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DIVING IN PREGNANCY

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Dr JF Cleland's address is the Pathology Department, Green Lane Hospital, Auckland, New Zealand.

LETTERS TO THE EDITOR

Duke University Medical Center
Durham, North Carolina 27710

29 April 1986

Dear Sir

I have been recently appointed Chief Editor of the new *Journal of Hyperbaric Medicine*, published by the Undersea Medical Society, starting this year, 1986. This journal will enable medical practitioners, researchers, and other professionals in the field of hyperbaric medicine to keep abreast of current scientific research in this specific area. I am soliciting now for original contributions focusing on clinical application of hyperbaric oxygen (HBO), oxygen effects on body metabolism, treatment protocols, and protectants against oxygen toxicity.

In addition to original research and clinical communications, the journal will carry reviews, technical and preliminary notes, abstract of the literature, letters to the editors and book reviews.

I would be grateful if you would print this letter so that members of SPUMS who might be interested in submitting a contribution know where to send it.

Manuscripts should be submitted to:

Elaine C Frost
Managing Editor
Undersea Medical Society, Inc.
9650 Rockville Pike,
Bethesda, Maryland 20814
USA

Yours sincerely

Enrico M Camporesi, MD
Professor of Anesthesiology
Assistant Professor of Physiology
Director, Clinical Services
The Hyperbaric Medical Center

PROBLEMS WITH MEDICAL CERTIFICATES

Diver Instruction Services
12 Waratah Avenue
The Basin VIC 3154

7 April 1986

Dear Sir

I enclose copies of recent medical certificates supplied by students of our dive school. The names of all concerned have been omitted and the students have granted permission for publication.

I am concerned that many students are being passed, or should I say not being failed on a diving medical if their fitness is questionable. It appears to me that the decision about fitness to dive is therefore being passed to the instructor, and the student.

The Certificate for student A reads: "... has been examined by me for fitness for training in SCUBA diving is physically small and of light build. He is healthy and normal for his age and weight but he could expect to have problems in any but the most protected environment, or if he used equipment inappropriate to his size and strength. However, in a sheltered area with 'hand-holding' supervision, it could be possible to train him in underwater activities when he is completely well."

In this case, if the student is taught in a totally "protected environment", in "calm conditions", and a "hand-held situation", what is he going to learn? What happens once he completes training and is turned loose into a normal diving situation? When the student is "completely well" relates to his asthmatic condition!!!

The certificate for student B reads, "... has been examined by me for fitness for SCUBA diving. ... has a medical problem which could at times make it unwise for her to undertake underwater activities, but at other times when she is completely well, she could with due care and in appropriate circumstances participate in SCUBA activities."

We again have the situation where the student can dive if "completely well", ie. no recent asthma activity. On querying the doctor concerned, the "due care" relates to a "one on one, hand-held teaching situation", and "appropriate circumstances" relate to "no current, calm conditions and shallow water". The doctor also stated that all students should only ever be taught on a one to one ratio and that his duty to the student is not to pass or fail, but merely to advise.

If the job of the instructor is to educate and train the student, and eventually "wean" them into becoming an independent, competent and confident diver, how can this be achieved given questionable medical status, and only ever training in perfect conditions? With training in such a tightly controlled situation the student cannot learn independence.

Given the average conditions in Melbourne, where unfortunately you can never get "perfect" conditions all the time, surely we should train the student to cope with the average conditions. If the student must be "hand-held" throughout training, I strongly query whether they should be trained.

The "medical problem" of student B was not stated and would not be discussed by the doctor on "ethical grounds". What of the ethics of letting the instructor take a potential time bomb into the water without the full knowledge of the disability and what the implications of it may be? To overcome the legalities of divulging this private information to the unsuspecting instructor, may I suggest an information release clause on the medical sheet allowing the doctor to discuss any medical history he may feel relevant with the instructor concerned.

Whilst it may appear that I feel that all students should be failed medically if not an Olympic champion, what I am actually asking for is more specific information from doctors to be given to the instructors in questionable cases. I believe that the decision has got to be the doctor's, not the student's, on whether they do or do not dive.

NB: The parents of student A were quite concerned that the medical certificate was very vague. It actually made them concerned that, if their son could only be taught given the strict conditions listed, "what is the use of training him".

Yours faithfully,

David Wailes

DIVER INSTRUCTION SERVICES
FAUI NO. 390

THE SAFETY SAUSAGE

62 Galway Street
Invercargill
New Zealand

11 April 1986

Dear Sir

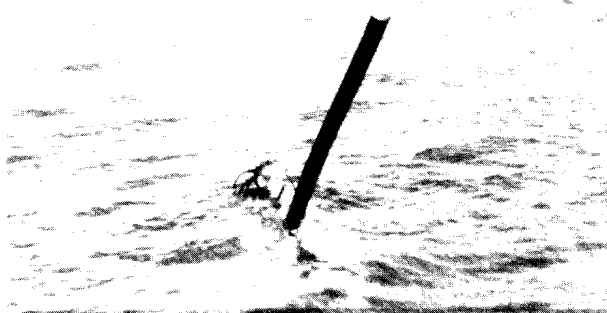
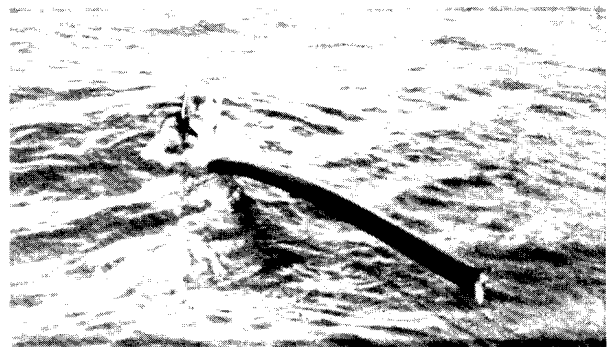
In his paper on Diving Accidents (SPUMS J. 1986; 16(1): 27-30) Dr John Knight recommended as a final article of safety equipment an expensive flare. I agree that this is the most visible safety aid but as an average sports diver I would balk at the cost.

The Safety Sausage or DIT (Diver's inflation tube) is an example of Kiwi ingenuity designed in an effort to overcome the problem of the cost of flares. It was presented at the New Zealand Underwater Association AGM in 1985. It is a red plastic tube 3.2 m by 0.165 m uninflated, and is easily carried in a buoyancy compensator pocket. When a diver surfaces the DIT can be held over the regulator, the purge valve depressed, and immediately he has a long easily visible marker enabling a watching boat to spot him quickly.

This was developed during SAR exercises by the Otago Underwater Club in Dunedin. It can float on the surface for a plane to spot, or by holding with a straight arm down under the water it will act like a flagpole.

I hope SPUMS will help promote it.

Yours faithfully
Judy Johnston



The safety sausage or diver's inflation tube (DIT) fully inflated.