and soft tissue injuries accounted for only 21.5%. The fact that this clinic is sited on the campus probably means that the patients attend with relatively minor injuries for which they would not seek hospital treatment and may give a more accurate analysis of the real incidence of sports injuries. However, patients with fractures, dislocations and other major injuries may have been taken directly to hospital, bypassing the clinic, and accounting for the relatively low incidence of such injuries.

The types of sports are similar to other series. Weightman and Browne (1975) calculated the number of injuries per 10,000 man hours of play and found that the commonest causes were association football in 36.5% and rugby football in 30.5%. However, athletics was not included in their list and this may reflect a difference in the number of participants. Muckle and Shepherdson (1975) worked out the sports injury rate per hundred participants and found that the highest injury rate occurred in rugby (4.9%), ski-ing (4.9%) and football (3.2%). The ski-ing facilities in our region are very limited and this may explain the difference. During the summer vacation most of the students are out of the City and, therefore, probably the true incidence of injuries in summer sports such as cricket is not seen.

The results also show that the commonest injuries are ligamentous and tendon injuries in the region of the knee and ankle. These account for the greatest disability rates and research should probably be aimed at these areas.

As a result of the reduction in the University finances, it is probable that the clinic will have to close in August 1982.

REFERENCES


BOOK REVIEW

Title: SWIMMING FOR THE DISABLED
Editor: The Association of Swimming Therapy
Publisher: E.P. Publishing Limited
Price: £3.95

To those whose movements on land are unskilled, the joy of being able to perform with skill in the water is boundless. The Association of Swimming Therapy, founded many years ago by Mr. James McMillan, MBE, has been eminent in teaching the disabled to swim. It organises nationwide competition for its members, whilst its officers have by invitation lectured in many countries. It is not surprising that the Association has published a book dealing with its work.

The book introduces the subject of handling of the disabled, the emphasis being on the safety of the swimmer and the helper. Methods of entry and exit from the water are described and fully illustrated. The Halliwick method of teaching is then fully explained. This method depends upon a knowledge of the hydrodynamics of the body in water which is the basis of all good swimming and applies even to swimmers of International standard.

The disabilities likely to be discovered in a swimming group are defined, and the special problems for the teacher are mentioned. There is a chapter on the organisation of the swimming club and how to maintain the interest of the membership. The final pages deal with competition and the management of the swimming gala, duties of officials and the handicap system used by the Association. Water games are illustrated which should always be used during a teaching session for swimming must be fun. Finally, for those with interest in this facet of swimming, courses organised by the Association are outlined.

I have enjoyed reading this book which should be on the shelf, or in the pocket, of all swimming teachers.

Noel Bleasdale