

with moving from a very sedentary state (maximal oxygen intake ($<21 \text{ ml kg}^{-1} \text{ min}^{-1}$) to what is still a sedentary lifestyle ($30 \text{ ml kg}^{-1} \text{ min}^{-1}$). Over this range, the relevant issue may be the proportion of body fat or a genetic difference of body build rather than the pattern of personal physical activity, and any causal explanation could not be clearly linked to earlier studies that have shown protection against colonic or reproductive cancer from athletic participation or engagement in a demanding physical occupation. It may be for this reason that Blair *et al.*³ found a stronger association between physical fitness and overall cancer mortality rates than might have been anticipated from some previous studies^{1,2}.

References

- 1 Shephard RJ. Exercise and malignancy. *Sports Med* 1986; 3: 235–41.
- 2 Shephard RJ. Physical activity and cancer. *Int J Sports Med* 1990; 11: 413–20.
- 3 Blair SN, Kohl HW, Paffenbarger RW, Clark DG *et al.* Physical fitness and all-cause mortality. A prospective study of healthy men and women. *JAMA* 1989; 262: 2395–401.
- 4 Shephard RJ. Exercise and lifestyle change. *Br J Sports Med* 1989; 23: 11–22.
- 5 Fitness Canada. *Fitness and Lifestyle in Canada*. Ottawa: Fitness and Lifestyle Research Institute, 1983.

Erratum

Jeffery RS, Caiach S. Waterbike injuries. *Br J Sports Med* 1991; 25: 232–4.

The publishers wish to apologise for a printing error which occurred in the above article. Figure 4 was reversed left to right but is shown here in the correct orientation.

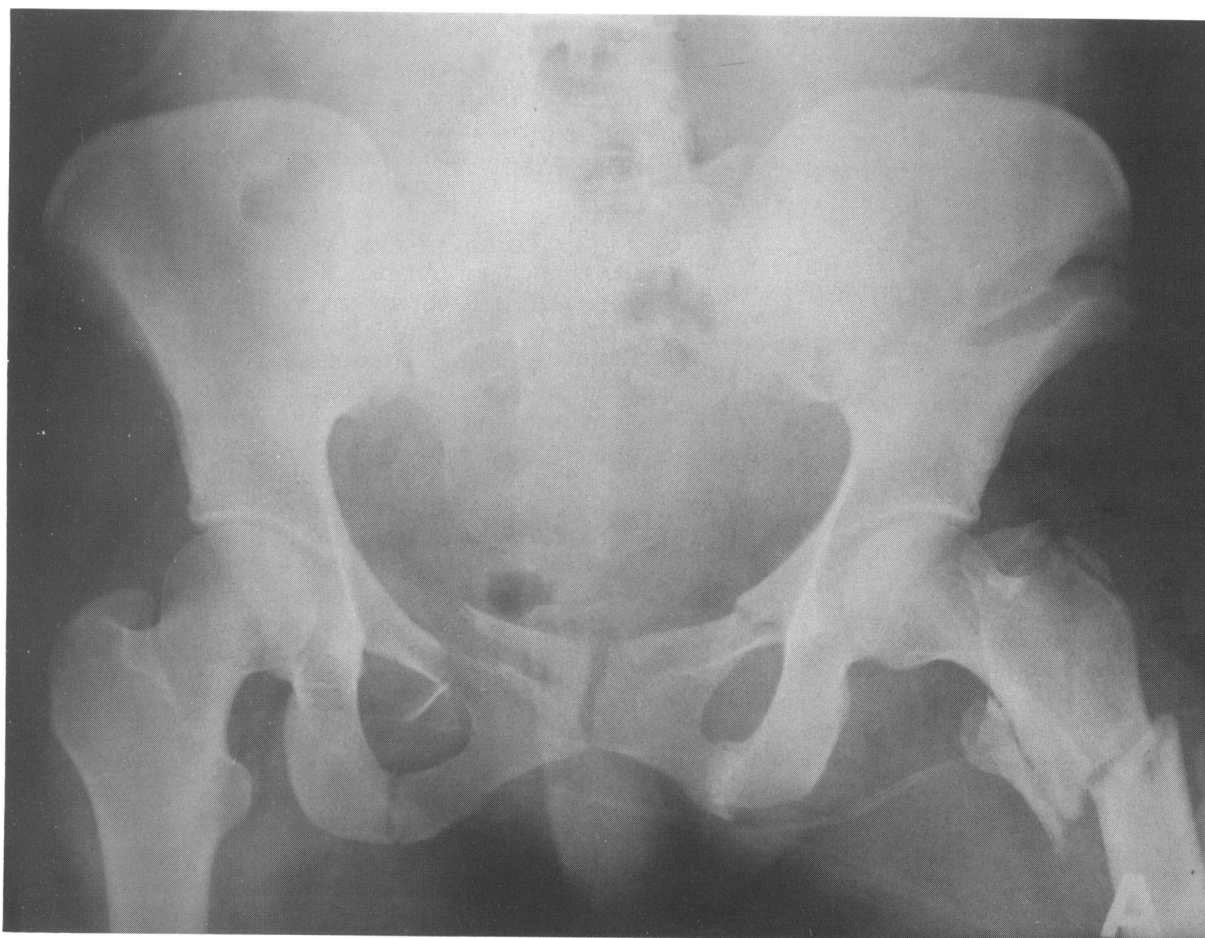


Figure 4. Case 6: pelvic and left hip injury