CORRESPONDENCE

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To the Editor:

Dear Sir,

I would like to report a case of serious eye injury, resulting in blindness and enucleation of the damaged eye, occurring in what is generally considered a low injury risk sport . . . GOLF.

Eye injuries are a potential hazard in all sporting activity. In contact sports, particularly boxing, the risk of injury to the eyes is high, and is accepted by the participants with a certain amount of "fatalism".

Racquet sports too, account for an appreciable number of well documented eye injuries, especially in S.E. Asia where the popularity of badminton makes it the most common cause of sport induced eye damage.

However, in a search of recent literature on sports injuries I could find only two references to golfing injuries, and only one of these involved the eye (in a most bizarre accident resulting from the explosive rupture of a liquid centre golf ball).

The patient involved in the case I am reporting, is a man of 50 yrs, a teacher by profession, fit and active, and a participant in a variety of sports over the years.

Somewhat ironically, he had decided to concentrate on golf as a safe sport, after an injury to his right eye while playing badminton seven years ago, and at the time of the present injury he was playing to a handicap of 12.

The circumstances of the accident were as follows:- He had pitched over the green at the 17th hole, and was standing behind the green, preparing to play his next stroke.

The 15th tee was c.40 metres away to the left at an angle of roughly 45° to his position.

Between the 15th tee and the 17th green was a large clump of gorse bushes which effectively screened the driver

on the 15th tee from the man behind the 17th green (see diagram).

The player on the 15th, a left-hander, hooked his drive, and the ball going with great velocity, curved round the gorse screen, and struck the man behind the green in his right eye.

Blindness was immediate, and was associated with haemorrhage around the orbit, and in the eye.

He was admitted to the Ophthalmic Dept. of the local hospital, but nothing could be done to save his vision, and two months later the shrunken blind right eye was enucleated.

Serious injury in the "safe" sports is so rare that the psychological trauma generated when it does occur is proportionately greater.

This particular injury caused considerable "emotional trauma" not only to the two players involved but to the whole of the local golfing community.

Yours faithfully,

H. SELCON, MB, ChB

NEWS OF BASM MEMBERS AND OTHER ITEMS OF INTEREST

Dr. D. Tunstall-Pedoe and Mr. D. P. Chapman, Chairman and Secretary respectively of BASM, attended a Reception held on the Trading Floor of the Stock Exchange on 26th November, 1985. At the Reception the President of the Central Council for Physical Recreation, HRH the Duke of Edinburgh, spoke and made presentations for service to sport and long service to the CCPR.

Members may wish to know that copies of the Report of the Working Party on Oxygen Therapy: "A Guide to its Use Outside Hospital", issued by the Medical Commission on Accident Prevention may be obtained from the Executive Officers of the Commission, 35-43 Lincoln's Inn Fields, London WC2A 3PN (01-242-3176).

Those whose interest in sport extends to participation should note the following events. The Muckle Toon Run for general practitioners will take place on Sunday, 11th May, 1986 in the border town of Langholm over 8.5 miles of "beautiful rugged hillside and valley" (contact Dr. Tom Kennedy, The Health Centre, Langholm, Dumfries and Galloway, Scotland). Entries for the 7th World Medical Games in Montecatini Terme, Tuscany, Italy from 22nd to 28th June, 1986 may still be accepted (Contact PROGRAM, 37 rue le Brun 75013, Paris).

Bruce Grainger (BASM member, Wallingford, Oxfordshire) has been appointed to the Junior Commission of the International Rowing Federation.