

CORRESPONDENCE

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To the Editor:

Dear Sir,

DRAGON BOAT INJURIES

I was recently involved in the Amateur Rowing Association tour to take part in the international dragon boat races in Penang and Singapore, South East Asia. Dragon boat racing, commemorating an ancient festival, has recently become increasingly popular throughout the Far East. The boats are large canoes weighing approximately 1 ton, manned by a crew of 20 paddlers, a drummer to beat time, a steersman and sporting a dragon's head and tail. Paddling is done in a sitting, forward facing, position, the major technical problem being to keep in time.

Several medical problems occurred in the squad during the trip. These were the inevitable hand blisters aggravated by the hot humid conditions and the occasional missed training due to sunburn. Two, more serious, injuries occurred. While beaching the boat in rough water, one crew member was trapped between the boat and the remains of a wooden grandstand. All 20 crew members were unable to hold the boat in the waves and he suffered a severe crush injury to the lower chest. He was partly cushioned by a life jacket he was wearing. Clinically he had a fractured 9th rib and left hypochondrial tenderness. X-ray confirmed the fractured rib and he was kept for observation. Four days later his ruptured spleen was removed.

The second injury occurred to a team member during land training. He fell 4 feet over a bank landing on his shoulder. He developed pain to the right of his lumbar spine with acute tenderness at one point over the top of the sacro-iliac joint. The pain was not severe initially but gradually worsened over 4 days until he was unable to bend. There were no neurological signs. He was admitted to hospital where X-ray revealed a spina bifida occulta and grade I spondylolisthesis. After 3 days bed rest he was flown home on a stretcher with the rest of the team. His back improved and the pain was most likely due to a sacro-iliac sprain, unrelated to the skeletal abnormalities.

Injuries sustained by other crews included dislocated 4th and 5th toes of an Australian competitor, who jammed his foot between the ribs of the boat while paddling and a Norwegian competitor who had 12 stitches in a forehead laceration sustained while failing to avoid being thrown into the swimming pool.

The minor injuries were therefore much as expected. Blisters were substantially avoided by the use of thin cotton gloves and sun effects were minimised by the use of blocking creams. The lessons to be learned from the ruptured spleen are that life jackets can do more than keep you afloat and that crew members should keep to seaward of the boat when landing in rough conditions. Many holiday health insurance policies specifically exclude competition sport and it was fortunate that both injured competitors had specific sports policies. This was not the case for all the crew.

Yours faithfully,

David J. WALKER, MA, MRCP

