Table showing comparisons between average days of treatment for slight, moderate, and severe injuries with and without Hirudoid.

Fig. 1

Table showing the comparison between the average number of days treatment required with and without the use of Hirudoid on Muscle and Ligament injuries.

Fig. 2

Summary:—

The trial was simply carried out, but the Hirudoid was used first of all and it was obvious that the players preferred to use Hirudoid and so those with slight injuries tended to treat themselves and not report for treatment. There are therefore fewer cases of slight injury in the part of the series where Hirudoid was not used. It appeared, in fact, that the Hirudoid was more efficacious than other ointments, though only slightly. This seemed particularly so in the severe injuries, although the difference is greater, for severe cases, between the average time of treatment with Hirudoid than without, this is partly because of the amount of time involved i.e. that a severe injury takes longer to treat therefore the difference is greater.

The percentage benefit of using Hirudoid in severe cases was 10.6%, in moderate cases 6.6% and in slight cases 2% so that there is a definite benefit of using Hirudoid over this number of cases.

Hirudoid is the best application for the treatment of minor injury used in this trial. This, however, was only a pilot trial and it would seem to suggest that a simple scheme like this carried out over a large number of people might find out one way or the other if applications of this nature are of any real benefit especially for severe and ligament injuries.

ANNOTATION

LONGITUDINAL PULMONARY STUDY

D. A. Brodie, B.Ed., M.Sc., St. Peter's College, Birmingham
A. M. Carlisle, S. R. I. Gough, S. Walker, Abingdon School, Berkshire

The cross sectional data presented earlier (Kamburoff and Brodie, 1970) have been repeated at yearly intervals over the last three years.

Forced vital capacity (FVC), forced expiratory volume in one second (FEV₁), the ratio of FEV₁ over FVC expressed as a percentage (FEV%) and forced mid-expiratory volume (FMF) were measured using a Vitalograph single-breath dry spirometer.

Height was measured to the last completed half centimetre using a wall-mounted stadiometer, and weight was measured on platform scales to the nearest half kilogram.

The results were analysed and their relationships investigated by application of standard methods of calculating means and standard deviations, coefficients

of correlation, standard errors and probability levels. This was achieved by the facilities of the Atlas Computer Laboratory being made available to us.

The means demonstrate that peak velocity in all the measured parameters did not occur at the same time.

The coefficient of correlation of the same parameter between different years is highly significant for height, weight, FEV₁ and FVC. The coefficient of correlation of FMF between different years is significant (pH0.01), and the same statistic for FEV% is not significant. It should be possible to produce a regression equation for predictive purposes from this data.

It is hoped that a full report of this follow up study, already reported in Brit. Journ. Sports Medicine, Vol. V, pp. 140-145, 1970, will be published in the near future.

Editor