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From 1 January 1983 we shall include in references to letters the titles of articles as well as journal titles. This will bring letter references into line with the Vancouver style, as used in the rest of the BMJ, and from now on correspondents should supply article titles (and the titles of chapters in multi-author books) in their references.

Popular marathons: forecasting casualties

SIR,—The report by Mr J P Nicholl and Dr B T Williams (20 November, p 1464) draws attention to the high casualty rate associated with participation in a popular marathon race. This provides a timely warning in view of the rapidly increasing popularity of such events. We have recently obtained evidence, however, that substantially more injuries may be incurred during training for such an event than during the event itself.

The Aberdeen marathon was held on 19 September 1982 and attracted 960 entrants of whom 760 (79%) actually started on the day. Of these, 689 (91%) completed the full distance. One week after the race a questionnaire was sent to all entrants to elicit information regarding a variety of aspects of injuries incurred during preparation for the race and during the race itself. A total of 471 replies (49%) were received within one month. Analysis of these replies showed that 127 injuries were reported during the race, representing 17% of all those who started the race and 27% of all replies received. This is comparable to the figure of 18% of all runners who require first aid treatment reported by Mr Nicholl and Dr Williams. No record was kept of first aid treatment given during this race but no more than 15-20 individuals were treated—mostly for blistering of the skin of the feet.

During preparation for the race 272 (58% of those replying) had sustained some form of injury related to training. In 200 of these (74%) the injury was sufficiently serious to interrupt training, and 87 individuals (32%)

claimed that their performance in the race was adversely affected by a previously sustained injury. Commonest sites of injury during training were the anterior aspect of the knee (83 cases, 31% of all injuries), foot (40 cases, 15%), achilles tendon (35 cases, 13%), and ankle (31 cases, 11%). Most injured runners did not seek professional advice (169 cases, 62%); 53 (19%) consulted their general practitioner—hospital referrals were made in 11 cases (4%)—and 39 (14%) visited a physiotherapist on at least one occasion.

These results suggest that minor injuries, particularly those affecting the lower limbs,

are relatively common in individuals preparing themselves to run a marathon. Statistics based on treatment of these injuries are likely to greatly underestimate the prevalence of such injuries. With the increasing popularity of participation in marathon races it seems likely that the incidence of injuries related to training which require treatment will show a similar increase.

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General practice in preregistration programmes

SIR,—I have just completed four months' work in general practice as part of my preregistration programme attached to St Mary's Hospital Medical School. This represents part of a three year experiment run by St Mary's Hospital under the auspices of the University of London. The four months in general practice are spent in a health centre in Marylebone, London, in which the department of general practice is also located. The remaining eight months are spent at St Mary's and consist of four months' general medicine and four months with the professorial surgical unit.

Professor Philip Rhodes has briefly described the failure of preregistration programmes which have included general practice as part of the year's experience (9 October, p 1021).

In the St Mary's Hospital experiment, however, many of the improvements suggested by the previous studies^{1,2} have been adopted so as to overcome many of the problems associated with the general practice part of the rotation. Professor Rhodes thought that little responsibility was given to the general practice house officer and that there was a lack of interest shown by aspiring hospital doctors to spend some time in general practice. Personally, I disagree that little responsibility is given to the general practice house officer. Although I was closely supervised I initiated the consultations, investigations, and any subsequent treatment. The case discussion that followed was always rewarding as it allowed me to justify my decisions. On the whole the level of