BRITISH MEDICAL JOURNAL 23-30 DECEMBER 1978 1783

CORRESPONDENCE

Rugby injuries to the cervical cord		Quality control		Car doors	
T W Hoskins, MB 1	1783	A R W Forrest, MRCP	1787	C Langton Hewer, FFARCS	1790
"Lecture Notes on Medical Statistics"		Management of self-poisoned patients		Children with small stature	
Aviva Petrie, MSC; I Clarke, FSS	1783	in hospital		C J H Kelnar, MRCP, and C G D Brook, MD	1790
Postanaesthetic oxygen		D R Blake, MRCP, and M G Bramble, MRCP	1788	General practice records	
J F Nunn, FFARCS 1	1784	Caring for babies of very low birth		H W K Acheson, FRCGP	1790
Diagnosis of breast tumours		weight		Nomen proprium—an unusual side	
Patricia A Last, FRCSGLAS, and A R		F N Porter, MRCP	1788	effect	
Bailey, MRCP 1	1784	Social mobility in African patients		J G Evans, FRCP, and J R Elliott, MB	1791
Use of the telephone in consultant		with duodenal ulcers		A national medical service	
practice		M G Moshal, MRCP, and L Schlemmer, BA	1788	J P Crawford, FRCPSYCH	1791
E J M Campbell, FRCP(C)	1784	Dealing with residual bile duct stones		Staffing of accident and emergency	
Paracetamol poisoning		R Mason, FRCS	1788	departments	
Milena Lesna, MRCPATH	1785	Extending the role of the clinical nurse		R R Hardy, DM	1791
Changing social-class distribution of		Lucy A Wagstaff, MB	1788	Chaos caused by maternity leave	
heart disease		Type II errors and ethics		regulations	
A M Adelstein, FRCP, and L Bulusu, FSS 1	1785	D J Newell, PHD	1789	Cynthia M Illingworth, FRCP	179!
Selection of patients for dialysis and		Communication with Asian diabetics		Non-emergencies out of hours	
transplantation		B A Leatherdale, MRCP	1789	M J Illingworth, MB	179
J R T Gabriel, MRCP; R Ahmad, MB 1	1785	Placement of central feeding catheters		Thoughts on hospital staffing	
Behçet's disease		P Jacobs, FCP(SA), and J Jacobson, FRCS	1789	E N S Fry, FFARCS	1792
M Madkour, MRCP, and A Kudwah 1	1786	Listening to the lungs		Consultant milage allowances	
Retroperitoneal fibrosis after treatment		A J Johnston, MB	1789	M Baum, FRCS	1792
with atenolol	no	Syngamus in an Australian		GP trainees' car allowance	
C C Doherty, MD, and others 1	1786	B A Latham, FRACP	1789	D M Katz, MB	1792
Hazards of sulphinpyrazone		"Ultrasound swallow"		Points Postanaesthetic oxygen (J N L	unn)
D Mattingly, FRCP, and others	1786	D J C Stevens, MB	1789	Hip replacement: self-assessment of disa	bility
Costs and benefits of serum		Naming of drugs		(A Ganel and H Horoszowski); Treatme	nt o
α-fetoprotein screening		J M Kofi Ekue, MD	1790	pressure sores (Brigadier B Ramamurthi);	Data
A P Read, PHD	1787	Frusemide and renal enzyme excretion		sheets and ABPI Compendium (C I	O F
Seizure following lumbar myelography				Morris)	1792
with metrizamide		Nitrites—to ban or not to ban?		Correction: Heart valve replacement	
A R Wray, FRCS, and others 1	1787	A A Lewis, MRCGP	1790	English et al	1792

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors. As stated each week in "Instructions to authors" no letter will be acknowledged unless a stamped addressed envelope or an international reply coupon is enclosed.

Rugby injuries to the cervical cord

SIR,—In a leading article last year¹ drawing attention to the slow evolution of rugby football as a hard contact sport you stated that cervical cord injuries due to rugby are rare, although the limited statistics provided suggested that they were commoner in the 1970s than in previous decades. Injuries and fatalities reported in the national press (for example, Daily Telegraph, 4 December 1978) support that impression.

I am writing to suggest that these injuries are no longer rare and that they are taking an increasing toll of schoolboys as well as adults. On 2 December a 17-year-old patient of mine playing prop forward for his school 1st XV suffered a complete dislocation of the fifth on sixth cervical vertebra as a result of a scrum collapse and sustained severe neurological damage. In October 1977 a schoolboy in Herefordshire was injured in the same way and has suffered permanent tetraplegia and a similar injury to a Dorset schoolboy occurred this year. I know of other recent cases of cervical spine injury from school rugby in which the neurological consequences have not been so severe.

Surely the time is overdue for implementation of the measures advocated in your leading article: a review of the rules and a central reporting body for serious spinal injuries due to rugby football.

T W Hoskins

Horsham

"Lecture Notes on Medical Statistics"

SIR,—I was disturbed and amazed by the review of my book Lecture Notes on Medical Statistics (9 December, p 1631). Certainly an author must be prepared to accept the personal opinions of a reviewer when these differ from his own. However, such tolerance cannot extend to the situation in which the reviewer has clearly failed in his duty to read the book thoroughly and as a consequence makes criticisms which are unwarranted and misleading. I find myself in the unenviable position of having to correct the impression that your readers may have gained on reading

this review. The following is a list of my corrections of the reviewer's inaccuracies concerning my book in the order in which they appear.

- (1) The vital link between the type of variable and type of statistical test is not omitted, as suggested. On p 87 it is clearly stated that the χ^2 test relates to the frequencies of occurrence of the individuals in the categories of two or more variables. Furthermore, contrary to the reviewer's inference, it is specifically mentioned on p 132 that one of the applications of distribution-free (non-parametric) tests is when the data are measured by the ordinal scale.
- (2) The problem of small numbers is not mentioned briefly once in a flow chart, as suggested by the reviewer. The distinction between large and small numbers is mentioned on pp 50, 53, 65, 73, and 132 and discussed on p 51. Furthermore, it would appear that the reviewer has only glossed over and made no attempt at understanding the example (pp 81-83) that he criticises on the basis of the sample sizes being 12 and 13. These sample sizes are sufficient to allow a comparison of two means by the two-sample t test, provided the population variances do not differ. Since, in the example, there is no evidence to indicate that the population variances are unequal (P>0.05, pp 85-86), consideration need not be given to whether the sample sizes are large. This thought process is clearly represented in the flow chart (p 74).
 - (3) In contrast to his other criticisms, the

¹ British Medical Fournal, 1977, 1, 1556.