

only fifty per cent of the power produced by the other climber.

This example illustrates how important the synchronised playing of the two recordings was to the investigation, and that without this method there may have been a mistake in the conclusions made.

The heart rate traces were used as extra comparison when examining relaxation and possible slight fear.

Therefore it can be concluded that, especially when analysing a complex activity, the combined use of equipment as investigated in this work is essential to achieve optimum results.

CORRESPONDENCE

TETANUS IN SPORTSMEN

Coroner's Court,
MANCHESTER,
M1 2PH

29th March, 1972

Dear Sir,

Sports Mortality Study

I have just held an Inquest which I think may be of interest to you in connection with the above investigations.

The deceased was a young man (The Coroner outlines the detailed history of the sports injury sustained by a young footballer during a tackle, with the subsequent detailed clinical history of the development and course of tetanus, with details of the post-mortem findings.) (He continues) . . . In his report to me (the medical specialist concerned) made a very interesting observation in the last paragraph, which I discussed with him in the box. This is what he said—

“Over the last few years there have been a number of cases of tetanus, including one other fatal case, in young amateur footballers and I have previously put forward the view that all amateur field sports players should be immunised against the disease. Although considerable public interest has been shown in this view it has not resulted in much practical result. At the present time children are immunised routinely against tetanus and this has been going on now for some 15 years so that the great bulk of schoolchildren are safe while engaging in field sports. It will seem likely that for the next 10 years amateur footballers in the 15-25 years age group will remain susceptible to the disease.”

This seems to me eminently sound. I gather from him that immunisation and periodic boosting are almost a part of the training routine of any professional football club, and it doesn't seem to me beyond the wit of man to extend this system to amateurs who may, because of the very different conditions in which they play the game, be at greater risk - although, of course, one can contract tetanus without the intervention of broken bottles. He said that when he first raised this matter a few years ago he was much assisted by Dr. Michael Winstanley who was then M.P. for Cheadle and Gatley, who brought the matter to the notice of both the Minister of Health and the Minister for Sport, but without any effective results.

I should be most grateful for any assistance which your Association could provide in reviving this matter as it really seems to me to be very important.

Yours sincerely,

D. Summersfield

H.M. Coroner,
City of Manchester