I am informed that the Health Department's Ambulance Directorate has leased a portable recompression unit, which is capable of being transported by helicopter or truck, and is based at the La Trobe Valley Airfield. The unit is staffed on a 24 hour on call basis by former NSCA personnel, under qualified medical supervision. The western coastline of the State is subject to an arrangement with the South Australian Ambulance Service, under which patients are transferred by pressurised fixed-wing aircraft for direct admission to the Alfred Hospital's hyperbaric chamber.

In general terms, I understand that the Ambulance Directorate is of the view that the standard of the hyperbaric care in Victoria has been maintained since the collapse of the NSCA.

Please accept my apologies for the delay in responding to your letter. It has been mistakenly assumed that the correspondence had been referred to the Health Department for direct reply to you. It would be preferable if any further enquiries in relation to the present matters were directed to that Department.

David Young,
Acting Assistant Director,
Fire and Emergency Services Division.

This article appeared in The Age, of Melbourne,on 31.8.89. It is reproduced in full. It gives a rather different impression to the letter above.

POLICE LACK FUNDS TO BUY NSCSA'S MOBILE DECOMPRESSION CHAMBER

Paul Conroy.

The Victoria Policed are unlikely to buy a mobile decompression chamber to improve depleted emergency services for divers with the bends.

Members of the police search and rescue squad have been notified that funds are not available to buy the unit, which is owned by the Victorian branch of the National Safety Council of Australia and would cost at least $ 50,000.

An officer with the squad had already been trained to operate the unit.

Victoria's professional divers and thousands of sporting enthusiasts already face the prospect of losing the state's only hospital based decompression chamber at the Alfred Hospital. It is also owned by the NSCA.

The two units are likely to be sold, along with other NSCA assets, as a result of the financial collapse of the group.

A hospital spokesman said 108 patients had been treated at the Alfred Hospital since January 1988. The unit also treats patients with gas gangrene and toxic-gas accident victims.

The head of the Alfred's intensive-care unit, Dr David Tuxen, said services in Victoria could be plunged into crisis unless sponsors were found to buy another unit. The chamber is on 24-hour service and involves the employment of 40 nurses and seven other staff.

Dr Tuxen said there was a privately operated decompression chamber at Port Melbourne, but it did not provide a 24-hour service.

LETTERS TO THE EDITOR

RADIAL KERATOTOMY

Lions Eye Institute, Perth.
3rd April 1989

Dear Sir,

It has come to my attention, from a general practitioner who had attended a SPUMS meeting, that comments were made about radial keratotomy which perhaps warrant clarification. I write this letter both as a cornea specialist who has an interest in protecting the cornea and treating corneal conditions, and at the same time as a surgeon who performs radial keratotomy, not wishing to have this procedure wrongfully defamed.

The two queries related to the safety of scuba diving following radial keratotomy and in conjunction with this the statement that there has been a reported case of eyeball rupture whilst scuba diving following radial keratotomy.

I would consider myself to have a good knowledge of the recent literature about the cornea and in particular refractive surgical procedures. I am unaware of either of these two problems.

To confirm this I did a literature search for all traumatic injuries and also contacted one of my mentors, Dr George Waring in Atlanta, who is the chief investigator for the PERK study and probably the most knowledgable person with regard to radial keratotomy. He stated that he sees no reason to advise people that have had radial keratotomy done against scuba diving and sees no rationale for this. He states that the pressure inside the mask is equalised. and the eyeball is not under increased pressure. He added that many divers have it performed so that they can actually dive without the hinderance of spectacle or contact lens correc-

tion. Even in the event of accidental removal of the face mask, the pressure would not be sufficient to cause rupture of the globe. There is significant evidence with animal studies and from clinical experience with blunt trauma to human eyes, the pressure would not be sufficient to cause wound rupture. Also he is unaware of any incident of wound rupture in deep sea divers. If there is such a case reported in the non-ophthalmic literature I would be grateful for the reference.

With regard to the armed forces stance on radial keratotomy, the Army has released its statement which disallows it in their personnel but this report was certainly very biased even to the uninitiated. As yet I have not seen a similar document from the Navy or Air Force. With regard to the armed forces of the United States, all refuse flight status to people with radial keratotomy, but allow them to participate in all other levels of military activity.

This letter is not a paranoic defence of radial keratotomy, but purely a clarification of some points about a procedure which unfortunately has many myths and untruths associated with it. If any of your readers have further queries I would be happy to answer them.

Geoffrey J.Crawford.
FRACO, FRCS

NINTH INTERNATIONAL CONGRESS ON HYPERBARIC MEDICINE

Prince Henry Hospital,
P.O.Box 233,
Matraville,
NSW 2036
April 1989

Dear Sir,

The proceedings of the Ninth International Congress on Hyperbaric Medicine, held in Sydney in 1988, are now available.

They can be purchased from

Medical Convention Services,
P.O.Box 335,
Heidelberg,
Victoria 3084,
Australia.

The price including postage is $ Australian 35.00 or $ US 29.00

Ian P.Unsworth,
Director of Diving and Hyperbaric Medicine,
(President of the Ninth International Congress on Hyperbaric Medicine)

JOURNAL OF WILDERNESS MEDICINE

Emergency Department,
Vanderbilt University School of Medicine,
Nashville,
Tennessee 37232,
U.S.A.
April 3 1989

Dear Sir,

I would be most grateful if you could announce to your members in some fashion the upcoming Journal of Wilderness Medicine, due for quarterly publication in 1990. It will publish original research on all aspects of wilderness medicine: including high altitude and climbing; cold and heat related phenomena; natural environmental disasters; immersion and near drowning; diving and barotrauma; hazardous plants, reptiles insects and marine animals; animal attacks; search and rescue; ethical and legal issues; wilderness trauma management.

The Journal should have considerable appeal to members of SPUMS (of which I am a member). John Williamson will serve as a member of the Editorial Board. We are in need of high quality manuscripts for publication, particularly in the early going. Making your members aware of our presence would therefore be of great assistance.

For information about subscriptions or advertising write to

Journals Promotion Department,
Chapman and Hall Ltd.,
11 New Fetter Lane,
London EC4P 4EE, United Kingdom.

Papers for editorial consideration should be sent to me in Nashville.

Paul S.Auerbach,

GRAVESTONE PHOTOGRAPH WANTED

Department of ENT, Queen Elizabeth Military Hospital
Stadium Road, Woolwich
LONDON SE18 4QH, United Kingdom
23rd May 1989

During the SPUMS meeting on the Maldives in 1985 someone showed a slide of the gravestone of an unfortunate RAMC officer who succumbed to Stingray poisoning on Thursday Island in 1915 . Unfortunately I cannot remember the speaker's name but I will happily pay the film and postage costs of any SPUMS member who can help me find theofficer's name or provide a photograph of the gravestone.

Nick Cooper, Major RAMC.