

LETTERS TO THE EDITOR

REPUBLIC OF MALDIVES

328 Wattletree Road
EAST MALVERN VIC 3144.

5th July 1985

The Editor

Dear Sir

During our 13th annual general meeting in the Maldives, I was conducted over the Male General Hospital by the Chief Medical Officer and Chief Surgeon, in an attempt to assess the theatre requirements for upgrading.

The Republic of Maldives approached the Health Commission of Victoria, I understand, to recommend the requirements for operating theatre, improvements, and, through the Alfred Hospital, to which the request was directed, I became involved.

That specific request aside, I was struck by the overall inadequacies throughout the Male Hospital, and I make a plea for our members to think before discarding any of the following:-

Journals

Suture material

Re-useable equipment such as ETTs and catheters and any equipment no longer of use such as suction equipment, instruments, drugs, etc.

Any such useable items would be gratefully accepted by the Maldivians, and can be sent to, or left at my Malvern rooms in Melbourne, 145 Wattletree Road, Malvern 3144 (Phone (03) 500 0879), or directed to Chris Lourey's rooms at 25 Hastings Road, Frankston, during office hours. Similar suggestions have been left with various hospitals I work at here in Melbourne. I look forward to an encouraging response.

DOUGLAS M DRUITT

BASSETT DECOMPRESSION TABLES

Rockhampton Base Hospital,
Rockhampton QLD 4700
Australia

30 August 1985

Dear Sir

As the Secretary of SPUMS, I feel I have to reply to Mr D Parer's letter in the last SPUMS Journal.

After long debate, the SPUMS Executive decided not to recommend any particular dive table. We approached the problem of the dive tables limitations by stressing diver education into the understanding of them, the theories behind their formation and their application. We stress that no dive table is 100% safe and all should be approached from a very conservative view point, adding various "fudge factors".

Although repetitive diving is "with us to stay", we felt as an organization, it is incorrect to recommend something that we know increases the risk of decompression sickness. I have adopted an attitude that repetitive diving is not recommended, but if it is contemplated, then a dive to no more than 9 metres should be undertaken.

I object strongly to the editor's note below Mr Parer's letter and I feel it implies that the SPUMS Executive has a slight tendency towards the Bruce Bassett tables. This is far from the case. Bassett's tables are based on the USN tables, and are just a conservative version of them, it has the so called "fudge factors" built in. The repetitive dive pattern is still based on Des Grange's concept of a tissue half life of 120 minutes.

In 1981 the SPUMS Executive published that aspirin should be used in the first aid management of decompression illness. One may now argue about this, however, it illustrates a very important point. I certainly know, and I am sure other diving doctors have had similar experiences, of divers who have taken 2 aspirin tablets before a dive and then "pushing the tables" to the limit, thinking that aspirin is some magical potion to stop decompression illness. I can see the same illogical thinking occurring if we recommend any particular diving table. (The SPUMS Executive recommends them, so they must be safe!!!).

In summary therefore, the SPUMS Executive -

- (i) Stresses that no dive table is 100% safe.
- (ii) Stresses the importance that all divers should have a good understanding and working knowledge of the dive table that they are using.

CJ ACOTT
Secretary, SPUMS

It has always been editorial policy to encourage readers to think and the editorial comment, that Dr Acott takes exception to, was inserted to help readers find the other places in that issue where the Bassett tables were mentioned, so that they could make up their own minds about them.

Readers may think that the Editorial in the last issue displayed a critical rather than an unquestioning attitude to all Diving Tables. Those of Dr Bassett were presented at the ASM, and therefore published in the Journal, as possibly the least dangerous ones for sport divers.

With regard to Dr Acott's last paragraph, there is probably no way of making some divers act responsibly and therefore the Journal policy is to direct information to the intelligent majority.

Readers are reminded of the disclaimer printed in each issue: "All opinions expressed are given in good faith and in all cases represent the views of the writer and are not necessarily representative of the policy of SPUMS". This also applies to the Editor of the SPUMS Journal! He is in good company. On the other side of the world it has been made clear that editorials in the British Medical Journal do not necessarily represent the policies of the British Medical Association.

The Journal congratulates Dr Acott on his unopposed election to the office of President of SPUMS and looks forward to further progress of the Society under his leadership.