From the clinic

![Diagram](image)

**Figure 2.**

the terminal branches of the anterior primary ramus of the iliohypogastric nerve (see Figures 1 and 2 for comparison of ‘Gilmore’s groin’ and the author’s description).

The tear is revealed by a routine inguinal incision and blunt dissection onto the external oblique aponeurosis. In all papers reviewed we could find no specific mention of such disruption, although reference to ‘microscopic tears’ or ‘avulsions’ have been made. We found no surgical evidence of herniae, or indeed of a bulge in the posterior wall of the inguinal canal as described by Malycha and Lovell.

We have shown that approximation of the torn edges of the external oblique aponeurosis with simple interrupted nylon leads to a return to full sporting activity within 5 to 6 weeks. It is interesting to note that in the ‘modified herniorrhaphies’ described in previous reports, a repair of the external oblique aponeurosis is always made, and perhaps this explains the similarity in results with either technique.

Groin strain is a common complaint, particularly in soccer players, and we suggest that many of these patients would benefit from earlier groin exploration and accurate identification of the pathophysiology. We believe this to be a tear in the external oblique; in our small series we have not noted disruption of the conjoint tendon.

References


Wild water rapid burns

**J Barry Wright**

Academic Unit of Child Health, 12A Clarendon Road, Leeds LS2 9NN, UK

Swimming pool water slides are becoming increasingly long and adventurous. This case report and survey suggest that they may carry with them a notable risk of friction burns.


Keywords: friction; burns; swimming pool
Activities in swimming pools are rarely associated with fatalities, but new and more adventurous water slides may lead to major injuries. Minor injuries are less commonly described. A case and survey are reported.

**Case report**

A 7-year-old child was seen with almost circular 0.5 cm lesions on each elbow. The referring agency had considered cigarette burns as a possible cause. An interview with the father revealed that he too had similar lesions on his elbows and knees (Figures 1 and 2). The family appeared pleasant, co-operative and caring. History confirmed that the injuries had been sustained on the wild water rapids slide at a Center Parc swimming complex while on holiday in The Netherlands.

**Survey and discussion**

The wild water rapids are large slides of more than 6 feet in width. They involve large quantities of flowing water which sweep people down the slide through a variety of sections of bends with varying steepness.

A small survey conducted at the exit pool to the wild water rapids found that of 60 consecutive riders, 12 (20%) had visible minor discrete bruises or abrasions on their elbows and four people (7%) had punctate friction burns of the type seen in Figure 1. Three said that they had been caused by the wild water rapid slide when they caught their elbow on the side as they travelled down. The fourth could not remember for certain how it had happened. All said that they were not concerned by the injury and that they would be going on the slide again.

Minor abrasions and friction burns are well recognized injuries in other sports and it would appear that wild water rapid burns are a hazard of the slide along with minor bruises and abrasions to bony protuberances, and that in general participants accept them as such.

**References**


Br J Sports Med 1995; 29 (3) 209
Wild water rapid burns.

J B Wright

doi: 10.1136/bjsm.29.3.208

Updated information and services can be found at:
http://bjsm.bmj.com/content/29/3/208

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/