

A MEDICAL VIEW OF GOLFING

BY

DR. JOSEPH B. WOLFFE
President, American College
of Sports Medicine

(Observations of Dr. Joseph B. Wolffe, internationally known cardiologist, Chief of Medicine, Valley Forge Heart Hospital, Fairview Village, Pa., and the Wolffe Clinic and Hospital, Philadelphia, as delivered at the International Congress of Sports Medicine in Moscow, May, 1958.)

We initiated studies of golfers, and that sport's possible effects on the heart and blood vessels as far back as the 1920's, when the vogue was taking hold among more prosperous middle-aged businessmen. Our curiosity was aroused when individuals who had started playing golf came to us with an interesting pattern of complaints, revealing a "common profile." They would tell of shortness of breath, tightness in the chest, a feeling of undue fatigue and, paradoxically, inability to sleep well. The symptom pattern was almost identical with the much-banded wartime syndrome of the so-called "soldier's heart."

We found, on examination, no clinical signs of disease to account for the symptoms. Having long been interested in the effect of sports and exercise on the cardiovascular system (heart and blood vessels) we decided to do an on-the-spot study of golfers in action. We went down to New Hope to one of those old-time "cow-pasture" courses, as they were called (6-holers) and spent a few days making before-and-after examinations of our golfers. We had to hire a truck to transport the huge, unwieldy electrocardiographic machine—this was long before the days of the portable ECG—and set it up, with its 20 batteries, in a shack some distance from the course. What we wanted to find out was:

1. Should we stop individuals with the aforementioned complaints from indulging in golf?

2. Were those physicians who advised their unsick patients to "give it up," and "take it easy," correct in giving such advice?

3. What was there about the game which produced the symptoms with which men were coming into our office? Was

the game too strenuous? Was it, in fact, dangerous? What was the urge which impelled them to go in for the sport—aside from wanting to emulate old John D. Rockefeller, and other examples of wealth and success?

We took a leaf out of the book of Sir James MacKenzie—the late, great cardiologist and teacher under whom we studied for a privileged interval in Scotland. We remembered what he observed when studying wartime victims of the so-called "soldier's heart"—which was NOT heart disease in any shape or form, nor was it caused by exertions in combat. The fact was that "soldier's heart" was a phenomenon observed in new recruits who usually saw no combat whatsoever. They were victims of fear, and of too intensive overtraining to begin with. Medical scientists later named the syndrome "neurocirculatory aesthenia," and "effort syndrome," with no relationship at all to war or the military life.

The fact is, we see a tremendous incidence of this symptom pattern among civilians in peacetime, but when there is an absence of peace in their personal, social, economic or professional lives. And we see it in individuals who plunge too intensely into strenuous activities for which they are not properly prepared or conditioned.

When the recruits were given re-training, on a graduated plane, they were, in most instances, successfully rehabilitated and made capable of full-scale duty as soldiers.

So it was with our golfers. They were, in many instances, like horses taken out of the stable after a long, inactive winter, and put to the plow too soon. We found that when they applied themselves gradually to judicious increases in physical

activity, playing a little the first day, a little more the next time, and so on, that they began to be liberated from their symptoms, especially from the fears which the first symptoms engendered, triggering a chain of fears and concomitant symptoms that brought them scurrying into the doctor's office.

The urge to indulge in golf also presented a common profile. They seemed to have almost a compulsion to get out into the open, to be liberated from the confined environment and from the shackles of daily discipline imposed by business responsibilities, an imprisonment which tended to weaken them, make them feel flabby, feeble, with impairment of mental vigor, too. The urge to get out and play golf, it became clear to us, was an expression of the "wisdom of the body" demanding it, and messaging the brain accordingly.

My associates and I accompanied the golfers along the course, in addition to examining them. We found the following:

1. After several weeks of graduated play, the heart rate became stabilized, and began to respond normally to effort. We concluded—and our subsequent studies have confirmed this in ordinary everyday golfers, and in champions as well—that golf has a beneficial effect on the heart and blood vessels; it serves as a mild massage for the heart muscle, and the interrupted walking helps, over a period, to put the many unused capillaries to use, thus improving the circulatory capacity.

2. The pain in the chest of which our golfing patients complained was not really angina pectoris, but rather the result of utilizing chest-wall muscles previously not used, occasioned by the swinging of the club, and the unaccustomed deep breathing and expanding of the chest cage. The pain disappeared after a few weeks of graduated exercise on the golf course.

Golfing tends to strengthen the muscles of the back, and improves posture. A feeling of increased pride in appearance, together with a sensation of well being makes many a golfer a regular devotee of the game.

4. In instances of elevated blood pressure, of the uncomplicated type, the higher blood pressure due to nervous ten-

sion, tended to become stabilized on a normal level as weeks of playing passed.

5. The mere assurance that they could play helped to relax tension and fear among the frightened golfers we saw in those early days.

Our observations consistently show benefits from the game, provided the objective in playing is not competitive. We have had occasion to tell golfing patients that if they have to bet on every hole and every game they play, they are safer in a poker game than on the golf course. The compulsive player who is in a constant dither over his dissatisfaction with his game, who simply must win, not only gets no benefit from the game, but may do himself injury. Intense rivalry on the golf course offers no relief from the marketplace. Competition is fine in its place, but it is far more desirable that men should compete to improve, not to prove.

Golf is a sport that is not designed to increase strength, as such. It is a game that is highly recommended for relaxation, and for the development of endurance—endurance, not for extraordinary tasks beyond the need of the individual, but for the everyday demands of living happily and productively. Golfing, consistently, over a prolonged period, should make a man fit enough to be able to walk up several flights of stairs, when the elevator goes out of whack, and not need to be carried up by the porter.

(In this connection, Pres. Eisenhower's compulsion to go out and play golf no matter what else may be going on in the world has its points. It is the wisdom of his body crying for liberation and relaxation. It is to be hoped, however, that his practice of being motor-driven from lie to lie and from hole to hole, does not become a national fad, inasmuch as the walking on the golf course is a major benefit of this form of sport.)

Chief regions of the body which benefit from golf, in addition to the back muscles, are the legs. There is a measure of benefit also for the abdominal muscles and for the arms and shoulders. The entire muscular system, however, gets the advantage of moderate exercise.

We have investigated cases of individuals who have dropped dead on the golf course, or who have died or taken

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from the picnic the day before.

While playing a course in Brazil, we put a tee shot on a par 3 hole six inches from the pin. We were puzzled when the caddie said something that sounded like bum shot, until our opponent explained that "good" in Portuguese is "bom."

Another course had a quaint custom that might be adopted in the States where extra money is needed. If a member wishes to make a substantial contribution to the club's treasury or give some extra fine prizes for the annual championship, he or she has his name embroidered on one of the flags.

This has some interesting possibilities, particularly when reviewing the day's play at the 19th hole. Instead of saying you had one over par at the brook hole, you could say you bogeyed Senor Alvarez, or you might describe how you slashed your way down the middle of Mr. Chumley.

Organized golf in South America is still in the early stages of development. There is nothing comparable to the Green Section of the USGA, although everyone recognizes the need for a program of this kind.

I know the people who are concerned with the upkeep of their clubs would welcome an exchange of ideas and information from the States.

The Asociacion Argentina de Golf represents some sixty-five clubs. Its principal function is to maintain a uniform

handicap system and supervise the more important tournaments. Since my return I hear that Venezuela has adopted the USGA Handicap System.

Exchange visits of leading amateurs and professionals as participants in the national tournaments would help promote friendly relations with our neighbors to the south of us.

In the interest of the work of the USGA Green Section, we took every occasion to discuss the problems of golf course maintenance and to learn how clubs are run in South America. We found a keen desire to exchange experiences and ideas.

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To all of you, a toast—Salud, y'Pesetas y'amor, y' tiempo, para gozarlos.

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sick in the locker room after the game. Through case histories obtained from physicians and families, we have learned that golf, par se, did not cause death or illness, as far as we were able to determine. Those who died in the game almost invariably had previous conditions which had not been reported, or they had ignored earlier warnings.

We have seen more instances of coronary attacks among men sitting at the horse races than among athletes or physically active individuals who indulge regularly in sports. Those who have become ill in the locker rooms of the country club following a golf game, often suffer those attacks from eating and drinking too much, rather than from playing

too much.

Our observations are based on studies over many years, of athletes in many types of sports, of amateurs and many of championship caliber. We have studied marathon runners, swimmers, golfers, etc. We have never known an individual who has suffered heart or blood vessel injury as a result of sports as such. On the contrary, everything we have observed over three decades of studying both the sick (the unfit) and the well, up to the athlete who is SUPERFIT, has convinced us that exercise and physical activity, for play rather than for display, is an inhibitor of aging, a prophylactic against many of the ravages of disease associated with advancing age, and a most useful therapeutic procedure for many forms of a once disabling disease.