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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

Poor management of unconscious rugby player watched by millions

SIR,—Early in the second half of the televised Scotland versus France rugby international in March there was an incident which should have been an example to all of how to manage an unconscious patient, but this valuable teaching opportunity was lost to the millions of television viewers. A long ball was thrown at the line out, and in an attempt to gather the ball the French scrum half, Jerome Gallion, was accidentally knocked out by the Scottish flanker, David Leslie. He fell to the ground unconscious, where he lay on his back until play broke down.

He was attended first by the referee, who left him lying on his back while he called on the French trainer. He arrived on the scene and again left him on his back with no apparent attempt to clear or maintain an airway. By this stage it was apparent that it would be impossible for him to play on and a medical officer was called on to the pitch. He again left him on his back and summoned the stretcher bearers. Two first aid men hurried on to the pitch carrying an outdated stretcher, consisting of a canvas and two poles without even spacer bars. Gallion was bundled on to the stretcher with no apparent concern for any cervical spine injury and carried off, still unconscious and still on his back, to the sympathetic applause of the crowd. Fortunately he made an uncomplicated recovery, but the outcome might have been tragically different.

Being a rugby playing doctor I am concerned with both immediate and delayed treatment of sports injuries, and I think that severely head injured patients (as any unconscious patient must be) are at present badly managed. This particular incident is a prime example.

The priority is the airway and its maintenance, and the patient should be put in the coma position and his mouth cleared of any obstruction—that is, the tongue or gum shield. After recent publicity about cervical spine injuries in sport (7 January, p 37) people may be reluctant to move an unconscious patient. In comparison to head injuries, however, serious injuries to the cervical spine are rare. In the unlikely event of the two injuries coexisting further potential damage to the cervical spine can be avoided by ensuring that both the head and trunk are turned as one (log rolling).

While I do not recommend that all injuries on the pitch be handled by the referee, I do think that they should be given instructions in first aid, especially on the care of the unconscious patient. This would be particularly relevant in club rugby, where the referee may be the only one trained in first aid. As an extension of this there may be a case for the referee preventing a player from continuing after he has recovered from unconsciousness by sending him off—much as any boxer would expect. Rugby is an

amateur game, and the prospect of a dazed player bravely soldiering on is a sight that most doctors would rather not witness.

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Hyperbaric oxygen for patients with multiple sclerosis

SIR,—Dr J Merten and Professor W I McDonald (31 March, p 957), while not being too sceptical, are right to question the evidence for the effectiveness of hyperbaric oxygen in multiple sclerosis. Their review is timely as the treatment is currently under worldwide evaluation.

Those of us who have witnessed the improvement in some patients for ourselves have no doubt that the effect is real and not simply due to the unpredictable course of the disease—it is too dramatic. In one severely afflicted patient, for example, diplopia resolved, his speech became intelligible, and he was able to lift his head off the pillow for the first time in years. Whether the response is prolonged or indeed of sufficient magnitude to justify the routine treatment of all patients will be known only when the results of controlled trials become available in a few years.