980s to look at the different qualifications for sports medicine in the various countries. At that time Graham Holloway and Roger Hackney were the GB representatives. I used to have a list of all the different courses.[145]

The Dutch were the first to have a specialty in sports medicine, where they did a year in physiology, a year in orthopaedics, a year in general medicine, and then one year with the teams. The Finns had been going for a lot longer, but most of their specialties were as a result of doing PhDs and looking at injuries. The north-west chapter was very effective, because each year it was held in a different country, and had a sports medicine conference, and so an update happened every year. When I was asked by FIMS to set up the European federation in 1993, the northwest chapter was redundant.

Read: I think the other point about FIMS at that stage – and you will have to correct me, Moira – was that it was our first push to try to get specialist recognition, because we were failing miserably through our own efforts.

Davies: May I just come in here? There was a groundswell of opinion among doctors, doctors only, in the UK, that we were not fully represented. We broke away from BASM to form the British Association of Trauma in Sport (BATS), which was quite a significant move, because a lot of doctors were very angry. They felt that there were a lot of issues to be discussed, including many that we have covered today: payment for attendance at events and full recognition, including getting the royal colleges involved, which eventually did happen at a much later date.[146] But BATS was a breakaway group and in fact it has been superseded – history has repeated itself – with the UK Association of Doctors in Sport (UKADIS) within the last few years. So the cycle goes round and round; in this case, twice.

I know we are going to cover insurance. At that time there was an effort by C T Bowring, a major insurance broking company in the City of London, who underpinned an insurance scheme for athletes and other injured sports people

[145] An undated report of the education commission of FIMS on 'Medical education in member countries of the northwest European chapter' by Professor Moira O'Brien included recommendations for a syllabus at basic and advanced levels.

[146] See Sperryn (1994).

in the UK. Unfortunately the company collapsed, but it was a determined effort to get doctors recognized, to get them paid, and also to have sports men and women insured.[147]

MacAuley: John, could I ask if you have a date for BATS?

Davies: I think BATS was 1979, 1980. There was Pat England, Greg McLatchie, myself, Leon Walkden and Dermot Crean. We ended up with about 150–60 doctors and it lasted for seven or eight years.

MacAuley: Did it have a journal?

Davies: No, we had a newsletter. We were having conferences, or symposiums if you like, about twice a year. *Medisport* was a private journal and underpinned by the pharmaceutical industry, because at the time I was doing a few years in the pharmaceutical industry, so I managed to get cover for sponsorship.[148]

MacAuley: Don't be shy about saying what you did yourself. You ran that journal, did you?

Davies: Yes, I was the chairman of BATS for a few years and I was the medical editor with *Medisport*.

Mrs Rose Macdonald: As well as Graham Holloway, I represented BASM on FIMS for 12 years on the liaison commission from 1990 to 2002, and during that time, maybe from 1994, they developed the team physician course which they ran in various countries at each of their congresses.

MacAuley: Can I ask whether anyone knows when the British Orthopaedics Sports Trauma Association (BOSTA) was established? Anyone have any idea of the dates there? [**From the floor:** Sometime in the 1980s.[149]] So we are round about the 1970s.

Sperryn: I have a few things to say about BATS, if you oil me well. Basically history has made it a bit irrelevant, because there was a conflict between whether

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[147] Marsh MacLennan Companies Inc. absorbed C T Bowring Insurance. For a 10-year review of rugby injuries, see Silver (2002).

[148] *Medisport*, a monthly journal reviewing sports medicine, was published at Gerrards Cross, Buckinghamshire, by Sportsmedica Ltd (1979–81).

[149] Dr John Lloyd Parry wrote: 'I think BOSTA probably had a founding date of 1993, as I noted Mr David Dandy to be the president then and he was the first.' E-mail to Mrs Lois Reynolds, 8 January 2008. See www.bosta.ac.uk/article.asp?article=6 (visited 8 January 2008).

you stuck to a doctors-only organization or not. I have told you already that I think BASM started as doctors interested to meet non-doctors. As things grew, it became more and more multidisciplinary, more people, more different trades joining us. In 1971 I took over as secretary and we had some 400 members. When I quit in 1983 we had got up to 1600+ and still rising, of whom about half were doctors. We were very sensitive to two things: the first was the name of the organization, and you will be amused to know that we went through a debate about titles of 'British Association of Sport' and 'Medicine and Sport' and everything else in sports medicine. The majority carried it clearly and we stayed BASM at that time. Second, we were sensitive to the need to represent doctors, especially team doctors. There were two problems: one was that we couldn't be a union and negotiate the rates, we could only make propaganda. We tried to set up a clinical team-doctors' section, and we did, and guess what? Nobody joined it, so it just withered away. There was a good reason why some of us were a little bit put out by a rival band, formed largely from within, setting up a rival organization, when they had a dormant organization, sitting there waiting in their name.

I have to add to what has been said about FIMS. I became a member of the executive in 1984, and was delegated to head an education committee that led to the formation of the education commission, of which I was president between 1984 and 1990. We set out with an international committee to draw up a syllabus, to try to formalize – universalize if you like – and propagate the courses, to lay down the syllabus and the protocol requirements (it has to be so many hours and it has to cover these subjects, if you want the FIMS imprimatur). That we did, and I published the first sponsored handbook in 1985.[150] The second appeared in 1988, and that one bears a remarkable resemblance to subsequent syllabuses in England, including the Apothecaries of London diploma.[151]

MacAuley: While you have the microphone, Peter, don't be shy about giving the publications of the Sperryn and Williams book.

Sperryn: Sperryn and Williams, Williams' second edition, was in 1976.[152]

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[150] Sperryn (1985).

[151] See Appendix 1, page 83. See also Gibberd (1991).

[152] Williams and Sperryn (1976). First edition was Williams (1962b).

MacAuley: Because I think we would all agree that those were the seminal texts in sports medicine. When did you take over the *British Journal of Sports Medicine*?

Sperryn: When Henry Robson quit in 1988, it was part of the deal that I took the journal to professional management. I have to say that Henry didn't only run all the issues and the money from his house, with his secretary and friends, he also ran courses, and published the whole journal from his kitchen table, and that should never be forgotten by history. I took it over and it was ready to be professionalized; I took it to Butterworth. The reason I took it to Butterworth was that they had a very sympathetic sports-minded director, who had published one of my books, and he took it on. So we went to Butterworth Scientific in Guildford in 1988. Unfortunately, we were all naive. We didn't just move to a luxurious office in Mayfair within the year, but within another year we found we had been taken over by Heinemann, or was it Heinemann Reed?[153] And I had to go to Oxford one day, or half-a-day, a week. Then to my chagrin in another year we were taken over by Elsevier, when I found from my colleagues in FIMS Europe that nobody would trust Elsevier with a barge-pole. So from then on I found less and less sympathy, strange and different people every 20 minutes. My director lost his job in one of the takeovers and basically the journal was in dire straits because we were just festering along. I had no support costs, other than my barest office honorarium and really no help. I identified BMJ Publishing as the best of the bunch at the time and with permission of the BASM executive started to negotiate the move to the BMJ.[154]

You may recall that I did somewhat change the face of the journal in my years as editor from 1988. Well, in my other secret life I had been medical editor of a free GP newspaper called *Medical News*, part of the Medical News International stable for ten years, and found that this was a tremendous propaganda vehicle for sports medicine and a recruiting vehicle for our BASM courses. This was a nice side-effect and a prime aggravation, because as someone who was disregarded in every way, it was always amazing to find how many people were aware of my latest criticism of officials who sponsored the negativity. That made me see the real need was not just for a regular column on sports medicine; it made me realize that people wanted the goods, they didn't want dry academia. We are all professors now, but people don't read refereed articles,

[153] Butterworth-Heinemann was a UK-based international publishing company, which became an imprint of Reed Elsevier plc in 2006, although it had been a semi-autonomous part of the publishing conglomerate since the mid-1990s. See www.elsevierdirect.com/imprint.jsp?iid=66 (visited 30 January 2009).

[154] See BASM executive committee (director's) meeting, 6 September 1994.

except if they are paid to do so. What they want is the smutty stuff I produced in the journal – colour-illustrated reviews of world sports medicine facilities, interviews with people who were the doers and shakers around the world – a magazine. That can't be academic!

MacAuley: So the *British Journal of Sports Medicine* then evolved and the sort of changes that you brought to it were just that.

Sperryn: My aim was to vulgarize it, while trying to keep improving the standard of academic papers. You have to realize that: a) nobody submitted papers at that time and at that level, because sports medicine hardly existed; b) nobody would referee and return papers within a reasonable time without payment; and c) I had no help running the journal.

What I wanted to do was to make this the one-stop journal (and one-stop magazine) of sports medicine, where you could get your academic updates. It was my job to try to make sure that the academic quality was first-class, but to have plenty of the other stuff, news and features, and, as it was the official organ of the BASM, you could get your world calendars, all the goods, from that one journal at that time. My idea was to take it over to somebody who shared that mission and wanted to expand it.

MacAuley: Just to hold you a little bit there, because you were doing this with what backup?

Sperryn: You are joking?

MacAuley: Just tell us how you did it then. You did it on your own?

Sperryn: Yes. I did recruit colleagues as section editors. And, of course, it was sometimes difficult with no incentive to get a rapid turnover. In the first place, it's always difficult, as you know, to get the articles in.

MacAuley: You started to negotiate with BMJ Publishing around 1994?

Sperryn: There was a decision to leave Elsevier. Actually it was very bad: in 1994 we gave notice of move and I sorted out a start date to go to the BMJ, but Elsevier held us to a full year after we had given notice – I thought that was a bit unethical, to say the least. Then I found out that the BMJ had been subcontracted by Elsevier to publish the last two or three issues of their contract. But we hadn't yet made a contract with the BMJ, so technically we were on the point of having no publisher and no future. And so things were getting a bit desperate. I recommended to the BASM executive that we went to the BMJ,

because I had been given specific enthusiasm and assurances of the development of the concept of the 'journomag', which is specifically why I wholeheartedly recommended that move and tried to pursue it.[155]

MacAuley: There were some difficult negotiations and then, Dan, you took over for a period of time.

Tunstall Pedoe: There were incompatibilities. I think that is probably a polite term, isn't it, Peter?[156]

Sperryn: No, I think there were no problems in negotiations until I stepped down in 1995. We in BASM were so clearly agreed and so overtly supported by the managing director of BMJ Publishing that we were going the same road that I said: 'OK, the time has come, because I have a potential long-term financial interest, I cannot negotiate any longer.' So I had nothing more to do with it, and the trustees and the rest of my colleagues conducted all negotiations for the next year.[157]

Tunstall Pedoe: Harry Thomason can tell you what happened. All I need say is that I stepped into the void and edited the journal for the last three months of 1995 during which time the editor's post was advertised (and Domhnall MacAuley was appointed, according to my records, in January 1996).

Thomason: Yes, I was treasurer of BASM by that stage. I came down to London on a number of occasions to conduct the negotiations. Peter had done the initial things. To understand what happened at that time, about 1994/5, you have got to go back to what was happening in academia. Universities were being told that they had to have research assessments and those assessments were going to be important in getting money in to universities, particularly into medical and scientific departments in a university. So the BMJ and we, the executive committee of BASM, took a decision that we would move this journal into the

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[155] The journal officially moved to BMJ Publishing for the first issue of 1996. The advertisement for a new editor of the *British Journal of Sports Medicine* was printed in the *BMJ* on 15 July 1995 with a closing date of 31 August 1995. The letter from the chairman of BASM, Mr John King, relieving Dr Sperryn of the post of editor was dated 13 July 1995, while the executive minute on this subject was dated 5 July 1995.

[156] Dr Dan Tunstall Pedoe wrote: 'The real reason for Peter Sperryn losing editorship of the *BJSM* was that the BMJ's editorial representative said she could not work with him, but I did not like to say this and neither did Harry Thomason.' Letter to Mrs Lois Reynolds, 18 February 2008.

[157] Professor Peter Sperryn wrote: 'Subsequently, I learned of my dismissal as editor of the *BJSM*, only by seeing the *BMJ*'s ad for a new editor in 1995.' Note on draft transcript, 17 February 2008. See *BMJ* (1995) **311**: 2.

arena of academic respectability. We signed a 50:50 ownership contract and the idea was that we would advertise for an editor and interview, put an editor in charge and try and bring the journal up to the level of other journals, where it would be seen as an academic journal, medical academic journal, where you could have your papers published with the proper peer review, and it would count towards the research assessment exercise. That's the decision that was taken. That moved forwards and that has not stopped in academia. Anybody who's involved in academia, anybody involved in the medical side of academia, will know that you are under constant scrutiny, and in fact I think the next assessment document goes in next year.[158]

MacAuley: It goes in November 2007. But I tell you what, we will stop there because what we really wanted to record was the tremendous achievement of Henry Robson. Peter, to whom I was kind of directing the question – but we all knew the answer – that the *British Journal of Sports Medicine* was run by Peter single-handedly for much of its recent and modern life, which was a tremendous achievement. Then Dan took over for a period of months, and then it moved into a different era. Can I ask you about something else, Peter? You were involved in another publication of sports medicine after that, which was a FIMS publication.

Sperryn: I have been touched by several FIMS publications, which come and go according to transient sponsorships, unfortunately. Then, shortly after I retired, having nothing to do, as everybody knows, I was offered to start up and edit a new commercial magazine called *Sport and Medicine Today*, with which I think most of you are familiar.[159] I set out to make a journomag to show that the principle was right and could be of a high standard. So, with money, amazingly, I could get authors, I could get referees, I could get an international editorial committee to do the business, and I could also buy in almost anything I wanted in journalistic terms – illustrate lavishly, run a news column, etc. Now, my question is why couldn't the BMJ do it with much superior standing and money?

MacAuley: How long did that last?

Sperryn: Ah, well, you see, what the commercially naive doctor doesn't know is about the poverty of standards, moral or business standards. The first guy went

[158] For December 2008 results, see www.rae.ac.uk/ (visited 18 March 2009).

[159] *Sport and Medicine Today*, the journal for concerned professionals, was published by Alliance International Media from 1998.

bankrupt, into liquidation, and six months later another bunch picked it up with real money and we were just on the verge of producing the third new issue (which was two years later), when they got taken over and the new guys sent in accountants who said simply 'not making enough money, stop it!' The third issue was ready in the press and was stopped, all costs wasted!

MacAuley: So, to record the tremendous contribution in terms of the literature. We are just going to stick to literature for a couple of minutes more. Peter, the other major contribution to the literature of sports medicine was your green book, which was entitled?

Sperryn: *Sport and Medicine*, 1983, with Butterworth, hence the link to Butterworth Publications.[160] I should say I set this up because I carried on without John Williams, who went to the middle of India to run a course for the Indian Association of Sports Medicine, and it was the image of him holding up this wonderful book which was $60, or something ridiculous, and I realized that nobody there who paid only £10 for a whole week (board, lodging and tuition) could ever afford a western book. So I set out to write a cheap one.

MacAuley: Malcolm, yours was the book that was more or less for lay people.

Read: *Sports Injuries: A unique guide to self-diagnosis and rehabilitation* was published in 1983/4, it's still going today.[161]

MacAuley: How many have you published?

Read: It went into seven languages and sold more than 100 000 copies.[162]

MacAuley: There is a point that I once heard Malcolm make, and forgive me if I can say it. You told me that every time your book was taken out of the library,

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[160] Sperryn (1983). Professor Peter Sperryn wrote: 'The project arose from the appeal of my regular sports medicine columns in *Medical News* (1976–86), but I became aware of interest among sports coaches, therapists of all types and journalists. However, the topicality of newspaper columns makes collections too patchy in a technical subject, so I had to start from scratch. My target was to offer medical and scientific accuracy to all readers in the most readable form possible. To this end, I had every word checked by an accountant friend plus one of my children. For the same reason, I sketched all the illustrations, eventually drawn up by a young freelance illustrator. In fact readership was always strong among GPs, physios and coaches. I've caught a few consultants and academics quoting from it and even found many of my pictures in other texts!'. Note on draft transcript, 11 February 2009.

[161] Read (1984).

[162] Dr Malcolm Read wrote: 'The third edition will be published in March 2009. It was the most stolen book from the National Sports Centre library.' Note on draft transcript, 29 December 2008.

you would get ½p or something; you got a cheque. Can you remember how much that cheque was for?[163]

Davies: While we are on literature, you jogged my memory. Moira just reminded me of *MediSport*. Now this was a journal that was free and had a circulation of 15 000 to general practitioners in the UK. It ran for five years and its aim was to increase the rationale of sports medicine and to create awareness among GPs. I remember interviewing Sir Roger Bannister, and many other eminent sports physicians at the time, because we had sports journalists writing as well. It was intended to increase the awareness of sports medicine.

Sperryn: You have to say that there's a difference between the free handout – and we've both done lots on that basis – and the guy who buys a book with his own money. I don't know how many John Williams sold of his first edition of *Sports Medicine* – certainly the second edition had fantastic worldwide reviews and almost no sales – we made almost no money. We had an annual letter exchange with the publishers that ran: 'How come a book, which cost $60 in the US, netted us something like £1.20?' 'Because you didn't realize that books were sold in the US on licence, but they only sent naked uncut pages across the Atlantic, minus insurance, minus freightage, and then the Americans put on the cover and charged up.' So the author got damn all. For my book *Sport and Medicine*, I started on the basis that every copy sold in the world would give me the same amount of money, and I didn't care what the publisher charged.[164] I sold 20 000 and made £20 000 out of that, full stop. You don't know what else lecture tours may be worth, but that is the going rate in hospitality rather than money. And I know that Malcolm sold four or five times more copies.[165]

Macleod: Following on from what Mike Hutson was saying, I was concerned and became frustrated treating injuries, especially recurrent injuries, and thought we should prevent them. As a result, along with Clyde Williams, Ron Maughan, Tom Reilly, Myra Nimmo and Jimmy Graham, we set up two conferences, both

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[163] Dr Malcolm Read wrote: 'The library rates for authors in those early days were something like ½p per borrowing and I received a cheque for over £100. Now, as I split the rights 50/50, this equalled a lot of borrowings.' Note on draft transcript, 28 January 2008.

[164] Sperryn (1983).

[165] Dr Michael Hutson wrote: 'My book (Hutson (1990)) was awarded the Glaxo prize for medical writing. There have been three editions, and a fourth is in progress, co-edited by Cathy Speed. Textbooks by other authors have helped raise the profile of sports injuries and sports medicine.' Note on draft transcript, 11 February 2008.

of which were published (one in 1986 and one in 1991). The first was *Exercise, Benefits, Limits, and Adaptation*s, and the second was *Intermittent High-Intensity Exercise*.[166] Much of the content of those books concerned how you could identify injury patterns and prevent them. The sections in the two books on injury management were minimal, because we felt that the majority of injuries were avoidable, an embarrassment, and to avoid them we should be working with the athletes and their coaches.

MacAuley: OK, so there are three strands to the development especially: one is the clinical skills, which we have addressed a little bit; the second is the literature; and the third is education. Let's think about what kind of education and the development of academic courses. What was the first thing that we think happened? Dan, can I ask you? When we look around here, you have everybody that I can think of in sports medicine, except one person, and that is Mark Harries (d. 2006), so before we go on, we need to mention Mark's contribution.[167]

Tunstall Pedoe: The London Hospital diploma course in sports medicine started in 1981, a most important year for sports medicine because it was also the first year of the London marathon, which I will come back to. It was a course which largely attracted foreign graduates, but taught them in the London Hospital and its clinics with a great deal of clinical exposure. A lot of people in this room have lectured on that course. Certainly, I have lectured on it for the last 25, 26 years.

The importance of the London marathon was that Chris Brasher was a member of BASM and was very interested in sports medicine. He was approached by Peter Pitt, the chairman of the GLC sports committee, who was very keen on what they did in Eastern Europe; they had professors of sports medicine

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[166] Macleod *et al.* (eds) (1986, 1993).

[167] Dr Dan Tunstall Pedoe wrote: 'The British Olympic Medical Centre was set up at about the same time as the LSMI and went to Northwick Park largely because of Mark Harries, an Olympic doctor, who made a very generous offer of space there. It was mainly used for physiological testing of Olympic athletes, but also for screening of medical problems and investigation of poor performance and then became more medical, attracting Olympic athletes from all over the country with medical problems.' Note on draft transcript, 18 February 2008. For discussion of charity status, see pages 29, 64, 65, 80. See also Appendix 2, pages 91–3; Glossary, page 132.

and institutes of sports medicine.[168] Chris Brasher said: 'We will talk to Dan about it', because I was medical director for the London marathon. Then we spoke to Peter Pitt and the suggestion was that the GLC wanted a chair of sports medicine. We said: 'If you have a GLC chair of sports medicine, you probably won't get a hospital to accept it, unless you underwrite the clinical costs, and you will probably have an Italian or a German. It won't look very good that you are spending GLC money on recruiting a foreign graduate.' So we suggested that they give the money for a limited period for a sports medicine institute.

Nothing very much happened until Emlyn Jones was brought in by the GLC and there were two years of negotiations from 1984–86. We had to set up as a charity without any money, so I had to lean on a neighbour who was a lawyer to set up the charity on a no-win-no-fee basis. We had to get an offer of space from Bart's Medical College (Barts and the London School of Medicine and Dentistry from 1995) with no guarantee that we would use it (if we failed to get the grant); we had to get a legal opinion on whether the GLC could give money for a medical institute; we had to get the space inspected by the GLC and meet the 30 conditions of the grant before we could get any money from the GLC. At one stage it had been through all the committees except one and we heard that Ken Livingstone wanted the money for the GLC's final party to which he wanted to invite the Bolshoi Ballet. We were a bit naughty and told the press that the money had been allocated for the LSMI that was being set up and the story appeared in the *Evening Standard* just before the finance committee meeting, pre-empting the decision.[169] It is a long story but I eventually got the grant for the LSMI on the day that Kensington and Chelsea put a legal moratorium on any further money leaving the GLC.[170] I only got the money because I was following the whole process through the GLC bureaucracy, which was hampered by the workers being 'pissed off', because they would lose their jobs when the GLC closed down and saw no reason to help with the grants. I met one helpful chap when I was running along the

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[168] The communications included in the proceedings of the 1970 FIMS World Congress of Sports Medicine in Oxford (Robson and Sperryn (eds) (1973)) reports the wide range of research undertaken in Eastern Europe.

[169] See Allen (1985): 32 (cols. 4–5).

[170] Tunstall Pedoe (1989). See also hon. treasurer's report of BASM for 1 January–31 December 1985 by Henry Robson (Robson (1986): 144).

canal at the River Lea[171] – he was on his bike and he asked me how things were going – and I said: 'I am getting very worried about this grant request, it's been through the relevant committees, but there's no sign of the money coming.' He said he would help and we followed the progress of the grant request from desk to desk and he told me when to come and collect the cheque.

MacAuley: What was the nascent LSMI funded by, approximately, off the top of your head?

Tunstall Pedoe: It was a five-year grant, £650 000, which was the first big amount of money going into sports medicine that I am aware of, and it came from London ratepayers, not the government.[172]

MacAuley: You were the chair of that. What other team did you have?

Tunstall Pedoe: The chair was Mary Glen-Haig, I was company secretary and medical director and we had a group of council members, including Chris Brasher and John Disley, Emlyn Jones, and, on the medical side, John King, Anthony Catterall, Professor Jerry Morris and Professor Ian Macdonald.[173] We recruited a librarian (Kathryn Walters), who set up a very useful sports medicine library and information service. We set up a physiological testing laboratory, and above all we set up an education programme (and also acted as a base for BASM education officer Nancy Laurenson).

The education programme was mainly directed at GPs and regular lectures were held on Wednesday evenings from 7.15 until 9.30. Lectures attracted over 100 people on many occasions; 40 GPs was the maximum who signed up for the three-year training course and we covered the same sort of syllabus as the London Hospital.[174] Because of our activities, the Society of Apothecaries approached us and asked if they could set a diploma examination, and so we negotiated with them, and again Peter Sperryn was involved, along with several

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[171] For illustrations of the River Lea, near Enfield, see http://river-lea.co.uk/ (visited 9 December 2008).

[172] See also discussion on page 69.

[173] *Memorandum and Articles of Association of the London Sports Medicine Institute incorporated the 18th of November 1985 under the Companies Act 1985*. Company no. 1960497, limited by guarantee not having a share capital. The two GLC councillors elected to the original council were Councillor Peter Pitt and Councillor Robert Hughes.

[174] Tunstall Pedoe (1989): 21. A list of lecturers at the LSMI between 1986 and 1992 was provided by Dr Dan Tunstall Pedoe and will be deposited along with other records of the meeting in archives and manuscripts, Wellcome Library, London, in GC/253.

other people. The Apothecaries course started in 1989 and I think it was the first open diploma examination, because the London Hospital course was purely for people who were at the London.[175]

MacAuley: OK, can I just recap on the dates? The period of negotiations was 1984–86 and then it started from 1986.

Tunstall Pedoe: Yes, we set up the charity between 1984 and 1986.[176] The cheque was received in March 1986 and we got going with the academic course that autumn. We ran the academic course from 1986 to 1992 when the Sports Council took over the London Sports Medicine Institute and made it the National Sports Medicine Institute (NSMI) and didn't know what to do with it, as far as I am concerned.

MacAuley: So, you were there until 2001, 2002, just give me a little idea of who was in charge.

Tunstall Pedoe: I was medical director of the LSMI from 1986 to 1992. We negotiated with the Sports Council about setting up a National Sports Medicine Institute (NSMI) from 1990.[177] There was lots of anti-London feeling and the BOA were not very supportive of building on the base of the LSMI. There were plans to start on a green field site outside London, but it was eventually decided that they would come to Bart's Medical College and continue following on from the LSMI. To solve the transition problems, I was company secretary of the NSMI and was asked to be academic medical director but subservient to Mr Greg McLatchie, a general and vascular surgeon, who had been appointed as medical director on the basis that he would work full-time for the NSMI, which never materialized. I found my position intolerable, as I could get no answers to questions about my terms and conditions and those of other staff at the NSMI/LSMI, and there were

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[175] Society of Apothecaries of London (1989). The Court of the Society resolved in 1988 to 'institute an examination and award a Diploma in Sports Medicine, which is open to registered medical practitioners who have worked in the field of sports medicine or have had other definite experience and attended a recognized course of instruction' (page 1). See Appendix 1, page 83. The Apothecaries are an examining body and did not run a course.

[176] For the LSMI logo, see Figure 10.

[177] 'BASM AGM Chairman's Message: BASM and the NSMI' (1992), personal document of Dr Dan Tunstall Pedoe, copy to be deposited along with other records of the meeting, in archives and manuscripts, Wellcome Library, London, in GC/253. For details of working papers leading up to the formation of NSMI, see Sperryn (1992).

Figure 10: Logo of the London Sports Medicine Institute, 1986–92.

financial problems as well. I was eventually accused of disloyalty (for pointing out the problems) and left in 1992.

MacAuley: So, Greg McLatchie then was in post from?

Tunstall Pedoe: Greg McLatchie was in post, part-time, from 1992 to 1997. And the academic programme at the LSMI ceased.

MacAuley: OK, now can I bring Barry Hill in and maybe he could fill in a few details on LSMI and NSMI, during that time.

Mr Barry Hill: There is a strong link. My background is education and not medicine. I was brought in initially as a temporary replacement for the existing education officer, Nancy Laurenson, for the BASM education programme. I developed that programme linked with the executive and also became executive officer for BASM. That was interdisciplinary and was aimed not only at doctors and healthcare professionals with an interest in sport, but also those doctors and healthcare professionals who wanted to take their interest further.

MacAuley: Dan has been very polite. I think it is fair to say this whole episode was very challenging and not without its difficulties. I think that is important to record for history. We needn't go into the details, but it was very uncomfortable, I am sure, for Dan and for all the people involved. Now, Barry has mentioned the things that were happening in parallel at BASM and, Dan, you also mentioned at the same time the London course. Could I ask you to tell us a bit about the

London course, the people who lectured on that, because I think the people who lectured on that course were the main movers and shakers in sports medicine at that time in the London area. Is that fair to say?

Tunstall Pedoe: There are a lot of people in the room who lectured on the London Hospital course. They brought in people from a long way off.

MacAuley: Would you like to name them?

Tunstall Pedoe: Malcolm Read, Mike Hutson.

Sperryn: Can I just come in? You need to specify which London course you mean, because people use the same term. There was the London Hospital course and the LSMI course.

MacAuley: Talk me through it, because you are the key people who were there. Tell me about the different things.

Tunstall Pedoe: The London Hospital course recruited a lot of people from Mike Hutson, Malcolm Read – Moira, you lectured on it. I think it attracted people from all over. I could give you a list of the 200 LSMI lectures, if you like, but you obviously wouldn't like me to read them out.[178] Again, we recruited people from all over, including a lot of people who lectured on the London Hospital course, and, interestingly, one of them said: 'I don't think I ought to lecture on a course based at Bart's, I am a London man.' So, that was an interesting reaction. As I say, we had about 40 GPs maximum, a lot of whom took either the Society of Apothecaries' diploma, or the Scottish diploma eventually.[179] There was a lot of keenness by GPs to get some training in sports medicine, which was accessible to them on a Wednesday evening at 7.15 pm, and we had people coming from Portsmouth by train to attend from 7.15 to 9.30 pm. How they got home again, I don't know.

The original person who was responsible for setting up the London Diploma was Professor David Ritchie who took it through the relevant academic and hospital committees, but the people pushing it forward were Basil Helal, the orthopaedic surgeon, and John King, the senior lecturer in orthopaedics.[180]

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[178] One hundred and ninety-nine lectures or tutorials were arranged for the LSMI (1986–92).

[179] The two diplomas started in 1989. See Appendix 1, pages 83–6; Edmond (1990); Glossary, page 136.

[180] See reminiscence from Mr John King, Appendix 2, pages 88–90. For details of the current programme, see www.smd.qmul.ac.uk/sportsmed/programme/index.html#programme (visited 26 November 2008).

MacAuley: Was it really the first diploma in sports medicine course in the UK?

Thomason: I was an external examiner on that course for a number of years and, because many of the students were from overseas, they had to do a project. One of the students was from Australia, and we got the Senate of the University of London to agree that we could conduct the viva by video link, the first ever. We went to the British Telecom studios somewhere in the City and we linked up with this young man in Melbourne and I remember it took about an hour and a half, we had the screen split, so we could all see the project, and we went through it. At the end of it, we congratulated him and the representative of the university senate congratulated him and asked: 'Are you going to go out and celebrate?' And he said: 'What, at this time of night? In Melbourne? You must be joking.' That was the first ever video link in this country.

Sperryn: Two things: one is a little codicil, to make it absolutely clear that the LSMI, the London Institute, got its money only because Ken Livingstone had this little thing against Margaret Thatcher and wasn't letting her take over any residual GLC money. Is that correct? You need to know that it didn't come out of the government, the Sports Council, or sport.[181]

Macdonald: The doctors from all the courses, including those from John King's course at the London Hospital, came to our sports injury centre at Crystal Palace twice a week to get hands-on experience with the athletes, because we only treated sports injuries in our clinic so there was a huge influx of athletes there every week. Also, the GPs on Dan's course came to our clinic as well, and we provided patients for them to do their mock exams. Also the doctors from the Bath course used to come up to us for a one-week attachment for hands-on experience with the athletes, and to work alongside the physiotherapists. This worked both ways: the physios learned from the doctors and the doctors learned from the physios, assessments and rehabilitation, etc.[182] It was good.

MacAuley: Was the London course multidisciplinary?[183]

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[181] See pages 64–5.

[182] Macdonald (1990). See also the Chartered Society of Physiotherapy at www.csp.org.uk/ (visited 21 November 2008).

[183] Dr Dan Tunstall Pedoe wrote: 'The London Hospital diploma course in sports medicine was attended only by doctors.' Note on draft transcript, 18 February 2008. The 12 students on the first course in 1982/3 were all medically trained. The list of these candidates will be deposited with other papers from the meeting in archives and manuscripts, Wellcome Library, London, in GC/253.

Thomason: May I just say, to put it into context for the historians, we were talking a little while ago about the way in which individuals were doing certain things, and there was a groundswell of people who wanted to get involved in sports medicine. Between a number of organizations, particularly university departments and the regions like Scotland or the north-west of England, one-day courses started to be set up.[184] Some of these proceedings were published, some were not. Then people started to put on modular courses, and BASM started its introductory course in 1975. I lectured on that with John Williams and Peter Sperryn at Brunel University, in 1976, I think. Ian Adams was one of our first students.

There was a groundswell of people around the country who had a genuine interest in learning more about the discipline, and that's where the courses came from. They started in Bath, at the London, and then at Nottingham, with Dan's course (LSMI) as well as the Apothecaries. Suddenly these courses started to crop up, and many people contributed to those courses, almost all at their own expense. They sometimes got travelling expenses to attend them, but it showed the number of people who had a genuine interest, and those had doubled and trebled over the years. So this was going on all round the country, a groundswell of people who were interested in learning more, and the courses were starting to provide this information.

MacAuley: I think it's important to record the contribution of Peter Sperryn in those early BASM courses,[185] and Clyde Williams – whom I remember jogging in the park in Loughborough in the early 1980s – and Harry Thomason, of course, who was very keen.

Sperryn: The BASM set up its first courses in Loughborough in 1975, following the FIMS syllabus. For obvious reasons which we now appreciate, we got 75 people, mostly GPs and one or two physios. I should say that I had tried to organize a similar FIMS course at Crystal Palace (the Crystal Palace

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[184] Professor Harry Thomason wrote: 'BASM Scotland ran a series of one-day conferences based at the Scottish Sports Council residential facility on the Clyde (1970–80). BASM north-west's series of one-day conferences were run at the University of Salford (1965–76).' Note on draft transcript, 14 January 2009.

[185] Professor Craig Sharp wrote: 'Dr Peter Sperryn ran a pioneering athletes' clinic at the Hillingdon Hospital and a superb annual sports medicine/sports science weekend seminar held in the nurses' training school theatre at the hospital over several years (*c.* 1980–85). I was one of the lecturers and what made it completely unique was that we each had to give the same lecture twice – at two different levels – one for doctors, the other for coaches and competitors.' Note on draft transcript, 7 February 2009.

National Sports Centre) in 1969 and had to cancel because there were only four applicants, all from the Nordic countries. In the years between 1969 and 1975 there was this groundswell and, I dare to say, it was not unrelated to changes in remuneration patterns in general practice, because Section 63 had come in, whereby GPs started being remunerated for certified attendance.[186] Well, honestly, if you got the choice of advanced hepatology and sports medicine, what would you want to do?

MacAuley: I think we had better move on to the education.

Macleod: A brief summary of the Scottish education. In 1977 the first Section 63-funded GP training course was held in Edinburgh and thereafter, in addition, we ran a week-long residential course at the Dunfermline College of Physical Education for seven years, 1983 to 1990. The 1977 course still continues as a one-day general sports medicine meeting rather than a structured course. Thereafter I had managed to catch the interest of the Council of the Royal College of Surgeons and various other postgraduate bodies in Edinburgh. Following the 1986 Commonwealth Games in Edinburgh, all three Scottish Royal Colleges – Glasgow and the two Edinburgh colleges – got together. It was the first time they had ever run anything together, and they set up the Scottish Royal Colleges Board for Sports Medicine.[187] After a year, having agreed and published a syllabus, the board established their diploma exam, which is where the diploma exam came from.

The teaching programme associated with the exam was the course at the Dunfermline College, but also BASM Scotland set up a series of tutorial programmes in Glasgow, Edinburgh and Dundee, which various candidates were able to attend. But there's no doubt that the LSMI, the London Hospital course and Bath distance learning course were the main sources of candidates for the exam. Latterly the BASM established a series of pre-examination

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[186] Section 63 of the Health Services and Public Health Act 1968 required general practitioners to attend postgraduate education courses covering any aspect of their terms of service, including many non-clinical subjects, the costs covered by the Treasury. See, for example, Steel (1972); see also Department of Health and Social Security (1971). A 1980 editorial in the *Journal of the Royal College of General Practitioners* stated: 'Section 63 is important, not just because it provides lecture fees and some overhead expenses for organizing educational activities, but more important still because it provides a reasonably fair reimbursement of expenses incurred by general practitioners and vocational trainees attending these courses.' (Anon. (1980)).

[187] See notes 192 and 213; Appendix 1, pages 85–6.

cram courses – I don't know if they still continue – but they were held in Sheffield, were a week long and candidates were put through their paces, not just with sports medicine, but they all had to pass life-saving skills and to have a very good working knowledge of exercise patho-physiology. I think one of the essential differences between the Society of Apothecaries exam and the Scottish Royal Colleges exam was the depth of physiology they had to have.[188]

MacAuley: Can I hold you there for a second, just to get the dates. Dan, can you remember the dates? I should remember the Society of Apothecaries exam.

Tunstall Pedoe: The first was held in June 1989.

MacAuley: Then the first Scottish combined colleges was when?

Macleod: December 1989.

MacAuley: The first Apothecaries exam had one candidate. The next one had about eight candidates. The first Scottish Diploma exam had six candidates.

Macleod: The exam rotated between the three Scottish royal colleges, with an average of six candidates in the early years. It averaged out about six for the initial three diets (period of examinations) a year. It went down to two diets a year when the candidate numbers increased. The Intercollegiate Academic Board of Sport and Exercise Medicine (IABSEM) appeared on the scene in 1999, and took over the Scottish exam and the Apothecaries gave up their exam. The IABSEM replaced the two exams, so there was a single diploma examination as of 1999.[189]

MacAuley: Now lots of people want to come in, so I will take Dan first.

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[188] Dr Dan Tunstall Pedoe wrote: 'As I point out later, the difference between the Scottish Royal Colleges exam and that of the Society of Apothecaries was not the amount of exercise physiology, but the emphasis of the Apothecaries exam on having real sports injuries in the examination, whereas the Scottish Royal Colleges exam often had scenarios and resuscitation played a larger part. The Society of Apothecaries stipulated a period of recognized sports medicine education.' Note on draft transcript, 18 February 2008. See the Society of Apothecaries of London (1989) and Appendix 1, pages 83–6. For the specialty training curriculum for sport and exercise medicine, 2007, see www.fsem.co.uk/DesktopModules/Documents/DocumentsView.aspx?tabID=0&ItemID=31930&MId=5261&wversion=Staging (visited 11 December 2008).

[189] Macleod (2000); Cullen and Batt (2005). See also note 213.

Tunstall Pedoe: Physiology was an important part of the LSMI course and the Apothecaries exam. Craig Sharp was one of the examiners and when we tried to get recognition for the sessions we did in exercise physiology, both on BASM courses and at the LSMI, it depended on whether the GP tutors recognized it. We were told that exercise physiology had nothing to do with general practice. I wrote to the Royal College of General Practitioners, saying that I could not believe that everyone whose leg was put in plaster was not subject to changes related to exercise physiology as was anyone in training. I sent the letter; I got an acknowledgement, but never got a reply.

Hutson: A brief comment. Harry mentioned Nottingham with a few more brief comments. I was involved in some early discussions about the development of the sports injury course in Nottingham. Strange as it may be, looking back, I was one of a number of deans of the Institute of Sports Medicine that Peter Sebastian recruited. My tenure lasted from 1988 to 1990, I think, and during that time we had some discussions, and credit should go to Professor Angus Wallace – he should be recognized – who then took on this course. And, of course, he has expanded his department there. I guess that must have been in the early 1990s when the initial course started. Not only that, but with reference to the Royal London College course as well, it's worth mentioning that NHS clinics were held, free clinics, to amateur sports people both at the Royal London and at Nottingham. The department at Nottingham, with which I no longer have any association now, is now run by Professor Mark Batt, and has continued to expand over time.[190]

Davies: While this surge of medical education in sports medicine was going on, I was being an examiner, with Donald Macleod up in Scotland and with Moira O'Brien a few times in Ireland. I thought the obvious thing was to get Wales involved. We did this in the late 1990s, just about the time of the 1999 Rugby World Cup. To cut a long story short, it involved the University of Wales College of Medicine and the University of Wales Institute, Cardiff, bringing together the sports scientists and the clinicians to put together a postgraduate course for a diploma in sports medicine and an MSc, and that is still running now.[191]

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[190] See, for example, Kordi *et al.* (2005).

[191] Professor Harry Thomason wrote: 'The early conferences were not published, apart from the *Medical Aspects of Boxing* (Bass *et al.* (eds) (1965)) and the proceedings of the FIMS World Congress of Sports Medicine in Oxford (Robson and Sperryn (eds) (1973)).' Note on draft transcript, 14 January 2009.

Bottomley: I don't think the BASM courses and the London Hospital course can be praised too much. I have always looked on the London Hospital course as the sort of gold standard of sports medicine teaching. But we in Bath decided to set up a teaching course in 1992, and we were attracted towards the idea of presenting sports medicine education in this way because Bath University had a department of distance learning. We made two very deliberate decisions when we were setting up the course: one was that it was going to be for doctors only, because we felt that the needs of doctors and physiotherapists diverged in various ways, and the second decision was that we were unwilling to set up another qualification, because that would tend to dilute other initiatives that were already in place.

MacAuley: OK, the big difference about the Bath initiative was the big distance learning component. There is another postgraduate course we need to mention as well. Moira, do you wish to mention your course?

O'Brien: Yes, 1990 was the first year we ran a diploma, but the following year we converted that into an MSc at Trinity College Dublin, a full-time MSc for physios and doctors and it's still running. There is a large component of research in it, which is very important.[192]

Macleod: To clarify one point: candidates who successfully completed the Bath course were exempt from Part 1 of the Scottish Royal Colleges Diploma examination, but when it became an IABSEM diploma that exemption was withdrawn. Secondly, I think Professor Stewart Hillis will be most disappointed if I don't mention Glasgow. In 1993, Professors Neil Spurway and Stewart Hillis set up an undergraduate intercalated honours BSc year in Glasgow for medical students in sports science/sports medicine. I think that's the first (and possibly still the only one in the UK) for undergraduates.[193] It was built on to Neil Spurway's BSc programme for sports science.[194] In 1993, at the same time, they set up the Glasgow University MSc programme in sports medicine. Clyde would possibly have some more details about what has happened in Glasgow

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[192] For details of the Dublin course, see www.medicine.tcd.ie/anatomy/postgraduate/sports-exercise-medicine/aims/ (visited 11 March 2009).

[193] Professor Craig Sharp wrote: 'Not quite. The University of St Andrews had an optional sports science module in their pre-clinical course, which I believe transferred to Manchester for their clinical training. This was in the late 1970s–early 1980s, well before Glasgow – although Glasgow was the first with a full intercalated BSc.' Note on draft manuscript, 7 February 2009.

[194] See, for example, Whyte *et al.* (eds) (2006).

– it was run jointly by Glasgow's three universities for a few years. Currently (2007) it is back being run by Glasgow University.[195]

MacAuley: There are two things which we possibly need to cover before we forget them and that's the British Olympic Medical Centre (BOMC) and the Institute of Sports Medicine. I will ask Mike to talk about the Institute of Sports Medicine. If someone could think about what they would like to say about the BOMC, because it is important to recognize that contribution.

Hobsley: I am delighted to be here, although I am supremely well-qualified not to be here. My greatest attainments in sport, as somebody doing sport, was second boat and second cricket eleven, of my college. My only claim to have done anything in sports medicine before 1993 or 1994, was that I was an examiner on the London Hospital course for several years. In about 1992 I was approached by Sir William Slack, who happened to be my usual wicketkeeper in the occasional cricket team that I ran at the Middlesex Hospital, to come to a meeting at the Institute of Sports Medicine. The meeting was held in the Linnean Society building, which is the first building on the left as you go through into the courtyard of the Royal Academy of London. The board processed through the usual academic hoops: prizes were awarded, honorary fellows inducted under guidance from the official orator. The structure of the Institute was one of a limited liability board and an academic council. The latter met very infrequently. Peter Sperryn has said that, as far as he knew, the Institute of Sports Medicine did nothing. That was in the 1960s. Well, I don't

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[195] Dr Dan Tunstall Pedoe wrote: 'Barts and the London School of Medicine (Queen Mary) have had an intercalated BSc in sports medicine for at least four years, which has a greater emphasis on sports medicine than the Glasgow course, which is largely sports science.' Note on draft transcript, 18 February 2008. For details, see www.smd.qmul.ac.uk/undergraduate/intercalated/sem/index.html (visited 16 December 2008). For one description of the relationship between sports medicine and sports science, see Moore (1987). Professor Craig Sharp wrote: 'I came in as one of the founders of UK sports science in 1971 and was, from the start, in the thick of sports medicine evening courses and short conferences and courses, a member of BASM and indeed a committee member of BASM (1975–80). And on the BOA medical advisory subcommittee (1973–*c.* 1992). I never experienced, nor ever even heard of, the slightest antagonism between sports medics and sports scientists. Never. Plenty of conflict between sports coaches and physiologists, for good reason, the physiologists were often very high handed. I met with the greatest friendship and cooperation wherever I went, from my sports medic colleagues. I was, of course, in the sister profession of veterinary medicine and had worked with animal athletes – racehorses, racing greyhounds and pigeons – and taught physiology and pathology in Glasgow, Nairobi and Birmingham to medical students as well as vets. But many medics didn't initially know that. I've found sports medics a delight – from Lord Porritt and Sir Roger, across a broad board to Peter Sperryn and Dan Tunstall Pedoe, and all the BASM members and BOA medical committee medics and sports governing body medics.' Note on draft transcript, 7 February 2009.

know at all, because this was my first introduction to sports medicine, but that year, 1992 or 1993, something like that, they awarded two prizes. One of them was called the Duke of Edinburgh prize, which had been instituted in 1990. And the second was the Sir Robert Atkins award, which represented not less than five years' hard work, in at least one or two different specialties of sport. Later, in 1995, the Prince Philip gold medal was advertised, and it was only awarded once in 1996.

I do hope that somebody in this room remembers that occasion, because I myself believe that that was the occasion that really put sports medicine on the map in the hierarchies of British medicine.

MacAuley: Yes, I was there. It was awarded to Professor Archie Young, and there were quite a number of the great and the good there. But I think that a really pivotal moment was the dinner.[196] Would someone like to address the dinner?

Galasko: Before you talk about the dinner, I think you have to go back one year earlier, because in 1995 the Institute of Sport and Exercise Medicine set up a working party to look at the future of sports medicine. The working party produced a document that put forward a variety of proposals, including the development of the faculty, the specialty, etc.[197] That report went to the Conference of Royal Colleges and Faculties (Academy of Medical Royal Colleges from 1996), and they turned it down. It was the following year that the dinner was held.[198]

Macleod: It was a remarkable year because the NSMI and the ISM set up a meeting chaired by Professor Sir Norman Browse who was president of the

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[196] MacAuley (1996).

[197] See also note 207.

[198] Professor Charles Galasko spoke at the launch of the specialty and the new faculty of the Royal College of Physicians of London on 11 September 2006 (see www.fsem.co.uk/DesktopModules/Documents/DocumentsView.aspx?tabID=0&ItemID=32010&MId=5261&wversion=Staging (visited 21 November 2008)). He noted that no doctor starting training in 2006 could be on the specialist register before the 2012 games, as the specialty has only nine funded registrar posts (three starting in 2007; two in 2008; two in 2009, etc.); and no additional money was granted for top-up training via the Postgraduate Medical Education and Training Board (to be merged into the GMC by 2010) without commercial sponsorship. For details of the proposed qualifications and the curriculum, see www.fsem.co.uk/DesktopModules/Documents/DocumentsView.aspx?tabID=0&ItemID=31930&MId=5261&wversion=Staging (visited 2 December 2008). Clinical pharmacology was granted its own faculty of the Royal College of Physicians in 1989 (Reynolds and Tansey (eds) (2008a): 28) with 25 training posts approved in 1993 (Reynolds and Tansey (eds) (2008b): 42).

Royal College of Surgeons of England at that time, to discuss the way forward for sports medicine. The NSMI took over this working party but they really didn't understand how medical royal colleges worked and they offended them. It really did fall very flat, and it was an extremely dangerous time. Professor Sir Robert Shields was president of the Royal College of Surgeons of Edinburgh at that time and a member of the Conference of Medical Royal Colleges. His ear was burning hot by the time various people had stopped twisting it, mainly me.[199] ISM set up the presentation of the Prince Philip lecture followed by the dinner. It was a brilliant dinner, because the Duke of Edinburgh had the chairperson of the Conference of Royal Colleges and Faculties (Academy of Medical Royal Colleges from 1996) sitting next to him. When he was speaking, he turned to her and asked: 'Why aren't you doing anything about sports medicine?' Dame Fiona Caldicott said: 'We will do it, sir.'[200] That was an absolutely pivotal moment, because immediately after that dinner the conference set up the shadow board for sports medicine, with Dr Mike Brindle, then president of the Royal College of Radiologists, as chairman. This was a remarkable choice, because a) he was a super chap; and b) he had no baggage and was able to work from a clean piece of paper.[201]

Hobsley: May I complete that? Peter Sebastian was a pretty remarkable man. I know he was not everyone's cup of tea. But let me tell you just a wee bit about him: first, it was his influence that brought the Duke of Edinburgh into our fold. Second, Sebastian had been parachuted behind enemy lines during the Second World War in the Balkans and – the poor chap died just recently – was probably the last Englishman to fight a real duel. Very fortunately – the serendipity of nature – he had been a fencing blue at Oxford, and won this contest. He didn't kill the other man; it was just a little blood wound. So he was a remarkable candidate in many ways.

His problem was he had a burning desire to establish sports medicine, but hadn't the least idea how to go about it. We can say that with hindsight now. He didn't understand what I felt was so important, that we can have all the courses

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[199] Dr Malcolm Read elaborates on the Diplomates group in Appendix 2, page 91. His papers on the role of this group in the political negotiations behind the establishment of the IABSEM in 1999 will be deposited along with other records of this meeting in archives and manuscripts, Wellcome Library, London, in GC/253.

[200] See Biographical note on page 115.

[201] For details of the progress of the Faculty's arrangements with the Academy, see www.aomrc.org.uk/aomrc/admin/summaries/docs/Briefrep78905.pdf (visited 17 November 2008).

we like; we can teach all we like; but what are we going to teach? There's only one way to decide that question in modern medicine, and that is to have both graduate degrees of doctor of philosophy in subjects connected with research in sports medicine. That is the way forward for us; that is the essential thing to do. When Peter Sebastian was told by his doctors that he must pull in his horns a bit, we at the ISM moved to University College Hospital, as it then was, part of the Middlesex Hospital, where I still had an office by virtue of the kindness of my successor: we had one chair, one desk, a telephone with an answerphone and this was all in a room with other people, but we were able to have our meetings in a seminar room on the ground floor.

MacAuley: The seminar room was an unusual room. Very few seminar rooms are eponymous rooms, but this room had a title. What was the title?

Hobsley: All right, it was the Michael Hobsley seminar room. And then that's when the academic side of the Institute of Sports Medicine heightened, really took off and UCL started a course in sports medicine at postgraduate level and that goes on still.[202] It is based at the Whittington campus of postgraduate medicine.

I would say that the only real help Peter Sebastian had in the early days was from Sir Victor Goodhew.[203] I think they had been colleagues together on the Greater London Council or something like that, or Kensington and Chelsea, and, of course, Sir Victor Goodhew was related to the famous swimmer.[204] I think he would have done so well if only he had had a little encouragement in the right direction. Apparently he never got it. I know he wasn't everybody's cup of tea, but I think we should remember Peter Sebastian very nicely.

MacAuley: Let's move a little bit away from education to talk about careers outside the NHS. I think this is important, because we have talked about clinical development within the NHS, but a lot of what happened to lever

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[202] The UCL postgraduate course, an MSc in the department of surgery at the Whittington campus, has been given since September 2000 as a result of the recommendations of the working party of the Institute of Sports Medicine and UCL. See Anon. (2001).

[203] Sir Victor Goodhew Kt (1919–2006) was a member of Westminster City Council (1953–59), represented the Cities of London and Westminster on the London County Council (1958–61) and a member of parliament for St Albans (1959–83). He was chairman of the board of management of the Institute of Sports Medicine (1982–2006).

[204] Duncan Alexander Goodhew MBE (b. 1957), a British Olympic swimmer, won gold in 100m breaststroke and bronze in the 4×100m medley in the 1980 Moscow Olympics.

Figure 11: The top table at the Duke of Edinburgh's conference on sports medicine held at the Royal Institute of British Architects, Regent's Park, *c.* 1970s. L to R: John Williams, Ian Adams, the Duke of Edinburgh, Stuart Carne.

sports medicine forward happened outside the NHS. We talked about NHS jobs, but some people went privately, then the soccer clubs began advertising. So would someone like to talk a little bit about that?

Read: I think there were two definitive groups in sports medicine. There were those who had a career that was paid for by the NHS, and those who jumped. I can see John Davies sitting here; Mike Hutson and I certainly jumped. That produced a lot of problems, because neither Mike nor I had specialist recognition, but I think John did via his rheumatology. The most difficult thing for someone trying to set themselves up as a specialist outside the NHS was obtaining specialist recognition. I have documents from many years to prove it.[205]

Essentially, BUPA and PPP required that you had worked six years full-time to gain this recognition, or ten years part-time. That presented a lot of problems to anyone working in this field. Norwich Union would not accept anyone working in sports medicine or in musculoskeletal medicine, which of course meant that

[205] Dr Malcolm Read donated a number of papers concerning the private practitioners' fight for recognition as specialists by private insurance companies, which will be deposited along with other records of the meeting in archives and manuscripts, Wellcome Library, London, in GC/253.

most of us then had our career or our financial future threatened.[206] Because of this, a lot of the problems of communication then occurred, which, I think, was the start of UKADIS, where most of the people who were negotiating for BASM from a position whereby they had a future – they were paid – and time was not as desperate as it was for those who were outside the career structure in the NHS. I think that rather like BATS, so UKADIS appeared for the same reason, that there were a lot of people who had jumped the NHS and whose only way of earning money was obviously working privately. We were then required to have a much more specialized way of teaching that was related to our jobs, our future and our existence. I think this was an essential part that should be recorded, that there were two very different sections that were driving sports medicine: those who had a job and an interest in sports medicine and those who had totally and utterly committed the whole of their career to it, their family's future to it, and the survival that came from it.

I would like to say that John Davies, Mike Hutson and myself set up a clinic in 1986 (first in Harley Street, London; later at the Gardens Health Club just off Regent's Street, London), dealing with sports injuries, isokinetic dynamometer, Marquette breath-by-breath analysis, treadmill, exercise ECG, blood lactic acid, coronary rehab and occupational medicine.[207] This became Sports and Fitness Assessment Ltd (SAFA) from 1990 and moved to the London Bridge Hospital, then to St Thomas's Street. It was taken over by Sir John Beckwith and is now the BUPA Wellness Musculoskeletal Medicine Clinic at White Lyon Court in the Barbican, where it employs something like five full-time musculoskeletal medicine people. We have podiatrists, surgeons with psychiatrists, numerous physiotherapists, osteopaths and chiropractors, and I think this has all been achieved outwith the NHS, and I think it should be established that there were two major different professional needs that were running through the whole of this time that we are talking about.

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[206] Letter from Dr Malcolm Read to the Specialist Training Authority, 27 April 1996; letter from Dr Malcolm Read to Rt Hon David Hunt MP, n.d., indicated that at that time the provident societies would grant individual specialist recognition to a doctor with a diploma or an MSc in sports medicine who had worked four years full-time or eight years part-time.

[207] Norwich Union defined a specialist as one who 'has at any time held a substantive consultant appointment in that speciality in an NHS hospital or holds a Certificate of Higher Specialist Training in that specialty issued by the Higher Specialist Training Committee of the relevant Royal College or faculty', letter to Dr Malcolm Read, 18 October 1993. Norwich Union had withdrawn Dr Read's recognition as an associated specialist of three years in August 1993. For the background to the changes in specialist recognition, see Glossary, page 136.

MacAuley: We need to record the contributions of some people: Mark Harries, who else have we missed out? [**From the floor:** BOMC.]

Tunstall Pedoe: I only had some contact with it (BOMC) when I wanted people investigated and sent them over for physiological testing. Mark Harries was medical director there. For how long? I really can't fill in the dates. But he was a lively character, as you all know, and is much missed now.

The BOMC was set up as a charity in September 1987, and, like the LSMI, it was told that it had to accept anyone who was referred to it, an interesting conflict of aims. The NSMI, having been set up to relate to all exercising people, was then criticized by the Sports Council for not doing enough for elite sport, and eventually closed down. The BOMC (the Olympic Medical Institute from 1999), again because of its charity status, had to test anyone who was referred to it, and now specializes in elite athletes. But there may be other people who know more about this than I do.[208]

Hutson: Briefly following on from what you and others mentioned before about the difficulty with NHS clinics and what Malcolm Read was mentioning with respect to the division of labour between those who did have NHS commitments and those who did not. Clinics from the 1970s onwards were very difficult to develop within the NHS, not least because of the fact that most of the established disciplines – orthopaedic surgery, for instance, rheumatology maybe – did not countenance the development of those clinics, and, of course, money was scarce, which continues to be the case, and hopefully will change.[209] I wanted to make another point, which is that Malcolm has mentioned a number of people in this room and outside of this room who developed their services and used their services in the private sector. This is not necessarily simply because that's the way that they felt that they wanted to go, but that that's the way that they had to go if they didn't have a specialist appointment in the hospital. The unification of services such as sports medicine, musculoskeletal medicine, and now occupational medicine, has in part been the consequence of

[208] Dr Dan Tunstall Pedoe wrote: 'The ISM, the LSMI, the NSMI and BOMC all achieved charity status, all of which theoretically were to benefit the general public, not just elite athletes, and so were supposed to cater for the average athlete. The Sports Council vacillated between encouraging "sport for all" with their health and fitness subcommittee and being criticized by observers for not doing enough for elite athletes. This criticism was eventually levelled at the NSMI and it was eventually closed down by UK Sport for this reason.' Note on draft transcript, 18 February 2008. See also McIntosh (1987): 183; McIntosh and Charlton (1985).

[209] See, for example, Davison and Ryan (1988); Sperryn (1991).

the development of services that have developed in the private sector as much as in the NHS sector.

Galasko: The BOMC did cause a lot of damage to athletes outside London, because once it was developed, the monies available for treating athletes in the provinces disappeared, and so when we had athletes in Manchester who required treatment, we could refer them to London, but there was nothing for their travel expenses, accommodation in London, or anything of the sort. We found it increasingly difficult to obtain treatment for elite athletes because of the lack of the funding once the Olympic Medical Centre was established in London.[210]

Professor Monty Losowsky: Firstly I confess that I am not in the field of sports medicine. I am a retired professor of medicine. In considering education about sports medicine and its history, I think we ought to aim at more than education of the medical profession. I say this because, in retirement, one of the things I do is act as executive chairman of the Thackray Museum of the History of Medicine in Leeds.[211] This is an independent museum for the general public on matters of medicine and its history. We have a wide range of displays, but none on sports medicine. We have had, in the ten years of our existence, an enormous number of lectures and study days and so on, but nothing about sports medicine. I wonder if anybody knows whether there is a museum, or a museum display or some other effort, directed at interesting and educating the general public in the matter of sports medicine and its history?[212]

MacAuley: There are three things I would like to say and the first one is just reflecting on looking at you guys around the room to say thank you, it has been such a privilege throughout my career to have worked with you all. I know you all very well and it's been absolutely fantastic on a personal note to have this opportunity to say 'thank you'. I would also like to thank you for your contributions today at what has been an absolutely fascinating meeting.

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[210] Professor Charles Galasko wrote: 'This subsequently improved when funding for private treatment for elite athletes became available.' E-mail to Mrs Lois Reynolds, 29 December 2008.

[211] The Thackray Museum was established in a former workhouse building of the St James's Hospital, Leeds, by Paul Thackray, a former director and major shareholder in the medical supply company Chas F Thackray Ltd in 1997, initially as an archive of the company. For further details, see www.thackraymuseum.org/history.html (visited 28 November 2008).

[212] The Royal College of Surgeons of Edinburgh has a permanent display on sports surgery, called *Sport, Surgery and the Well Being* in the Surgeons' Hall Museum. See www.rcsed.ac.uk/site/619/default.aspx for details (visited 3 July 2008).

But there's a third point, and it's much deeper and much more emotionally charged than that, and it's the day that marks a full stop in a chapter of sports medicine that all of you have been involved in. You have all contributed so much, and you have all had your differences and people have fallen out, and fallen back in, but isn't it a fantastic opportunity to have this time to look back and to recognize everything that you have done to help each other to get us where we are today? So I think I really ought to say, on behalf of the current sports medicine community, a really heartfelt thank-you for what you have done and how wonderful it is to see some of you who I know have contributed so much to my career and to the careers of so many other people. So, thank you very much indeed, a very heartfelt thanks to you all.

Tansey: May I just now remind people what I said at the beginning, that this meeting is just the start. In due course you will get a copy of the transcript with every possibility of correcting dates, names and biographical and bibliographical details. We would also very much appreciate it if you have any additional notes or records, particularly photographs, that we might publish. I am sure I speak on behalf of Ian, and Vanessa as well, to say we have also had a fascinating afternoon listening to you all. Thank you all very much for coming. We would like to thank John Lloyd Parry for helping us in setting up this meeting and obviously I think we owe a particular debt to our chairman. Thank you very much, Domhnall.

Appendix 1

Examples of early sports medicine courses[213]

A. Society of Apothecaries' syllabus relating to the diploma in sports medicine, 1989

1. **Ethical and social aspects of sports medicine**. Socioeconomic aspects of sport and exercise. Legal aspects of sports injury and treatment. Epidemiology of sports injuries.
2. **Anatomy**. Body composition and its measurement. Somatotypes in different sports. Biomechanics and symmetry. Effect of sport and exercise on growth and development. The musculoskeletal system.
3. **Exercise physiology (and biochemistry)**. Muscle function fibre type, strength and endurance. Muscular hypertrophy. Fuel stores and muscular endurance. Aerobic and anaerobic exercise. Cardiovascular, respiratory, endocrine and haemopoietic systems and exercise. Oxygen transport. Thermoregulation. **Exercise testing**. Strength, aerobic and anaerobic testing. Ergometers. Lactate measurement and relevance to training regimes. Effects of prolonged conditioning on body systems. The elite athlete. Athlete's heart. Athlete's anaemia. Limits to performance.
4. **Training techniques for different sports and their physiological basis**. The role of the coach. Skill training. Peaking for competition.
5. **Nutrition in sport.** Water and electrolyte balance. Nutritional boosting. Making weight.
6. **Psychological aspects of competition and training**. Perceived exertion. Mental rehearsal. Self-image and performance. Performance slumps and 'overtraining syndromes'. Exercise dependence.

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[213] The Intercollegiate Academic Board of Sport and Exercise Medicine (IABSEM) was created in 1999 and took over the Scottish exam and that of the Society of Apothecaries, replacing the two exams with a single diploma examination in 1999. Examination diets were held twice a year and rotated among England, Scotland and Ireland. See page 71.

7. **Environmental physiology and dangers**. Acclimatization to and effects of heat, humidity, cold, altitude and hyperbaric (diving) environments. Heat syndromes. Hypothermia and frost bite. Altitude sickness and syndromes. Compression and decompression syndromes. Equipment and clothing for changed environments. Body clocks, travel and performance.

8. **Problems of special groups.** Women in sport. Gender verification. Amenorrhoea and osteoporosis. Gynaecological problems. Children and adolescents in sport. The dominant coach or parent. The middle-aged and elderly participant. Sport for the disabled. Sport and the diabetic.

9. **Sports injuries**. Injuries related to different sports. Acute trauma. Overuse injuries. Fatigue fractures. Causes of injury, diagnostic modalities, treatment and rehabilitation. Cramp and muscle stiffness. Treatment modalities. Inflammation, repair and healing. Physiotherapy treatments and rationale. Role of physiotherapist. Strapping, massage and analgesia. When to refer.

10. **Team or event doctors**. Responsibilities. Intercurrent illness and infections (including STD). Fitness to compete. Immunizations and special preparation for foreign competition. Exercise-induced asthma. Travellers' diarrhoea. Skin problems. Pre-competition nerves. Role of team officials and medical staff. First aid and other equipment on tour. Resuscitation techniques. Organization of medical support for mass-participation events. Mountain rescue. Sea rescue. Winter sports.

11. **Clinical pharmacology of sports medicine**. Use and abuse of drugs in sport. 'Banned drugs' and ergonomic aids. Blood doping. Management of athletes' problems without using banned substances. Anabolic steroids. Drug testing.

12. **Sports equipment**. Shoes, surfaces, equipment.

13. **Sport and exercise as therapy**. Benefits of exercise. Exercise and coronary disease. Sudden death in sport. Exercise and longevity. Prescribing exercise to the unathletic. Exercise testing as a screening procedure.

B. Scottish Royal Colleges' diploma in sports medicine syllabus, 1990[214]

Sports medicine is a discipline which includes theoretical and practical branches of the relevant basic sciences and medicine which investigate, document and measure the influence of life-style, exercise, training and sport – or lack of these – on both healthy and physically or psychologically ill or handicapped people in order to produce useful results for the prevention of disease or injury, treatment, rehabilitation and improvement in the education, health and overall performance of the individual and society at large. This syllabus is intended to act as a guide to candidates proposing to present themselves for examination for the diploma in sports medicine.

1. The relevant applied anatomy and biomechanics of the limb bones, joints, muscles, tendons and nerves. Also the relevant anatomy of the spine and spinal cord, the skull and brain, the thoracic cage and its contents, the abdomen and pelvis and the cardiovascular system.
2. The physiology of exercise in relation to the muscles, the heart and circulation, the lungs, the blood and the endocrine glands. The effect of exercise on bone and joints. Thermoregulation.
3. Nutrition and diet including fluid and electrolyte balance.
4. The psychological aspects of sports medicine including relationship with other athletes, the coach and the doctor.
5. The effect of environmental conditions, including heat, cold, hyperbaric pressure, altitude and travel.
6. The female athlete. Gender assessment, gynaecological aspects and osteoporosis.
7. Child and adolescent athlete. The relevant anatomy of the musculoskeletal system and growth. Abnormal growth patterns. Effects of exercise.
8. The application of the knowledge of anatomy and physiology in training methods. The assessment of all modalities of fitness.

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[214] The Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh and the Royal College of Physicians and Surgeons of Glasgow (1990).

9. The effect of exercise in particular groups. The elderly. The physically handicapped. Those with chronic medical conditions, asthma and other respiratory disorders, diabetes mellitus, renal disease and transplantation, cardiovascular disease. Mental handicap and psychiatric illness.

10. Sports injuries. Epidemiology and causes in relation to different sports. Overuse injuries and injuries from trauma, their diagnosis, first aid, investigation, treatment and rehabilitation. Head, neck and eye injuries – eye safety. The prevention of injuries. Sports equipment. The role of psychotherapy and the physiotherapist to include a knowledge of techniques and strapping.

11. Cardiopulmonary resuscitation.

12. Infections in sport. Conditions directly related to participation, including herpes, hepatitis and AIDS. Infections encountered at home and abroad unrelated to participation in sport.

13. The role of the team doctor at home and on tour, including audit.

14. The use, abuse and control of drugs in sport. Blood doping.

15. The organization and administration of medical cover at sporting events.

16. The medical, legal and ethical aspects of sport.

Appendix 2

Reminiscences on the history of sports medicine[215]

From Dr Ian Adams (written on 5 January 2009)

The Institute of Sports Medicine was a fiefdom of Peter Sebastian and, like Dan Tunstall Pedoe, I was on the committee, travelling regularly from Leeds at my own expense, and suddenly sacked.

In the 1960s there was a serious difference of opinion between the Williams/Sperryn axis, who believed that only the overuse injuries of the Olympic athlete were sports injuries, and others of us, who treated contact sports. The most professional probably being Alan Bass, a consultant physician, and Bertie Mee, a physio, later manager at Arsenal Football Club. Then there was Hugh Burry at Guy's with an open clinic and in the late 1960s, myself at St James', Leeds. We had the first appointed full-time doctor in sports medicine funded by the Sports Council – Wendy Dodds, now a consultant in physical/rehabilitation medicine in Lancaster.

Another significant episode at around this time was when I examined an expensive soccer player on transfer and rejected him on medical grounds – Asa Hartford – this made the front page of *The Times* (10 November 1971).

There was also the conference advertised as 'The Duke of Edinburgh's conference on sports medicine' held in the Royal Institute of British Architects' building in Regent's Park, London. I gave the opening lecture, which was followed by some discussion before His Royal Highness left (Figure 11).

I was on the Brunel course as a gesture from the 'other side' and to learn about overuse injuries. The other aspect of generating interest was the very numerous lectures around the country and in Northern Ireland that many people gave.

Another aspect is the development in the 1990s of the European Federation of Sports Medicine Associations with much input from Moira O'Brien.

The St James' clinic was receiving about 25 new patients per week by GP referral and a good number of injuries from my paid job as consultant in accident and emergency medicine. It closed in about 1985, because too much demand, no staff and a developed waiting list made the clinic useless.

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[215] These additional reminiscences were provided by the authors, but are of a length that excluded them from footnotes. They have been reproduced with the authors' permission.

From Mr John King (written on 29 June 2007)

I apologize for not being with you for this meeting but the appointment I have was fixed 40 years ago (my Ruby Wedding!). I wish the meeting every success.

Origins

Galen was in all probability the first sports physician. He spent the years AD 157–161 looking after the gladiators of Pergamum. He used the readily available opportunity to observe that arteries carried blood, not air, but even then remained of the view that the flow was an oscillation. Many of Galen's anatomical and physiological observations were, however, accurate. He proved that urine was formed in the kidney (as opposed to the bladder as had been commonly believed). He correctly identified seven of the 12 cranial nerves, discovered the valves of the heart, recognized the contagiousness of tuberculosis, and the possible spread of rabies via dogs. His medical treatises became standard texts for 15 centuries.

So how did a traditional single-track mind orthopaedic surgeon end up using Galen as a shining beacon?

My training on the then London Hospital rotation (now Royal London) took me to the Royal National Orthopaedic Hospital where I was influenced by Lauden Trickey, who was formative in the careers of many of my generation who were interested in knee ligament surgery. At that time (early in the 1970s) most of my contemporaries were getting the BTA (Been to America) on exchange programs; with a lot of help from the London consultants I managed to go to Lyon to work under Albert Trillat, the acknowledged father of knee ligament surgery in France. Pivotal names such as Ian Smillie, Don O'Donoghue and Jack Hughston were his friends and visitors to his unit (and quite happy to acknowledge a trainee who could help in translation). A year after my return I was offered a senior lecturer post within the London Hospital Medical College with honorary consultant status. Basil Helal, who had attended a number of Olympics and Brian Roper, who looked after West Ham, were among my senior colleagues. I got a lot of support in the orthopaedic aspects of sports injury which had become my abiding interest simply through the fact that so many athletes injured their knees.

Mick Malloy had been at the London as a senior registrar in rheumatology and he had used his position as a renowned rugby international to set up a sports injury clinic. David Perry was appointed consultant in rheumatology and took

over the clinic; for reasons that are now obscure to both of us, possibly having been brought together by Prof 'Taffy' Cameron (Professor Malcolm Cameron (1930–2003)), we started to do the clinic together within the Physiotherapy department. David also became medical director of the clinic at the National Sports Centre at Crystal Palace where I also joined in.

These clinics provided the 'road to Damascus' moment for me. I began to understand how little I knew and that the results of surgery depended hugely on the quality of the therapists with whom I worked, but also on the correctness and completeness of the pre-surgical assessment. In other words the surgeon is in fact a very small cog in the machinery of bringing an athlete back to top performance. My orthopaedic colleagues have always viewed this with suspicion!

At about this time I was introduced to Peter Sebastian who had founded the Institute of Sports Medicine in 1965 to try to improve training and recognition for sports doctors. I had the interesting experience of being, I think, secretary for a while until Peter in his usual way rang the changes. It may have been Taffy Cameron who arranged the introduction. He was the professor of forensic pathology at the London but his passion was swimming. He was the honorary MO to the GB squad for years and became very much involved with drug testing at an international level and was an extraordinary networker. At about the same time I had my first experience of BASM, as it then was, serving as a committee member, I suspect before the sports scientists separated after the formation of BASES in 1984.

David Ritchie was the professor of surgery in whose department I was senior lecturer. He was a somewhat impenetrable Scotsman but forward looking and capable of communicating with Taffy Cameron, a fellow Scot. I found myself being invited to start a college diploma course in sports medicine with support from the ISM in 1981. The first task was to create a curriculum, but as no-one knew what sport medicine was this was a challenge. This was the opportunity to bring together all Galen's interests in to one course. We set out to attract the best people in the UK to come and lecture on all aspects of anatomy, physiology, pharmacology, indeed anything that might impact on an athlete and, on looking back, I can only wonder at the willingness of those busy and committed people who gave up their time. From a slow start (one student) we built up to 20–25 with many overseas doctors. For years we had a member of the Australian army sent to the course. Professor Tony Harding Rains was our external examiner and his input was huge. The next step was to

convert to a University of London diploma. This again was interesting as no-one knew what we were and the usual comment on seeing the curriculum was that it looked like the basic medical student course! Indeed there was a similar reaction when I took this back as a university MSc. At about the same time, the London Hospital Medical College created the first academic department of sports medicine. After some years we merged with Bart's and Queen Mary and Westfield and that department has become the centre for sports and exercise medicine within Queen Mary, University of London (QMUL) with major MSc open to doctors and physiotherapists and leading to an MSc or postgraduate diploma and BSc programs.

Many parallel developments have taken place. The Worshipful Society of Apothecaries established an examination for a diploma in sports medicine and I was a member of that panel. Bath University set up a distance learning course for which I was an advisor. The London Sports Medicine Institute came into being with help from the Sports Council and the London County Council (or its equivalent; I was always overwhelmed by the acronyms on the committee!). This evolved not without some interesting moments into the UK Sports Medicine Institute and arguably was the precursor of the national Institutes of Sport.

I had an interesting three years as chairman of BASM trying to streamline its operation but succeeded in getting a new constitution through and selling the *Journal* to BMJ Publishing where it has gone from strength to strength. BASM has become BASEM and is now a doctors-only organization capable of representing the views of the newly recognized specialty. We now have many departments around the country, more courses are running and we have the Faculty of Sports and Exercise Medicine. Indeed, the first SpRs (specialist registrars) are in place.

For me, however, we must never lose sight of the principle that in sport and exercise medicine we can use the knowledge of basic science, molecular and mechanical signalling in promoting health, as well as preventing and curing injury. After all, training is just controlled injury.

From Dr Malcolm Read (written on 28 January 2008)

Mention should be made of the Diplomates in sports medicine group which was formed in January 1994. I was chairman and Tom Crisp was the secretary. All members of this group had passed a diploma in sports medicine and many now have their FFSEM and hold posts in the English Institute of Sport (or the Scottish or Irish equivalents), universities or some professional sport. The first meeting produced some 57 members and we realized that we needed both critical mass and political power, of which we had neither. In view of the success of the Scottish Diploma, we felt that Mr Donald Macleod could give us this influence. I wrote to Donald in March 1994 to invite him to become the next president of BASM on Basil Helal's retirement. Fortunately we persuaded him, though he did insist that it became a doctors-only organization.

In 1994 both I and Tom Crisp had tried through MPs Ian Sproat and Sir David Hunt to progress SEM but without success. We then had many talks with ISM, particularly with Dr Bill Orton and Peter Sebastian. The ISM had been having talks with Sir Norman Browse, president of the Royal College of Surgeons of England and invited him to present their awards in December 1994. Here I met both him and Mr Michael Edgar, the ISM dean, who asked me to write further to them. I sent the proposal for a SEM faculty (the Diplomates had already discussed a change in name), examination, and funding etc. to them and on 19 December 1994, Sir Norman wrote to the conference of medical royal colleges and their faculties to suggest the formation of IABSEM. This we all accept was a major breakthrough. I feel that history should record the strengths of ISM, which were their commitment to SEM and their political connections, plus the growing critical mass of qualified doctors in SEM and the impetus already harnessed by this group.

From Professor Craig Sharp (written on 9 February 2009)

Having been a member of the British Olympic Association's medical advisory subcommittee, representing canoeing and physiology, since 1973, I had suggested several times the possibility of a BOA physiological testing laboratory. When Dr Noel O'Brien took over as chair of the committee he carried the idea forward and a working group was set up in 1982 'to investigate the possibility of setting up a British Olympic Association medical testing centre'. Five years later, I had a call from Dr O'Brien asking if I would like to take on the setting up of the physiological side of the centre, working with Dr Mark Harries who

was setting up the medical side. Mark and I were shown into a set of some five large very bare concrete-floored rooms, and asked to plan what we wanted. All that was required on the medical side was a good consulting room, as the majority of the treatment was planned for the appropriate hospital departments, on a goodwill basis. I planned a set of laboratories (strength/power, aerobic and anaerobic, together with changing/shower stalls, front office, waiting and discussion room, workshop and staff offices). On being shown the newly decorated and finished premises, we were told that in six weeks' time HRH the Princess Royal would open the centre, which she did on 2 September 1987 along with Prince Alexandre de Merode, chair of the International Olympic Committee medical commission. The set-up cost was £250 000. Our annual running costs in the earlier years were of the order of £260 000. The BOMC was set up as a charitable trust, the British Olympic Medical Trust, with Lady Mary Glen-Haig as the chairman of the trustees, and Dr Mark Harries as vice-chairman. Dr Dan Tunstall Pedoe was a trustee.

The dual-purpose centre, offering full physiological monitoring and a sports injury clinic levied no financial charge and bookings were made through the national governing bodies of the various sports. Our founding staff were Dr Harries as medical director, with medical registrar Dr Roger Wolman and staff nurse Nikki Kearsley. I was physiological director, with Dr Yiannis Koutedakis as assistant physiologist, soon to be joined by Leo Faulmann, with Bernard Carpenter as senior technician, and Anita Patel as administrative secretary. Our patron was HRH the Princess Royal, and our vice-patrons were Sir Roger Bannister, and Sir Christopher Booth, who was director of the major MRC Clinical Research Centre located at the hospital. Northwick Park underground station, being practically in the hospital grounds, made for ease of access.

During my five years there, we physiologists tested of the order of 1000 athletes annually, from over 20 summer and eight winter sports. For example, 23 running coaches brought squads of varying sizes in one year. We staffed training camps at Bisham Abbey, Holme Pierrepont, Crystal Palace and Lilleshall among others, as well as altitude and other training camps abroad. And we ran a mobile laboratory to various field venues. The medical side saw some 600–700 patients annually from about the same numbers of sports, about half from track and field, while Dr Harries established a specialist network of some 30 consultants throughout the country to whom the BOMC could refer national squad competitors. Seventy percent of national squad competitors referred to the BOMC were seen in-house and the remaining 30 per cent were seen by the

network specialists. It is worth noting that we offered our services, both medical and physiological, to the Royal Ballet, as fellow athletes!

Our medical side provided a service for governing bodies taking teams abroad, giving advice on conditions abroad and providing packs of useful drugs. We also acted as a coordinating centre for the general medical management of the British Olympic teams and assisted with the provision of an education service for competitors in respect of proscribed drugs in the various doping categories.

Twenty-one years later the BOMC is still functioning as vigorously as ever, under a change of title, the Olympic Medical Institute. Following Dr Mark Harries sad death, former Olympic rowing gold medallist Dr Richard Budgett is in medical charge of the OMI, as well as being the BOA's director of medical services. Drs Yiannis Koutedakis and Leo Faulmann were vitally helpful in the early setting up of the BOMC, and I was followed as director of physiological services by Drs Bruce Davis, Richard Godfrey, Steve Ingham and, at the time of writing, Dr Marco Cardinale, with the new post of director of research being filled by former Olympic modern pentathlete, Professor Greg Whyte, after the millennium.

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Biographical notes*

Sir Adolphe Abrahams

Kt OBE FRCP (1883–1967), a consultant physician at Westminster Hospital, London and one of Britain's leading sports doctors, he attended many Olympiads as official or unofficial medical officer for the athletics team; was a founder member and president of BASM and chair of the Medical Committee of the National Fitness Council (founded in 1939). He co-authored several with his brother, Harold (1899–1978) (Abrahams and Abrahams (1928, 1936); Abrahams (1961)).

Mr Harold Abrahams

CBE (1899–1978), athlete and lawyer, trained for the 1924 Olympic games in Paris, and won a gold medal in the 100-yard sprint. He was called to the bar at the Inner Temple in 1924, where he practised until 1940; was a sports journalist with the *Sunday Times* (1925–67) and a broadcaster, BBC (1924–74). He was honorary treasurer (1948–68) and chairman (1948–75) of the British Amateur Athletic Board; and president of the Amateur Athletics Association (1976). His story was told in the film *Chariots of Fire* (1981). See McWhirter (2004).

Dr Ian Adams

MD (b. 1931) qualified and trained at Leeds and was consultant in accident and emergency medicine at St James' University Hospital, Leeds (1974–94). He was medical officer for 2 Para (1957–59) where he developed an interest in soft tissue injuries; medical officer for Leeds United Associated Football Club (1960–74); and he established an NHS sports medicine clinic, St James' Hospital (1968–84). He was chairman of BASEM (1995–98); and elected to the executive, European Federation of Sports Medicine Associations (1997–2003). See Figure 11.

Sir Roger Bannister

KB CBE DM FRCP (b. 1929) was consultant neurologist at St Mary's Hospital, London, and the National Hospital for Neurology and Neurosurgery, Queen Square, London (1963–90) and master of Pembroke College, Oxford (1985–93). He was chairman of the first British Sports Council and the International Council for Sport and Sport Science and

* Contributors are asked to supply details; other entries are compiled from conventional biographical sources.

Physical Education. He is patron of the British Association of Sport and Exercise Medicine. He ran the world's first sub-four-minute mile in 1954. See MacAuley (2005); Bannister (1955, 1960).

Professor Mark Batt

FRCGP DipSM, qualified at Cambridge and trained in family medicine, he has been consultant and special senior lecturer in sports medicine at the centre for sports medicine, Queen's Medical Centre, Nottingham, since 1995. He has an NHS practice and is clinical adviser for the Nottingham MSc/diploma in sports medicine course; a consultant for the England and Wales Cricket Board, the Rugby Football League, British Gymnastics, the English Institute of Sport and the Wimbledon Tennis Championships.

Professor Arnold Beckett

OBE PhD DSc FRPharmS (b. 1920), one of the chemists who established world doping control in sports medicine along with Professor Manfred Donicke of Köln. He was professor of pharmacy, Chelsea College, University of London (1959–85), later emeritus. He was chairman, medical commission, International Tennis Federation (1985–93); a member of the medical commission, International Olympic Committee (1968–93); the British Olympic Association's medical commission until 1986; chairman of the board of pharmaceutical sciences, Fédération Internationale Pharma-ceutique/International Pharmaceutical Federation (FIP) (1960–80); a member of the council, Pharmaceutical (later Royal Pharmaceutical) Society of GB (1965–90; president (1981/2)); and founding co-editor of the *Journal of Medicinal Chemistry*.

Dr Malcolm Bottomley

D(Obst) RCOG FFSEM (b. 1933) qualified at the University of Sheffield and worked in general practice (1962–84); became medical officer at the University of Bath (1984–94); honorary medical officer, GB track and field athletics (1982–84); and was founding director of studies of the University of Bath teaching course in sports medicine for doctors (1992–99). He is a member of the British Association of Sport and Exercise Medicine and was made an honorary fellow of the Faculty of Sport and Exercise Medicine in 2008.

Dr Michael Brindle

CBE FRCP FRCR FRCPC FRCPE, FRCSE (b. 1934) was consultant radiologist at the Queen Elizabeth Hospital, King's Lynn (1972–98) and president of the Royal College of Radiologists (1995–98).

Dr Ian Burney

PhD (b. 1962) is senior lecturer in the history of medicine at the Centre for the History of Science, Technology and Medicine, University of Manchester. He was a principal investigator for the recently completed Wellcome Trust-funded History of Twentieth Century Sports Medicine project. project (Heggie and Carter (2006)).

Dame Fiona Caldicott

DBE FRCP FRCPsych FMedSci (b. 1941) was in general practice, trained in psychiatry at Walsgrave Hospital, Coventry and Central Hospital, Warwick (1970–76); consultant psychotherapist, Uffculme Clinic, Birmingham (1979–96); medical director, South Birmingham Mental Health NHS Trust (1994–96; honorary consultant psychiatrist, 1996–). She has been principal of Somerville College, Oxford, since 1996 and a pro-vice chancellor, University of Oxford, since 2001; is responsible for personnel and equality, and has chaired the personnel committee since 2005. She reported to the Chief Medical Officer of England on the confidentiality of patient information.

Professor Malcolm (Taffy) Cameron

(1930–2003), forensic pathologist, trained at Glasgow. He became a lecturer in forensic medicine at the London Hospital Medical College in 1963, senior lecturer in 1965 and reader from 1970, as well as senior lecturer at St Bartholomew's Hospital Medical College from 1971 and was appointed professor of forensic medicine at the University of London (1973–92). He was an active campaigner against doping in world sport; was a member of the doping review panel of the International Swimming Federation (FINA, 2000–03); the International Olympic Committee's working group on harmonization of doping rules and the Council of Europe's anti-doping monitoring group (1990–2000). See Anon. (2003).

Mr Donald Canham

(1918–2005) was head track coach at the University of Michigan (1948–68) and succeeded Fritz Crisler as athletic director at the University of Michigan (1968–88).

Dr John Clegg

dentist, qualified at Liverpool University and trained at the faciomaxillary unit at Broadgreen Hospital (part of the Royal Liverpool and Broadgreen University Hospitals Trust since 1995), before general practice in St Helens. He became dentist to St Helens' rugby club, and chairman of the club in the 1980s. He took

one of the BASM general courses at Loughborough University in 1977 and joined the association, was co-opted to the executive and took an Open University degree in economics to prepare him for becoming honorary secretary of BASEM (1992–2002). He was made a life member of BASEM in 2002. See Milroy (2003).

Dr James Cyriax

(1904–85), considered by many to be the founding father of UK manipulative medicine, believed that the disc was the cause of almost all cervical, thoracic and lumbar pain. He was consultant, St Thomas' Hospital and Wimpole Street, London. The Society of Orthopaedic Medicine, a registered charity, was formed in 1979 to develop his work and to promote the theory and practice of orthopaedic medicine. See Cyriax (1959); see also www.somed.org/about.htm (visited 2 December 2008).

Professor John Elfed Davies

MRCP DPhysMed FFSEM (b. 1941) qualified at Guy's Hospital, London, established the first NHS sports injury clinic there in 1968 and has been consultant physician at Guy's since 1991. He was chairman of the British Association of Trauma in Sport (BATS; 1979–85) and medical editor of *Medisport*. His appointment as honorary physician to the Welsh Rugby Union in 1984 included representing them on the International Rugby Board medical committee, where he headed their task force on anti-doping in 1991; he was chairman of the Royal College of Surgeons of England's medical commission on accident prevention sports committee; an examiner on the diploma on sports medicine curriculum in Scotland and Dublin; a founder course director of the diploma and MSc course in sports medicine at the University of Wales Institute in Cardiff, held jointly with the University of Wales College of Medicine.

Professor Charles Galasko

ChM FRCS(Eng) FRCS(Ed) FCMSA(Hon) FFSEM(Ire) FFSEM(UK) FMedSci (b. 1939) was educated at the University of Witwatersrand, Johannesburg, South Africa, and was professor of orthopaedic surgery, University of Manchester (1976–2004), later emeritus. He was director of orthopaedics at the Royal Postgraduate Medical School, Hammersmith Hospital (1973–76), and consultant orthopaedic surgeon to the Royal Manchester Children's Hospital and Hope Hospital, Salford (1976–2004). He has been president of the British Orthopaedic Association, president

of the International Orthopaedic Research Society, vice-president of the Royal College of Surgeons of England and chairman of the Joint Committee for Higher Surgical Training (UK and Ireland). He is inaugural president of the Intercollegiate Faculty of Sport and Exercise Medicine (UK) and was chairman of the Intercollegiate Academic Board for Sport and Exercise Medicine; member of the BOA medical committee for 15 years; chairman of the British Amateur Wrestling Association (medical adviser, 1986–2002) and vice-chairman of English Wrestling (medical adviser, 1986–2002).

Sir Arthur Gold

Kt CBE (1917–2002), a high jumper who represented Britain in the 1937 tour of Finland and Norway and businessman, who was athletics team leader at the 1968, 1972 and 1976 Olympics and commandant of the England Commonwealth Games team in 1982, 1986 and 1990. He was honorary secretary to the British Amateur Athletic Board (1965–77; life vice-president 1977–2002); chairman of the Commonwealth Games Council for England (1979–80); chairman of the British Olympic Association (1988–92; vice-president 1992–2002). He tried to protect the principle of amateurism. See Downes (2002).

Sir Ludwig Guttmann

Kt OBE CBE OStJ FRCS MD FRSA FRCP (1899–1980), German-born neurologist and father of the Parallel Olympics (later Paralympics), started a sports competition as part of rehabilitating Second World War veterans with spinal cord injuries in Stoke Mandeville Hospital. These competitions coincided with the London Olympic Games in 1948. Other British spinal injury units adopted similar programmes. Guttmann took 400 athletes to the Olympic Games in Rome in 1960. See, for example, Guttmann (1976a and b); Gold and Gold (2007). For further details of the Paralympics, see www.ukathletics.net/grassroots/disability-athletics/history/ (visited 13 November 2008) See also Cornelius and Taylor (1988).

Dr Robin Harland

PhD FRCGP FISM FFSEM FFSEM(UK) (b. 1926) was in general practice in Sherburn, County Durham (1950–70). He was senior medical officer in the university health service at Queen's University Belfast (QUB) (1970–91); honorary lecturer in the department of general practice there (1971–91), where he introduced sports medicine to the fifth-year undergraduate curriculum (1986–91). He was medical officer to the Northern Ireland Commonwealth

Council (1975–94) and attended five Commonwealth Games (Edmonton 1978; Brisbane 1982, Edinburgh 1986, Auckland 1990, Victoria 1994); medical officer to the sports injury clinic, QUB (1984–91) and a medical historian (1991–2007), gaining his PhD in 2003. He was the first recipient of the Rose Prize (2005) and the first Irishman to be elected a fellow of the ISM (1992). He was chairman of BASEM in Northern Ireland (1993–2000) and elected a life member of BASEM in 2005. See Harland (2005, 2006).

Dr Mark Gwynne Harries

FRCP (d. 2006) was consultant physician at Northwick Park Hospital, Harrow, and St Mark's NHS Trust, Harrow; an honorary senior lecturer in general and respiratory medicine at St Mary's Hospital Medical School, London; medical adviser to the British Olympic Association, the British Amateur Gymnastics Association, the Surf Life Saving Association and the World Life Saving Association; and honorary director of clinical services to the British Olympic Medical Centre, which he and Professor Craig Sharp founded in 1987; was instrumental in the Royal Colleges of Medicine's recognition of sports medicine as a discipline; sat on the Intercollegiate Board on Sports Medicine; and was an editor of the *Oxford Textbook of Sports Medicine* (Harries *et al.* (eds) (1994)) and the *ABC of Sport Medicine* (McLatchie *et al.* (eds) (1995)). See Godfrey (2006/7).

Dr Vanessa Heggie

PhD (b. 1978) has been lecturer on the history of modern medicine and biology in the department of history and philosophy of science, University of Cambridge, since 2007. In 2004 she completed her PhD in the history of medicine at the centre for the history of science, technology and medicine (CHSTM), University of Manchester; was a research associate at CHSTM on a Wellcome Trust-funded project on the history of British sports medicine (2004–07); and the recipient of a two-year Mellon fellowship at Cambridge. See Heggie (forthcoming).

Mr Basil Helal

FRCS FRCSE (1927–2007) orthopaedic surgeon, qualified at the London Hospital and trained at the United Liverpool Hospitals, the London and St George's Hospital, London, and was appointed consultant orthopaedic surgeon to the Enfield group of hospitals (1965–88), later honorary consultant to the London and consultant hand surgeon to the Royal National Orthopaedic Hospital. He was orthopaedic adviser to the British Olympic

Association for five Olympic Games, as well as the president of the orthopaedic section of the Royal Society of Medicine, the British Society for the Surgery of the Hand and the Hunterian Society. See Royal College of Surgeons of England (2009).

Professor Archibald Vivian Hill

(1886–1977) read natural sciences at Trinity College, Cambridge, where he started his physiological research. He was professor at the University of Manchester (1920–23); UCL (1923–25) and held the first Royal Society Foulerton research professorship (1926–51); was awarded the 1922 Nobel Prize in Physiology or Medicine for his work on 'the relationship between lactic acid and glycogen in muscular work'; received the 1926 Royal Medal; gave the 1926 Croonian lecture; and was awarded the 1948 Copley Medal. He was vice-president of the Royal Society (1943/4; 1945/6); president of the Marine Biological Association (1955–60). See Katz (1978); Hill (1965, 1970).

Mr Barry Hill

BSc BEd (b. 1948) is a scientific education professional with 17 years spent in the development, organization and delivery of high-quality interdisciplinary medical conferences, meetings and symposia in the sport and exercise medicine and science (SEMS) area. He has worked as an independent education and specialist training adviser in the area of SEMS; was one of the team responsible for developing national and London records of achievement in tertiary education; and has considerable experience of managing change across mainstream tertiary, secondary and postgraduate medical education. As education officer at the British Association of Sport and Exercise Medicine national education programme (1992–2003), he ran the education department of the National Sports Medicine Institute.

Professor W Stewart Hillis

MRCP(UK) FRCP(Glasg) DipSem FRCS(Edin) FISM FFSMIre FFSEM, qualified at the University of Glasgow, was appointed consultant cardiologist there in 1977 and has been professor of cardiovascular and exercise medicine there since 1997, with responsibility for the adult congenital clinic, serving the west of Scotland. He is also director of sports medicine, University of Glasgow, and developed the first honours BSc in sports medicine in the UK and the first MSc in sport and exercise medicine in Scotland in 1995. He was medical officer, Clydebank Football Club (1970–97); and

has been medical consultant to the Scottish Football Association since 1982. He has been a member of the British Cardiac Society committee for sport and heart disease; the management committee of the Scottish diploma of sport and exercise medicine; the executive of the UK NSMI representing the three Scottish colleges of medicine and acting as chairman of the working party to examine educational standards; the UK colleges' working parties determining strategies and training programmes for sports medicine; the executive and limitation group of the Scottish Institute for Sports, Science, Exercise and Medicine. He was awarded the Sir Robert Atkins Prize by the ISEM in 2008.

Professor Michael Hobsley

PhD DSc(Med) FRCS (b. 1929) was educated at La Martinière College, Calcutta; Sidney Sussex College, Cambridge; and the Middlesex Hospital Medical School, London. After training appointments, he became professor of surgery and head of the department of surgery at the Middlesex Hospital medical school and later at the joint school of medicine at UCL. He served on the board of the Institute of Sports (later Sports and Exercise) Medicine. He holds visiting professorships and examinerships at many universities in the UK and abroad, and he has written and edited many medical textbooks.

Mr Denis Herbert Howell, Baron Howell of Aston Manor

PC (1923–98) was Labour MP for Birmingham (All Saints Division, 1955–59; Small Heath, 1961–92); joint parliamentary undersecretary of state at the Department of Education and Science with responsibility for sport (1964–69); minister of state, Ministry of Housing and Local Government with responsibility for sport (1969/70); opposition spokesman for local government and sport (1970–74); minister of state, Department of Employment responsible for environment, water resources and sport (1974–79); opposition spokesman on the environment and services, water resources, sport, recreation and countryside (1979–83), on home affairs (1983/4); opposition front bench spokesman on the environment specializing in sport (1984–92); opposition defence spokesman in the House of Lords (1993–97). He was chairman of the Sports Council (1965–70); the Youth Service Development Council (1964–69); the Central Council of Physical Recreation (1973/4; vice president, 1985); and the Committee of Enquiry into Sponsorship of Sport (1981–83). See CCPR (1983).

Dr Michael Hutson

(b. 1942) has been involved in sports medicine, principally sports injuries, since the early 1970s. He was appointed medical officer to Nottingham Forest Football Club (1976–85) and Nottinghamshire County Cricket Club; and was medical director of the sports injuries clinic, General Hospital, Nottingham (1980–85). He was an examiner, diploma of sports medicine to the Society of Apothecaries London course and also at the Royal London Hospital; external examiner, University of London (1992); and convenor and examiner of the diploma of musculoskeletal medicine at the Society of Apothecaries (1992). He was dean of the Institute of Sports Medicine (1988–90), president of BIMM (1992–98), and has been chairman of the FIMM Academy since 2004. The first edition of his textbook (Hutson (1990)) won the Glaxo prize for medical writing from the Society of Authors in 1991.

Professor Ernst Jokl

(1907–97), German-born neurologist, was professor of neurology and sports medicine and medical director of the University of Kentucky's medical rehabilitation center, Lexington, Kentucky (1952–64) and distinguished professor (1964–95), later emeritus. See Jokl and Jokl (eds) (1968)*;* Bale (2000); Litsky (1997).

Dr Basil Kiernander

was the director of the physical medicine department, Hospital for Sick Children, Great Ormond Street, London and at the Royal National Ear, Nose and Throat Hospital, London. See Kiernander (ed.) (1953).

Mr John King

FRCS FFSEM(UK) FISM (b. 1944) qualified at the London Hospital Medical College, was appointed senior lecturer in orthopaedic and trauma surgery to the Bart's and the Royal London Hospital School of Medicine and Dentistry, Queen Mary College (1976–2001) and honorary consultant in orthopaedic and trauma surgery to the Royal London Hospital; honorary senior lecturer (recent director), the academic department of sports medicine (the Centre for Sports and Exercise Medicine, QMUL). He was chairman of the British Association of Sports and Medicine and chairman of its research and program committee. He was president of the European College of Sport and Exercise Physicians.

Professor Monty Losowsky

FRCP (b. 1931) graduated from the University of Leeds in 1955, worked in Leeds, London,

University of Paris, and Harvard University, before being appointed professor of medicine in Leeds (1969–96). He was dean of medicine and dentistry (1989–94) and visiting professor, University of Queensland, Australia. He is currently executive chairman of the Thackray Museum, Leeds.

Professor Domhnall MacAuley

MD FRCGP FFPHMI FFSEM (b. 1957) graduated from University College Dublin, trained in general practice at the University of Exeter, and was a senior research fellow at the Queen's University Belfast, where he gained his MD in cardiovascular epidemiology and membership in public health medicine. He was appointed professor of primary health care (research) at the University of Ulster in 1997 and is currently honorary professor in the faculty of life and health science. He is primary care editor with the *British Medical Journal* and was editor of the *British Journal of Sports Medicine* (1995–2000).

Mrs Rose Macdonald

FCSP (b. 1930) trained in physiotherapy at Guy's Hospital, London, was in charge of the Crystal Palace Sports Injury Centre (later at the Crystal Palace National Sports Centre) from 1980–97 and director of physiotherapy for the London Marathon (1981–2005). She has been a member of the Association of Chartered Physiotherapists in Sports Medicine (ACPSM) since 1980 (vice-chairman, 1990–91; chairman, 1991–94; liaison officer for BASM and FIMS, 1995–98; vice-president, 1995–98; and honorary life member from 1998). She was physiotherapist for the GB athletics teams at national and international level, including Olympic, World, European and Commonwealth games; a lecturer and examiner for postgraduate university courses in sports medicine and physiotherapy; and is a fellow of the Chartered Society of Physiotherapy awarded for services to sports medicine and physiotherapy.

Professor Donald Macleod

FRCSEd FFAEM(Hon) FFSEM(Hon) FISM (b. 1941), a consultant general surgeon, West Lothian Hospitals (1975–2001) and associate postgraduate dean (surgery) for south-east Scotland (1993–2004); as well as team doctor (1969–95) and medical adviser (1971–2003) for the Scottish rugby union team and team doctor for the 'British Lions' (1983); and a member of the medical advisory committee to the International Rugby Board (1977–2003). He was vice-president, Royal College of Surgeons,

Edinburgh (2001–04); chairman of the Intercollegiate Academic Board for Sports and Exercise Medicine (1998–2003); president of the British Association of Sports and Exercise Medicine (1995–2002); and honorary professor of sports medicine, Aberdeen University (1998–2003). He was grant holder for two major research projects (Nimmo and Macleod (1995–97); Garraway and Macleod (1996–99); and was chairman of the medical committee for the Glasgow 2014 Commonwealth games bid (2005–08). He was awarded the Sir Roger Bannister Medal from the British Association of Sport and Exercise Medicine in 2005.

Mr Peter McIntosh

(1915–2000) was influential in the development of the first British physical education degree and the creation of the Sports Council (a member from 1966–74), and wrote the paper for Lord Philip Noel-Baker, delivered at the 1960 Olympics in Rome, which led to the formation of the International Council of Sport Science and Physical Education. He was deputy director of physical education at the University of Birmingham (1926–59) and a senior physical education inspector for the Inner London Education Authority (1959–74). See Fisher (2000); McIntosh (1963).

Professor Greg McLatchie

FRCS FISM DipSportsMed FFSEM (b. 1950) qualified at the University of Glasgow and trained in the west of Scotland. He has been consultant surgeon at University Hospital of Hartlepool since 1984, visiting professor of surgical sciences, sports medicine and clinical biomechanics at the University of Sunderland since 1992, and was director of the National Sports Medicine Institute, London (1992–97). He was British universities champion and British students champion in weightlifting (1974); ranked fifth in UK weightlifting and a university blue in the same year; official doctor to the British karate team at European and world championships (1977–84), set up one of the first NHS sports injury clinics in Scotland and provided immediate medical care of athletes, boxers and rugby players; and established a sports medicine clinic at Hartlepool General Hospital in 1988. He was editor of the journal *Sports Exercise and Injury* (1994–99). See McLatchie (1986).

Michael Morris, Baron Killanin

MBE (1914–99) succeeded to the hereditary title at the age of 13 and boxed, rowed and played rugby at school, but his greatest sporting love was horse-racing. He became a member of the International Olympic Committee (IOC) in

1952 and served as its president (1972–80). See Rodda (1999).

Dr Albert Davis (Dave) Munrow (1908–75) was director of physical education at the University of Birmingham in 1939 until his retirement in 1970. The A D Munrow prize has been awarded by the British Universities' and Colleges' Physical Education Association to an outstanding contributor to the sports development field within higher education since 1989. See the Munrow staff papers (1942–66), which are held as US67 in special collections, University of Birmingham. The sports centre there is named in his honour.

Professor Moira O'Brien FRCPI FTCD FFSEM FFSEM(UK) (b. 1933) was professor of anatomy, Trinity College, Dublin (1985–2003), later emeritus; consultant in osteoporosis and sports medicine; and honorary director of the MSc in sports medicine course there. She was honorary medical officer, Irish Amateur Swimming Association (IASA, 1972–92); honorary medical officer, Irish Olympic Council (1979–89); Irish team doctor for the 1980 Moscow, 1984 Los Angeles and 1988 Seoul Olympic games; chair of Irish Sports Injury Committee (1981–83); a member of COSPOIR (Irish Sports Council) (1982–90); founder member and president of Irish Sports Medicine Association (1981–85; committee member 1985–2005); honorary medical adviser to Irish Ladies Hockey Union (1980–88); founder and director of the human performance laboratory, Trinity College Dublin (1986); founder and director of the diploma and MSc in sports medicine, Trinity College Dublin (1991–); member of National Coaching Training Centre and on the PACE panel for International Carded Players and Athletes; medical officer to the Irish Team at FINA World swimming championships (1991, 1998); honorary medical officer, Irish Rowing Union (1990–2004); member of the International Squash medical commission (1990–94); executive member of Fédération International de Medicine Sportive (only woman on executive; 1994–98; president, 1990–94); secretary of AENOC (Association of European National Olympic Committees) medical commission (1985–89); acting chair, European Federation of Sports Medicine (1994–97); a member of European bone and joint strategies trauma group (sports medicine, 2001–03); founder and member of the Osteoporosis Board of Ireland (2002–).

Dr Kevin O'Flanagan

(1919–2006) represented his country in both soccer (1937–47) and rugby union (1942–47), subsequently had a distinguished career in sports medicine (GB medical adviser at the 1948 Olympic Games; chief medical officer of the Irish Olympic team, 1960–76) and international sports administration, serving as an Olympic official from 1976 to 1994 and president of the Irish Sports Medicine Association.

Sir John Boyd Orr, Baron Orr of Brechin Mearns (from 1949)

CH FRS (1880–1971) qualified as a teacher and a physician and became director of the Nutrition Institute in Aberdeen (later the Rowett Research Institute for Animal Nutrition) in 1914. During the 1930s his investigation of the diets of mothers and children revealed widespread malnutrition, an embarrassment for the government, and this work became the basis for British food policy during the Second World War. He was awarded the Nobel Peace Prize in 1949, donating the prize money to various organizations working for peace. He was the first director-general of the Food and Agriculture Organization of the United Nations. See Orr (1936); Kay (1972).

Dr John Lloyd Parry

MBE FFSEM (Ire) FFSEM (UK) (b. 1936) qualified at Peterhouse, Cambridge University and St Bartholomew's Hospital, London and was in general practice in Bourne End, Buckinghamshire (1965–96) and in the cardiology department of the Heatherwood and Wexham Park Hospital Trust, Slough, Berkshire (1966–2006). He was honorary medical adviser to the British Horse Society and to the Pony Club (1986–2002); honorary chief medical adviser to the governing body of British Horse Trials (1987–2003); honorary chief medical adviser, Federation Equestre Internationale; honorary medical adviser to the British Equestrian Federation; consultant adviser, sports medicine, St John Ambulance; a member of British Olympic Medical Committee (1990–2006); examiner, Royal Scottish Colleges diploma in sports medicine (1993–97); and president of BASEM (2003–05). He has been dean of the Institute of Sports and Exercise Medicine (ISEM) since 2004; a member of council, Sport and Exercise Medicine Section, Royal Society of Medicine (president, 2000); member of council of the Medical Equestrian Association (co-founder 1985, chairman 1986–89); and a member of the advisory management

committee for the Wellcome Trust-funded history of sports medicine project (2004–07; see Heggie and Carter (2006)).

Professor Harry Platt, Baron Platt of Rusholme

Bt Kt FRCS HonFRCSE HonFDS (1886–1986) was Hunterian professor of surgery and pathology at the Royal College of Surgeons (1921); professor of orthopaedic surgery, University of Manchester (1939–51), later emeritus; consultant adviser to the Ministry of Health (1940–63) and the Ministry of Labour (1952–64). He was president of the British Orthopaedic Association (1934/5); the Royal College of Surgeons (1954–57); the National Fund for Research into Crippling Diseases (1970–86); honorary president of the International Federation of Surgical Colleges (1958–66); and Société Internationale de Chirurgie Orthopédique et de Traumatologie. See Smith (1986).

Sir Arthur Espie Porritt, Baron Porritt of Wanganui, NZ

GCMG GCVO CBE Bt HonFRCP HonFRCSEd HonFRCSGlas HonFRCOG (1900–94), a keen sportsman in his youth, who held Oxford university records for 100 and 220 yard races, represented Oxford in athletics (1923–26), took bronze in the 100 yards at the 1924 Olympics and was captain of the New Zealand Olympic Team (1924, 1928). As well as his involvement with BASM (founding member, 1952–94; president, 1967–80), he was president of the Royal College of Surgeons (1960–63), the British Medical Association (1960/1), the Royal Society of Medicine (1966/7) and was Governor General of New Zealand (1967–72). He also served the African Medical and Research Foundation (chairman, 1973–81; vice-president, 1981–89 and president, 1991–94); and the Arthritis and Rheumatism Council, (chairman, 1973–79; president, 1979–88).

Dr Griffith Pugh

(1909–94) was educated at New College, Oxford and qualified in medicine from St Thomas' Hospital, London. After serving as medical officer in the army in 1942, he joined the Cedars School mountain welfare training centre in the Lebanon. He worked at the Royal Postgraduate Medical School, Hammersmith Hospital (1945–50) and in 1950 joined the MRC department of human physiology, NIMR, Hampstead, where he stayed for the remainder of his career. He was part of the 1953 Everest expedition, studied hypothermia from 1964, and attended the 1968 Olympics to investigate altitude sickness. For

details of his papers (1940–86), MSS 0491, held at the Mandeville Special Collections Library, Geisel Library of the University of California, San Diego, see http://orpheus.ucsd.edu/speccoll/testing/html/mss0491a.html (visited 15 January 2009). See Figures 8 and 9.

Dr Malcolm Read

DRCOG DM-Smed FISEM FFSEM (b. 1941) worked in general practice and in NHS sports and exercise medicine (SEM) from 1971 (full-time privately in SEM from 1985) and was awarded the Sir Roger Bannister medal for services to SEM in 2006. He was a member of the Olympic hockey team (1968) and has been Olympic medical officer, Commonwealth games medical officer; chief medical officer for BAAB track and field; and adviser to the squash, badminton, modern pentathlon and weight-lifting federations (variously since 1970). He has lectured widely in the UK and internationally in SEM, and examines for the University of London and the Society of Apothecaries of London.

Dr Henry Evans Robson

MRCS LRCP (1922–92) qualified in medicine from Newcastle with house jobs in Sunderland and as a registrar in casualty at Hartlepool and Durham. He was appointed as an anatomy demonstrator at Newcastle, later as lecturer at Birmingham. After isolation for tuberculosis, he was appointed in 1958 as principal lecturer in anatomy and physiology at Loughborough Training College. He joined BASM in 1962 and became treasurer (1962–88). He started a sports medicine issue in 1962 for the Physical Education Association *Bulletin*, which later became the *British Journal of Sports Medicine* in 1968. His ill health caused him to become less involved with the *BJSM* in 1986, becoming editor emeritus in 1989. In 1969 he entered general practice at Mountsorrel near Loughborough until his retirement in 1990. See Figure 5.

Mr Peter Sebastian

CBE (1919–2006) a lawyer, who specialized in arbitration. He was elected member of Westminster City Council; was on several hospital and school boards and was chairman of the Governors of Hammersmith Hospital. He was a member of the Council of the Duke of Edinburgh's Award. His abiding work was in postgraduate medical education in sports medicine which he pioneered and in pursuit of which he founded the Institute of Sports Medicine (1965). He was also a member of the performing rights tribunal. See

www.fsem.co.uk/site/2409/default.aspx (visited 8 January 2009). See Figure 7.

Professor Craig Sharp

MRVMS PhD DSc FIBiol FBASES FPEAUK (b. 1933) is a veterinarian and sports scientist at the Universities of Brunel, later emeritus, and Stirling. He co-founded the human motor performance laboratory at Birmingham University in 1974 and the British Olympic Medical Centre in 1987 with Dr Mark Harries; attended four Olympics as coach and/or headquarters physiologist; and competed for Kenya and the west of Scotland at squash and ran cross-country for Scotland. He is an honorary fellow of BASES, the Institute of Biology, the Physical Education Association of the UK and in 2003 was awarded an IOC sport and wellbeing trophy for his work with British gymnastics.

Professor Peter Neville Sperryn

FRCPGlas FACSM (b. 1937), qualified at Glasgow and trained in physical medicine and rehabilitation at King's College Hospital (KCH), London. While registrar there, he instituted an athletes' clinic in 1968; was appointed consultant at Hillingdon Hospital in 1971 and instituted athletes and wheelchair clinics and an exclusive runners' clinic with podiatry services, eventually adopted by the hospital board; he was registered by the GMC as a specialist NHS consultant in sports medicine at Hillingdon Hospital in 1994 until his retirement in 1998, when he was appointed professor and associate in sports medicine at Brunel University London, introducing the sports medicine module in the sports sciences MSc in 1998. He joined BASM in 1964 (conference organiser (1964); honorary secretary (1971–83); vice-president and vice-chairman (1983); editor, *British Journal of Sports Medicine* (1988–95)); was MO to the GB team at the World student games in Budapest (1965), Tokyo (1967), Turin (1970), Moscow (1973) and Sofia (1977); medical adviser to the BAAB and the GB athletic teams from 1969 and worked with the International Athletes' Club to develop physiotherapy and medical services. Along with D M Turner and P R Travers, he proposed several plans to BASM for complete medical care of international athletes, although defeated on financial grounds. He was on the organizing committee as academic programme organizer for the FIMS 1970 XXVIII World Congress of Sports Medicine at Oxford (Robson and Sperryn (eds) (1973)). As Churchill travelling fellow in 1975,

he visited sports clinics in the US and Canada and on his return helped to start the BASM/FIMS residential courses at Loughborough in 1975. He was sports medical editor for *Medical News*, a GP newpaper (1976–86); joint editor with John Williams of *Sports Medicine* (2nd edn, 1976); was appointed a member of the Sports Council (1976–80; chairman of the medical subcommittee); elected to FIMS executive committee (1982–90; president, education commission, 1984–90); member of the Society of Apothecaries' working party on the diploma in sports medicine (1988/9, later examiner); a member of the working party on NISM (1990–92; member of board, 1992, resigned over issue of full-time medical director); and set up and edited the magazine *Sport and Medicine Today* with the support of FIMS, (1998–2001). See Sperryn and Williams (1975); Sperryn (1983, 1992).

Sir Rodney Sweetnam

KCVO CBE FRCS FRCSEd (b. 1927) ran the Middlesex Hospital athletes' clinic in the 1960s; was consultant orthopaedic surgeon to the Middlesex Hospital and University College Hospital, London (1974–92), later emeritus. He served as consultant adviser in orthopaedic surgery to the Department of Health (1981–90); orthopaedic surgeon to the Queen (1983–92); president of the British Orthopaedic Association (1985); president of the Royal College of Surgeons of England (1995–98) and a fellow of UCL (1993).

Professor E M (Tilli) Tansey

HonFRCP FMedSci (b. 1953) is convenor of the History of Twentieth Century Medicine Group and professor of the history of modern medical sciences at the Wellcome Trust Centre for the History of Medicine at UCL.

Professor Harry Thomason

MSc PhD DLC Hon. (b. 1940), human biologist/physiologist, was at the University of Salford (1963–76): course tutor MSc in under-water science and technology; director of the human performance laboratories; and at Loughborough University (1976–2003): founding professor and head of the department of sports science and recreation management; senior pro-vice chancellor; and pro-vice chancellor (1984–2003). He was education adviser to governments (Singapore and Egypt) and large corporations (Ford, British Aerospace); a member of BASM (1964–75; committee member and treasurer, 1986–2003); course tutor on numerous BASM courses (1968–84); FIMS tutor on overseas sports medicine courses (1970–80); and a member of BOA medical committee (1977–87).

Dr Duncan Troup

was a surgeon whose PhD on 'The function of the lumbar spine: a biomedical and peripheral neurological study' was undertaken at the biomechanics laboratory, department of anatomy, Royal Free Hospital School of Medicine, University of London in 1968. He later worked at the Dawn Trust unit for spinal research, Institute of Orthopaedics, Stanmore, and the university department of orthopaedic and accident surgery, Royal Liverpool Hospital, Liverpool.

Dr Dan Tunstall Pedoe

MA DPhil FRCP FISM HonFSEM(UK) (b. 1939) was a consultant cardiologist and physician, jointly at Homerton and St Bartholomew's Hospitals, London, until his retirement in 2004. He was medical director of the London Marathon (1981–2007), set up LSMI and was its medical director (1986–92) until it became NSMI. His medical conference in 2000 was the basis of *Marathon Medicine* (Tunstall Pedoe (2000)). He was chairman of BASM (1983–92) and acting editor of *BJSM* in 1995. He was the first president of the International Marathon Medical Directors Association and examiner for the Society of Apothecaries of London. He was a university middle distance track athlete and ran for more than 40 years.

Dr John G P Williams

MD FRCP FRCS (1932–95) qualified at St Mary's Medical School, London, in 1956 followed by diplomas in obstetrics and gynaecology, and physical medicine. He was a registrar in an established sports injuries clinic at the Middlesex Hospital, London, in the 1960s run by Professor Rodney Sweetnam, which had many patients from the ballet world; became a consultant in rehabilitation medicine at Mount Vernon Hospital, London, in 1964/5 and medical director of the Farnham Park Rehabilitation Centre, where he treated athletes until its closure 25 years later, then moving to Bon Secours Hospital, Beaconsfield, Bucks. He was secretary of BASM (1967–73) and secretary general of FIMS (1970–80). See Tunstall Pedoe (1995). See Figures 6 and 11.

Mrs Sally Williams

(b. 1936, née Handfield-Jones), a physiotherapist, married John Williams in 1958 shortly after qualifying.

Mr Arthur Dickson Wright

FRCS DTM&H (1897–1976) was a senior consulting surgeon, St Mary's Hospital and Prince of Wales Hospital, London; consulting surgeon to the Society for Propagation of the Gospel, the Concert Artists Association and British Railways. See James (1998).

Glossary*

100-yard dash (91.44m)
A track and field event that was included in the Olympic decathlon in 1904 and was part of the Commonwealth Games until 1966, when it was replaced by the 100m dash, the shortest outdoor sprint race distance in athletics.

Association of Chartered Physiotherapists in Sports Medicine (ACPSM)
Formed in 1972 to ensure all the members of the society should be concerned with all those involved in sport; to recognize that both NHS and private practitioners were needed to improve the techniques and facilities for the prevention and treatment of sports injuries; and to promote the work of chartered and state registered physiotherapists. A regional and national education programme was introduced and in 1987 a two-year part-time course was offered by the Crewe and Alsager College of Education leading to recognition as post-registration training in sports medicine and validated by the Chartered Society of Physiotherapy. A quarterly journal is published. See www.csp.org.uk/director/groupandnetworks/ciogs/musculoskeletalgroups/sportsmedicine.cfm (visited 16 December 2008).

British Association of Sport and Exercise Medicine (BASEM)
A change of name from **BASM**, approved by the Charity Commissioners and Companies House in December 1999. See Clegg (2000).

British Association of Sport and Medicine (BASM)
Founded in 1952 by Sir Adolphe Abrahams and Sir Arthur Porritt, known as the **British Association of Sport and Exercise Medicine** (**BASEM**) from 1999.

British Institute of Musculoskeletal Medicine (BIMM)
Formed in 1992 from the merger of the Institute of Orthopaedic Medicine and the British Association of Manipulative Medicine.

British Journal of Sports Medicine
Published by **BASM** from 1964, the first three volumes appeared as *British Association of Sport and Medicine Bulletin*. The journal was published quarterly (1968/9–99); bimonthly (2000–04) and has been monthly from 2005.

*Terms in bold appear in the Glossary as separate entries

British Olympic Association (BOA)

Formed in 1905 by seven national governing bodies of sport, its members include those of the 35 Olympic summer and winter sports (2008). It is responsible for leading and preparing Britain's participation in the summer, winter and youth Olympic games, and for protecting the values and developing the Olympic movement throughout the UK. The BOA helps to develop and select the best athletes to represent the nation as Team GB, and then organize the funding, logistics and co-ordination of sending them to the next Olympic Games and initiated London's successful bid to host the 2012 summer Olympic games.

British Olympic Medical Centre (BOMC)

Founded by Dr Mark Harries and Professor Craig Sharp in 1987 as the national residential rehabilitation centre, located at Northwick Park Hospital, Harrow, providing intensive treatment for athletes recovering from serious injury. It was the first sports science and medicine facility in the UK catering for elite athletes. A partnership between the **British Olympic Association** and the English Institute of Sport in 2003 renamed the centre the Olympic Medical Institute (OMI), designed as a specialist national support centre for high performance athletes from both Olympic and non-Olympic sports. See Appendix 2, page xx.

Central Council for Physical Recreation (CCPR)

The main sports administration body in the UK from 1935 to 1972, which owned and ran most of the major sporting facilities (Crystal Palace, Bisham Abbey, Lilleshall, Plas y Brenin and Holme Pierrepont) as well as ten regional offices. All activities were supported by charitable donations until 1961 when the CCPR received its first grant from the Ministry of Education. From 1972 when the GB **Sports Council** was established, with separate sports councils for Wales, Scotland and Northern Ireland, they took on the allocation of administering government funds in sport. The CCPR agreed to remain independent of government and represented the interests of the sports and the recreation sector and in return transferred its assets to the Sports Council, in exchange for funding.

Crystal Palace Sports Injury Centre

Established in 1976 as a part-time clinic, in a room under the stairs, for treatment and rehabilitation for athletes training for the Montreal Olympics. It was open two evenings

a week and on Sunday morning with physiotherapists from local hospitals and Dr F Cramer, a medical officer. Consultants ran a diagnostic clinic on Sundays, which provided links with hospitals and access to X-ray and other investigative procedures. By 1982 the clinic was open five days a week from 8am–8pm with six full-time chartered physiotherapists. Plans were drawn up in 1986 for a new Crystal Palace Sports Injury Centre, which opened in 1988 with the best equipment in the UK. In 1985 a film on 'sports injuries' was made by the National Coaching Foundation, sponsored by Smith and Nephew; one by the BBC in 1989 ('Bodytalk', QED production for BBC1) and another on the 'management of soft tissue injuries' (Gemini Productions, 1990).

Farnham Park Rehabilitation Centre, Slough, Berkshire

Opened in 1947 by the Slough Industrial Health Service to provide occupational support for factory workers in the area and later expanded to take patients from London and referrals from orthopaedic surgeons. It was directed by J G (Jimmy) Sommerville (1920–2005) from 1960–64 and John G P Williams (1932–95) until its closure in 1983. For details of Sommerville's work, see Jay (*Munks Roll* online).

Fédération Internationale de Medicine du Sport (FIMS)

An organization formed in 1928 to facilitate the development of sports medicine throughout the world, originally based on individual membership, but altered to a two-tier structure after the Second World War of established national associations of sports medicine throughout the world (whose representatives form the governing body of the federation that meet every two years). The second tier is the International College of Sports Physicians, the individual membership of the FIMS, consisting of the honorary members of the FIMS (individuals who have given particular service to the federation or to international sports medicine generally), the full members (medically qualified individuals or suitably qualified scientists of highest standing in one or other of the various fields of sports medicine and who have achieved international recognition for the specialism in their chosen field), the associate members (qualified medical practitioners who have completed a basic orientation course in sports medicine approved by the federation), and collegiate members (non-medically qualified individuals working in sports medicine with commensurate level of skill and expertise and who,

like the associates, have completed an appropriate course in sports medicine). The syllabus of an accredited FIMS course appears in the handbook. See Williams (1979).

Institute of Sports Medicine

Created out of the **PEA** in the late 1950s, becoming a legal entity in 1965. See note 79.

London Sports Medicine Institute (LSMI)

Established with a five-year grant from the Greater London Council in 1986, the facilities were used by **BASM** for meetings and the library housed its book collection and journal, the ***British Journal of Sports Medicine.*** In 1992 it was taken over by the **Sports Council** and renamed the **National Sports Medicine Institute**.

Loughborough University

Established in 1909, Loughborough College was divided into four separate institutions in 1952: teacher training, art and design, local and vocational training and the college of technology continued its higher degree courses in science and engineering (designated a college of advanced technology in 1957 and granted university status in 1966, receiving a Royal charter as Loughborough University of Technology). In 1977 the original structure was partly restored when the university and the college of education were amalgamated and in 1998 art and design was merged into Loughborough University. The college of education's expansion in the 1960s employed new lecturers with an expectation that they would coach the new students primarily interested in athletics and rugby. The Loughborough College of Advanced Technology (1952–66; Loughborough University from 1966) had an MSc in recreation management. The two institutions merged (1976) and the department of physical education, sports science and recreation management was formed. See http://sdc.lboro.ac.uk/aboutus/history.php?cat_id=15&subcat_id=31&level=2; www.lboro.ac.uk/library/services/Archives.html (visited 11 December 2008).

National Sports Medicine Institute (NSMI)

A body created in 1991 by the **Sports Council** to deliver enhanced medical support services for both recreational and elite athletes and to develop specialist training opportunities for those working in sports medicine, which was the result of a review by the Office of Arts and Libraries (the Department of National Heritage (1992–97) succeeded by the Department of Culture, Media and Sport in 1997). The consultation process started in April 1990 with a working party

chaired by Dr Dan Tunstall Pedoe, with Dr Peter Sperryn as vice-chairman. The medical director, Mr Greg McLatchie, was appointed in December 1991. The functions and structure of the body were made public in 1992 (Sperryn (1992); McLatchie (1992)). The work of NSMI has been funded by the Department of Culture, Media and Sport through UK Sport and Sport England. NSMI promotes good medical practice in the treatment of athletes at all levels, including adequate preparation for events and the importance of a sound diet for optimum health and performance. Their register of exercise and sports care UK is a database of top sports medical and care practitioners, and facilities in the UK. See www.culture.gov.uk/what_we_do/sport/3472.aspx (visited 23 March 2009).

Orgone accumulator

An apparatus invented by the Austrian psychoanalyst Wilhelm Reich (1897–1957), a member of Freud's inner circle in Vienna, who believed that sexual gratification alleviated neurotic symptoms. His research into the power of orgasm-induced energy flows led him to claim the discovery of a physical biological energy that did not obey any laws of electricity or magnetism, 'orgone energy'. He developed medical orgone therapy with orgone accumulators, where terminal cancer patients could sit and be exposed to energy that he believed could counteract cancer cells, among other things. In 1954, the US FDA successfully filed for an injunction against him, resulting in the destruction of all materials to do with his research and his incarceration in 1957. See www.wilhelmreichmuseum.org/biography (visited 24 March 2008).

Physical Education Association (PEA)

An association formed in 1899 as the Ling Association (renamed in 1956) to promote the improvement of physical health of the community of Great Britain and Northern Ireland through physical education, health education and recreation. Peter Sebastian was its first male general secretary from 1955 and its records are held in special collections and archives, Liverpool University, as GB 0141 D529 (1910–86). It merged with the British Association of Advisers and Lecturers in Physical Education in 2005 to create the Association for Physical Education (afPE).

physical medicine

The use of physical measures in the treatment of disease, including therapeutic exercise, massage, and osteopathic joint mobilization and immobilization techniques.

Scottish diploma in sports medicine

Run by the three Scottish royal medical colleges (the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh and the Royal College of Physicians and Surgeons of Glasgow) through a Board for Sports Medicine. To support the diploma, the colleges and the Football Association prepared residential teaching programmes, specialized courses and distance learning packages. The first exam was held in September 1990.

Society of Orthopaedic Medicine (SOM)

A registered charity formed in 1979 to develop the work of Dr James Cyriax and to promote the theory and practice of orthopaedic medicine. Doctors and physiotherapists have equal rights to full membership.

specialist training

The third phase in professional training in medicine, which is marked by the award of Certificates of Completion of Specialist Training (CCSTs) from 1997. Harmonization of specialist training across European countries began in 1976 with two EEC directives. However, it was the EEC directive on specific training for general practice (86/457/EEC) in 1986 and the charter and compendium from the European medical specialists organization, Union Européene des Médecins Spécialistes (UEMS), in 1992, which spurred Dr Kenneth Calman, Chief Medical Officer, to inform all doctors in England that the new specialist qualification would become a mandatory requirement for the post of consultant (DoH (1992)). The subsequent report by the working group on specialist medical training (the Calman report) (DoH (1993)) recommended unification of the two postgraduate specialist certificates (registrar and senior registrar) into the new specialist registrar (SpR) (DoH, CMO (1995)). See also note 213.

Sports Council (1965–1996)

An independent body set up by Royal Charter that provided grants to individual governing bodies of sport, which was dissolved to create **UK Sport** and **Sport England**.

Sport England

The 'sports for all' organization created by Royal Charter in 1996 that replaced the **Sports Council.**

sports medicine

A branch of medicine concerned with the treatment of injuries or illness resulting from athletic activities. It has been recognized by the British Medical Association as a specialty since 2005 with the creation of its own faculty (FSEM).

sports science
A study of the application of scientific principles and techniques with the aim of improving sporting performance.

UK Sport
The organization for 'elite' athletes created by Royal Charter in 1996 that replaced the **Sports Council.**

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