Table V Fractures at the three types of football.

<table>
<thead>
<tr>
<th>Site</th>
<th>Football Association</th>
<th>Rugby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leg</td>
<td>9 56</td>
<td>3 13</td>
</tr>
<tr>
<td>Arm</td>
<td>1 6</td>
<td>14 61</td>
</tr>
<tr>
<td>Head and neck</td>
<td>6 38</td>
<td>6 26</td>
</tr>
<tr>
<td>Total</td>
<td>16 100</td>
<td>23 100</td>
</tr>
</tbody>
</table>

Management of Injuries
The management of boys with minor head injury consisted of close observation and rest in bed until recovery. A skull X-ray was only taken if clinical grounds seemed to warrant it or if the cause of the head injury was a high velocity small ball (e.g. rattles ball). Boys admitted the same day as the injury recovered more quickly than those whose admission was delayed. The management of soft tissue injuries consisted of the classic triad of ice, compression and elevation where appropriate, followed by physiotherapy. Knee injuries require careful observation and repeated examination as definite diagnosis may not be possible initially due to the swelling.

Prevention of Injury
Prevention of injury should be the concern of everyone involved in sports activities. The school doctor has a special responsibility in this field. After all he diagnoses and treats the injuries which occur and he may see ways of preventing similar injuries in the future. He should take a careful history of the circumstances of the injury. This may reveal a dangerous situation in a game which demands a change of rules. Following the occurrence of a fractured neck at the ram in Eton football the distance the ram charged was reduced drastically to the present three yards to reduce the force of impact. Two new rules were introduced by the Rugby Football Union in 1983 for under 19 Rugby football largely in response to doctors' anxiety at the increasing incidence of cervical spine fractures in school games. The circumstances of the injury may indicate the necessity of tightening up an existing safety measure, such as the regular inspection of football boots to reduce the number of injuries caused by football studs, particularly nylon studs suffering from uneven wear. Sometimes a new safety measure is required. The continuing toll of serious eye injuries at squash could be prevented by the player wearing wrap-around frames with polycarbonate lenses or padded visors.

The history of the injury may also reveal that the boy is indulging in a sport in which he requires coaching or to which he is not physically suited. Repeated back strain after, for example, bowling at cricket may indicate a poor technique and a session with the coach will do more good than one with the physiotherapist. Repeated backache after rowing may reveal that the boy is attempting a sport which his physique will not sustain and he should be guided to an alternative sport. The school doctor is in a unique position to emphasise the importance of training for fitness in a sport but to caution boys against inappropriate weight training during the phase of rapid adolescent growth. Some boys' excessive enthusiasm needs to be curbed. After he had performed a hundred and three squats on the trot one boy was unable to climb stairs for four days. The school doctor must decide when a boy has recovered from injury and is fit to resume a particular sport. He should never bend to pressure by a coach or housemaster for the boys' premature appearance on the games field.

References

BOOK REVIEW
Title: CARDIAC REHABILITATION: EXERCISE TESTING AND PRESCRIPTION
Editors: K. P. Hall, G. C. Meyer and H. K. Hellerstein
Publisher: MTP Press, Lancaster, England
Price: £37.50 Hard Cover

This 450 page volume is the first in a series on "Sports Medicine and Health Science".

I must admit to finding it very disappointing. It is a multi-author hotchpotch with 26 chapters and virtually useless for the novice wanting any sort of introduction to the subject. It may be of value to someone already working in the field as the chapters are well supplied with references, but the book itself is very poor as a reference volume despite its length. From the title one would assume that one could look up a Bruce Protocol, oxygen pulse, anaerobic threshold, and have a reasonable chance of finding these displayed or discussed, but not What is the point of a chapter on nuclear cardiology without a single illustration? How can diagnosis of coronary disease be discussed in a book with this title without a discussion of the sensitivity and specificity of exercise testing and the relevance of Bayes Theorem. The chapter on "non invasive prediction of heart disease" is two and a half pages of text.

This book appears to have set out NOT to compete with others on the market. It is mainly on Cardiac Rehabilitation and the title is misleading. It has many silly errors (atrio-ventricular oxygen difference, instead of arterio, myoglobin has only one ion atom available instead of iron).

The authors are nearly all from The Gundersen Clinic Ltd., La Crosse, Wisconsin, and it appears to be directed at Cardiac Rehabilitation Staff rather than either cardiologists, physicians or physical educationalists all of whom would I think find this book disappointing. If the title had solely been "Cardiac rehabilitation: exercise prescription", it would be less open to criticism.

Dr. Dan Tunstall Pedoe