Barrier Reef is not its own little oyster, and wiping out the mangroves may even effect the Reef. The State Government in Queensland has recognised this by passing legislation which has protected all the trees. This is a step in the right direction, but unfortunately the same government tends to overlook their own legislation fairly frequently. They like to adopt a policy of exploitation of natural resources and development of big industry. So despite the fact that there are laws protecting mangroves they often destroy the trees. A lot of the impact on the mangroves is often second or third hand.

Dr Chris Acott

This is not really a question, but that photograph of the road that you showed - there were no stubbies* by the road. It must be the only road without stubbies north of Brisbane.

Bruce Wallner

That photograph was taken not long after the road had been completed, and it had not been used that much. It was built purely as access for workers to get to the landing. An environmental study was done before the road was built and recommended that the road should go around the mud flat. Not only for environmental needs, but also for engineering reasons. They had a lot of trouble building the road. Another reason that there are no stubbies is that the road is about 20 feet above the land, so the bottles roll off into the swamp.

* For readers outside Australia. A stubby is a non-returnable 375 ml bottle of beer.

MEIOU!!

Coincidentally (with starting the Diving Medical Centre) we combined with some civilian physicians and formed the South Pacific Underwater Medicine Society. The abbreviation SPUMS, was specifically chosen because of its similarity to certain other subquatic pleasure loving organisms. Like them, it had far reaching consequences. We nurtured a kitten and it became a tiger. Both Bob and I were greatly relieved when we managed to let go its tail.

Carl Edmonds in *PRESSURE*, June, 1983.

SUDDEN DEAFNESS IN DIVERS

Noel Roydhouse

Over the past fourteen years I have collected a series of about 70 cases of sudden sensorineural deafness occurring in scuba divers. Some of these have been actual rupture of the round of oval windows but the majority of them appear to have been intracochlear membrane damage without any damage of the oval or round windows. That these windows have been intact in these cases has been slightly in doubt until recently when I opened up the middle ears of two cases whose story was not as typical as the other cases. These two cases are described:

Case One

A 27 year old male diver, with one year's experience including 80 dives, attended because of a "blocked" left ear which had a humming sound. He had been seen one year previously, with a left haemotympanum from diving from which he had made a full recovery. The present symptoms had come on after surfacing from a 4m dive fourteen hours previously, during which dive he had experienced some difficulty in equalising his middle ear pressures. He had a five second dizziness on surfacing, with a minor rotary element. His hearing on the right was normal and on the left there was an average 55 decibel loss for frequencies of 0.5, 1 and 2 kHz. He was admitted to hospital for medical treatment of sudden deafness which was unchanged after four days. His middle ear was opened, searching for a round or oval window rupture. No fluid was seen to come from these regions when compressing the jugular veins, but the round window membrane was seen to bulge. One week later the tinnitus was a quieter ringing, and the hearing 40% better. Two weeks after treatment he gained his permanent hearing improvement, which left him with normal hearing apart from a 40 decibel loss in the 0.5kHz note, a hearing handicap from 9% to 1.7%.

Case Two

A 19 year old female with three months experience was seen two days before Case One. It had been her third dive since her diving course and she had made a quick ascent. She developed vertigo for 24 hours, deafness and ringing in the right ear, and loss of balance for three days. She consulted me on the tenth day post incident and was admitted to hospital for medical treatment, but the deafness and imbalance continued. Under general anaesthetic her middle ear was inspected and no abnormality seen. One week after the operation her balance was normal and the hearing loss continued at the 70 decibel loss for the 4, 6 and 8 kHz notes noted pre-operatively. One month later she had the same deafness in the affected ear, with normal hearing in the unaffected ear.

The diagnosis in both these cases was a Labyrinthine Membrane Rupture. ie. damage confined to the intra-cochlear region.

REFERENCES

Simmons FB. Theory of membrane breaks in sudden hearing loss. Arch Otolaryngol. 1968; 88: 41-8.

Goodhill V. Sudden sensorineural deafness. Proc R Soc Med. 1976; 69: 565-72.

Roydhouse N. Sudden deafness and scuba divers (correspondence). NZ Med J. 1981; 93: 131.