A Quarter-Million Miles and More: 50 Years of Running

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From the moment we are born, each of us begins a journey to the grave. Although the journey inevitably ends, many factors can influence its quality and duration. Mindful of that fact, I restructured my lifestyle in 1966. I was 37 years old, stood 5 feet $10\frac{1}{2}$ inches tall, weighed 200 lb, ate 3 large meals a day, smoked cigars and cigarettes, and sipped a few cocktails before dinner. My only exercise was jumping to conclusions.

Aiming primarily to thwart the onset and progression of cardiovascular disease, I quit smoking; gave up alcohol; adopted a low-fat, low-salt, low-sugar diet; gradually reduced my meals to one a day; and chose daily running as my exercise.

For the next 50 years, I steadfastly adhered to that regimen. The results were gratifying and far exceeded my expectations. Within several months, I lost 50 lbs, gained new energy, and felt physically stronger and mentally sharper. More important, perhaps, I became addicted to running—an addiction which, in contrast to that of alcohol, tobacco, and drugs, is beneficial to one's health. And that addiction served as the linchpin of my running career, highlights of which compose this review.

Establishing a Daily Routine

When I took up running, I was a full-time medical educator on the faculty at Baylor College of Medicine in Houston. Across the street from my office was the 440-yard track of Rice University. Because of my busy work schedule, I used my lunch hour to run 3 miles a day on that track. Starting my runs at noon became a habit that I maintained for the next 21 years.

As my daily mileage grew, I needed more than the lunch hour to complete my workouts. Arranging my teaching activities around my running took care of the problem most of the time, but when it did not, I simply ran for an hour at noon and ran again after work. For the first year or so, I trained solely on the Rice track. On the weekends, I sometimes entered a 2-mile cross-country race.

When my distance had increased to 8 miles a day, I quit the track altogether and turned to the streets of Houston, where I ran every day (or night) in rain or shine, and in scorching heat or bitter cold. I typically ran alone, always on the left-hand side of the street, facing traffic.

Over a 3-year period, I gradually increased my runs from 8 miles a day to 16 miles a day, reaching at times 22 miles a day. When preparing for a marathon or an ultramarathon,[†] I would sometimes run 30 miles on Saturday and 40 miles on Sunday.

In the late 1960s and early 1970s, there were only a handful of runners who trained on the streets of Houston. And because I ran farther, more often, and for longer periods than any of them, I soon became known as the "village idiot." By the 1980s, however, when running had become popular all over America, my image changed from that of idiot to merely eccentric.

My routine of running daily on Houston's streets served me well when I traveled elsewhere. No matter where I was—Stockholm, Oslo, Montreal, Ottawa, Geneva, Rome, Munich, Copenhagen, Shanghai, Beijing, Wuxi, Xi'an, Nanjing, or many American cities—I ran in areas where tourists never go and saw things that tourists never see. This was particularly true in China, where in Nanjing, for example, I saw small bakeries, cafes, and markets open at 5 A.M. and be packed with customers by 6 A.M. I saw people squatting on the sidewalk in front of their hovels, brushing their teeth, and spitting into the gutter. And I saw men pulling large carts of human feces collected from nearby homes and communal privies, destined for disposal areas. Toilets as we know them were absent in most Chinese dwellings at that time (1984).

Noteworthy Medical Complications

Grossly Bloody Urine: In 1970, having logged 10,000 miles, I began passing grossly bloody urine during and after workouts. Until then, hematuria in runners had been reported as microscopic and presumably renal in origin.[1,2] But observations on myself and on 12 other runners with similar episodes,[3] together with biopsy findings from the urinary bladder wall of affected runners,[4] enabled the following conclusions:

- Grossly bloody urine of runners is a distinct syndrome with readily identifiable characteristics.
- It affects both male and female runners.
- The bleeding originates in the urinary bladder, but the mechanism is conjectural.
- Because the episodes are unpredictable and short lived, bleeding usually stops by the time medical testing can take place. Consequently, workup typically shows no abnormality.
- If examined soon enough, those afflicted will show red blood cells in their urine and might have ecchymoses or contusions of their urinary bladder wall. Any other genitourinary abnormality should be considered a separate problem.
- Grossly bloody urine of runners does not endanger health and should never by itself prompt retirement from running.

A 1,000-Mile Ultramarathon: On November 1, 1986, I was the only physician among 14 long-distance runners set to race across Texas on major US highways. The race would be 1,045 miles long and would consist of 21 predetermined

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See page 5 for disclosure information.

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[†] An ultramarathon is any distance beyond that of a marathon, which is 26.2 miles.

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Figure 1. Standing on top of the world at the Great Wall of China.

Figure 2. Medals.

Figure 3. Trophies.

stages of 50 to 60 miles each. It would end 23 days later with 2 days of rest included. A summary of my medical observations during that race follows:[5]

Edema: After only 2 stages, all competitors had varying degrees of swollen feet, ankles, arms, hands, fingers, face, and eyelids. The most troubling of these abnormalities was swelling of the feet. Loosening the laces, slicing the heels, and cutting out the toes of the shoes provided little relief. The eventual winner—the only runner with experience in 1,000-mile races—brought along shoes 3 sizes bigger than those he usually trained and raced in. The swelling in all areas did not abate until several days after the victims had stopped running altogether.

Tendons: In about half of the contestants, tendons in the feet and ankles became thickened, tender, and warm, presumably resulting primarily from their tight-fitting shoes. In fact, intense inflammation and crepitus of the extensor hallicus longus, extensor digitorum longus, and anterior tibial tendons ultimately forced me and 2 other runners to quit the race.

Joints: After only 2 stages, one runner's knee swelled to twice the size of its mate. The affected knee was striking in appearance but painless. Determined to continue, the runner covered an additional 600 miles before the swelling inexplicably subsided, never to return. Incredible!

Muscles: Surprisingly, muscle ailments were mild and inconsequential.

Miscellaneous: Three runners suffered hypothermia, 2 had food poisoning, and 1 experienced severely infected toes. Sadly, but not unexpectedly, 1 competitor fell prey to a hit-and-run driver at night. The accident resulted in a crushed humerus, forcing him to abandon the race.

Deductions

- Participants in multiday races should bring along extra shoes several sizes larger than those they usually run and race in.
- Tendinitis is the injury most likely to stop a runner in races of this length.
- Footraces on US highways carry an inordinate risk to life and limb.

Memorable Moments

A Shocking Revelation: In May 1978, I went to Honolulu to compete in a 100-km run. The race began just after dark under junglelike conditions—hot, humid, and still. The starters soon became widely separated on the dimly lit, 4-mile loop. In the middle of the night, when I was tired and aching all over, especially in my legs, I came up on a particularly slow runner. I decided to stay by his side for a while because his slower pace was a welcome relief for me. I complained bitterly to him about how miserable I felt and how much my legs hurt. He, in turn, listened attentively and offered words of encouragement but said nothing of feeling bad himself. After a bit, I picked up the pace and left him behind.