EDITORIAL
SPORT IN THE ARMY

1,741 members of the army were injured at sport during 1962. This is a high price to pay. It would be enlightening to know what was the degree of disability, and even invaliding, in this figure. Now that Dr. Rosenbaum has produced the first fruits of his survey on sport perhaps he will go on and give us more detailed clinical information. Many of those admitted to military hospitals have relatively minor injuries and most return to full duty: we would like to see the extent of the more serious side of the picture.

Dr. Rosenbaum wisely asks us to consider our attitude to injury prevention. Preventive measures are top priority for the Army Medical Services. In the case of road traffic accidents there is much to be done: indoctrination, better tuition and control of drivers, improved design of vehicles and roads. What are we to recommend regarding sport? Sport is vital to the well-being and fitness of the armed services. Provision of extra protective equipment will not be welcomed by players. At the risk of a criticism of defeatism it is suggested that this is not the best line of action. Although boxers perhaps could be persuaded to wear head guards, are rugby players and others prepared to adopt protective amour?

If Dr. Rosenbaum's useful article is to stimulate us to offer our advice surely it is towards insistence in sport of proper organisation, high quality refereeing and adequate physical fitness.

In the hospital one is struck by the high incidence of knee injuries due to twisting strains at football. No equipment can prevent these and all too many fail to return to full fitness. Luckily there are few sports injuries that risk life but it is worth mentioning fractures and dislocations of the cervical spine. In 28 of these serious injuries seen recently, 1 was sustained at association football, 2 during physical training (both instructors) and 8 diving into shallow water; the others were due to road traffic accidents. Injuries of the ankle and knee are extremely common in many sports, as well as in general training. The differentiation in these patients of complete ligament ruptures from simple sprains is important if prolonged disability is to be avoided. Immediate repair of a completely ruptured ligament gives excellent results, if treated conservatively it may cause months of inactivity.

It is to be hoped that Dr. Rosenbaum's survey will cause us to look more closely into the cause of sporting injuries to see how we can lessen the toll.

RENAL FAILURE

The plight of sufferers from chronic renal failure has aroused public sympathy and has caused serious heart searching within the medical profession. The requirements of finance, equipment, accommodation, doctors, nurses and biochemical support to keep all the patients alive and well appear to be beyond the resources of this country. Panels for the selection of individuals to receive treatment are being set up.

Fortunately chronic renal failure is not numerically a major problem in the forces but acute renal failure certainly is, even more so than in civilian practice. As well as the results of major accidental injury we see acute renal failure from battle wounds and associated with tropical conditions such as malaria, leptospirosis, scrub typhus, heat effects, severe bacillary dysentery and haemorrhagic fevers. Whereas in chronic renal
failure the pathological process is usually permanent and irremediable the opposite is true in the acute renal failure of military practice. The basic pathological process is either reversible by treatment or self limiting and recoverable. The patients can therefore be tided over the phase of renal failure, which could otherwise be fatal, by conservative management, by dialysis with simple apparatus, or in a few instances by dialysis with the complicated apparatus found only in a fully equipped renal failure unit.

We are therefore interested in the more simple forms of dialysis which can be used in hospitals overseas or in the field in war. This equipment has now been supplied to all major military hospitals and will soon be available on a wider scale. A most useful simple method is that of peritoneal dialysis described in this number.

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Our Colonel in Chief

On the occasion of our Colonel in Chief's recent illness in hospital the good wishes of the Corps for speedy recovery were made known to Her Majesty. The Lady in Waiting wrote to the Representative Colonel Commandant to say how pleased and touched Queen Elizabeth the Queen Mother was to receive the beautiful roses from the Royal Army Medical Corps. The kind thought had been greatly appreciated by Her Majesty.