

Sports doctors' resuscitation skills

EDITOR,—I cannot resist the temptation to join the debate on sports doctors' resuscitation skills.^{1,2} The study by Thompson *et al*³ suggested that there is a perceived need among sports specialists for first aid skills. However, I received no response to my letter concerning this⁴ which indirectly posed the question, "should doctors who attend aquatic sports be able to deal with a suspected cervical spine fracture and recover the casualty?" Obviously, that is the task of a lifeguard in the same way that first aid at non-aquatic events is the task for a first aider, but perhaps doctors should be competent first aiders and/or lifeguards. This was never in the medical school curriculum and perhaps that should change. At least, first aid training is part of sports medicine courses, but I would like to suggest that lifeguarding should also be included. I would also suggest that all doctors at aquatic events should hold the NPLQ, NBLQ, or at least bronze medallion and bronze cross of the RLSS or overseas equivalent.

Should the organisers of any sports medicine course want advice on this, they should contact the RLSS at River House, High St, Broom, Alcester, Warwickshire B50 4HN, UK. I would be happy to help out but would make two stipulations: everyone on the course should feel obliged to join the RLSS and they should sponsor me for my next fund raising event for the RNLI.

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- 1 Lavis M, Rose J, Jenkinson T. Sports doctors' resuscitation skills under examination: do they take it seriously? *Br J Sports Med* 2001;35:128-30.
- 2 Bottomley MB. Sports doctors' resuscitation skills under examination: additional facts. *Br J Sports Med* 2001;35:283.
- 3 Thompson B, McNally O, Neill SO, *et al*. What is a sports medicine specialist? A pilot study. *Br J Sports Med* 2000;34:243-4.
- 4 Schur P. What is a sports medicine specialist? *Br J Sports Med* 2000;34:474.

What a pleasure it was to read this book—comprehensive, direct, accessible, and practical are only a few relevant adjectives applicable to this text. It even kept me awake on a Sydney to London flight! Beautifully presented with clear figures, singular in its lack of waffle, and very well referenced, this is the ultimate guide to so many aspects of what many consider to be the greatest race. In addition to the wealth of information contained in the chapters proper, I quite appreciated the inclusion of short sections of discussion between conference attendees and the experts which were included at the conclusion of some chapters.

Having personally struggled through a number of these events, I especially looked for practical information. Will it kill me? Probably not. Will I live forever if I complete one? No. What should I drink and eat? What about altitude training? Why do I fatigue? The answers, or our best current knowledge, are all there.

This is an excellent book. I am half way through it on the second reading. I would buy it myself and recommend it to all of those who care for participants in, or who are interested in, endurance sport. It is suitable for sophisticated athletes and both students and practitioners of sports science and sports medicine.

<i>Analysis</i>	
Presentation	18/20
Comprehensiveness	18/20
Readability	18/20
Relevance	18/20
Evidence basis	18/20
Total	90/100

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High altitude medicine and physiology. 3rd ed. M P Ward, J S Milledge, J B West. (Pp 434; £69.00.) London: Arnold, 2000. ISBN 0-340-75980-1.

"We have tried to strike a balance between being too academic on the one hand and competing with the pocket guides on high altitude emergencies on the other" proclaim Michael Ward, James Milledge, and John West, three internationally respected authors on the subject of high altitude medicine. Their third edition is an attractively covered book, its suprising weight giving suitable notice of the serious reading within.

Each chapter starts sensibly with a list of contents followed by a carefully worded summary. I found this increasingly useful as the majority of text favours the clinical specialist and high altitude physiologist. By chapter six I was struggling with $M = (P_A - P_{A'})Q_A(1 - e^{-D/\alpha})$. Those of you who recognise this as relating to the total transfer of a gas will be at one with this book. I suspect the majority of readers will silently thank the authors for providing those chapter summaries.

In the midst of this text I could sense John West's influence predominate, with the profusion of scientific tables and graphs sprinkled with references to the pioneers of high altitude physiology, and it was in these scientific chapters that the authors seemed most at ease. As a GP with an interest in mountain rescue, I found the latter third of the book

much more relevant. The conditions of high altitude pulmonary oedema and cerebral oedema (HAPE and HACE), hypothermia, exhaustion, and fatigue are covered in workable detail, and there is useful information on how clinical conditions such as diabetes, COPD, and IHD are affected by high altitude.

So have the authors succeeded in their aim? On balance this is of more interest to the research scientist or high altitude specialist rather than readers like myself. There are cheaper (much) books that cover the clinical aspects at least as well, but none so logically laid out, beautifully presented, or as thoroughly researched (I counted 1557 references!). One for the serious high altitude buff who won't even see the price tag.

<i>Analysis</i>	
Presentation	17/20
Comprehensiveness	17/20
Readability	15/20
Relevance	10/20
Evidence basis	18/20
Total	77/100

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Sports medicine for specific ages and abilities. Eds Nicola Maffulli, Kai Ming Chan, Rose Macdonald, Robert M Malina, Anthony W Parker. (Pp 471; £49.95.) Edinburgh: Churchill Livingstone, 2001. ISBN 0-443-06128-9.

I was excited when I saw this book as the five authors are all well known to me as prominent in their respective fields. Nicola Maffulli of Stoke on Trent via Aberdeen and Hong Kong is an orthopaedic surgeon with a special interest in children's injuries, Kai Ming Chan from Hong Kong is a widely published orthopaedic surgeon, Rose McDonald has been prominent in sports physiotherapy in the United Kingdom for many years, Bob Malina from Michigan State University is one of the foremost experts in children's growth, and Tony Parker has been a leading FIMS official for many years.

Their stated aim is "to address in one volume the specific problems of different categories of individuals in sport". The four groups considered were the young, the old, the female athlete, and the disabled athlete—all important subgroups with specific problems of their own. These four groups usually get a chapter each in general sports medicine books, so one would hope that these areas would be considered in significantly more detail in this publication.

The children's section covers all the important issues such as growth and maturation, strength and endurance training, nutrition, and competitive stress. The sections on injuries have some inaccuracies—for example, in the section on navicular stress fractures describing the pain as "well localised to the apex of the foot" and prescribing rest only in the treatment, and the use of a rigid Boston brace in all cases of spondylolysis—but they are generally well covered.

The female section also covers all the major issues but is quite repetitive, with three different chapters all covering menstrual irregularities. The section on aging and master athletes (surely that should be masters

BOOK REVIEWS

Marathon medicine. Ed Dan Tunstall Pedoe. (Pp 340; £19.95.) London: Royal Society of Medicine Press Limited, 2000. ISBN 1-85315-460-1.

This is the best book on the marathon that I have ever read. It is composed of a series of chapters based on lectures delivered at a British Heart Foundation symposium on marathon medicine held in London in 2000. The content includes a wide range of disciplines: history, sociology, psychology, medicine, physiology, and more.

It is noted in the introduction that the reader will be treated to the views of a veritable galaxy of experts. This is no false claim.