NASDS has for many years been an associate member of SPUMS and a keen supporter of the Society's goals. Our record of support is probably unmatched by any other certification agency. Our failure to attend annual SPUMS conferences has been due to lack the finance and time. A situation, I'm sure, in which we are not alone.

NASDS believed that we had a close and warm relationship with SPUMS and the medical profession. Dr Gorman's editorial did nothing to contribute to the further development of this relationship. We are disappointed.

Ian Milliner
National Manager, NASDS Australasia Inc.
(Lately Federation of Australian Underwater Instructors)

References

1. Gorman D. Lambada dancing on a tightrope. *SPUMS J* 1992; 22(3) 126-27
2 Knight J. The SPUMS diving medical submission to Standards Australia. *SPUMS J* 1992; 21(4) 231-35
3 *SPUMS Diving Medical*. March 1992.
4 Pilot incident study results. *Divesafe* 1990; No 1 (January): 4-5

MALARIA PROPHYLAXIS

Traveller's Medical and Vaccination Centre
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Dear Editor,

It was pleasing to read the DES column in the November DIVE LOG Australia Magazine. Some important issues were highlighted concerning diving in areas where chloroquine resistant malaria occurs and they are worth bringing to the attention of SPUMS members.

The first issue is that a range of personal protection measures to avoid mosquito bites is essential and diving medicine practitioners should offer this specific advice to divers at risk.

Secondly, it is reassuring to read the SPUMS statement on the avoidance of mefloquine (Lariam) for malaria prophylaxis for these areas because of its known side effects and adverse reactions. This is consistent with the policy of the Traveller's Medical and Vaccination Centre clinic's throughout Australia, which also supports the use of alternatives to mefloquine for divers. P.N.G., Solomons, Vanuatu, parts of Indonesia and Malaysia and Indo-China all report chloroquine and antifolate drug resistant malaria.

It is worth reminding divers that doxycycline is associated with photosensitivity reactions so a maximum - protection blockout is appropriate for divers using doxycycline.

Lastly, the differential diagnosis of non-specific flu like symptoms of weakness, tiredness, headache; myalgia, vomiting and abdominal pains in diver in tropical areas includes malaria as well as D.C.S. and specific testing for malaria should be performed.

A Gherardin

TRAINING FOR DIVING MEDICALS

Avondale Accident & Medical Clinic
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Dear Editor,

As a newcomer to the New Zealand chapter of SPUMS, one who attended its recent annual scientific meeting, I am disappointed that the ANZ diver death series[1] is subject to fallacious interpretation by an apparent majority of Society members.

The study is a retrospective exercise in data collection which is bereft of any mathematics more complex than elementary addition and from which only the most tentative of conclusions can be drawn.

It should not be used to support arguments for compulsory post graduate training of those doctors who wish to conduct recreational diver medicals. Although the authors would have found at least 25% of the (dead) divers medically unfit had they taken a history before the fatal dive, no evidence is presented as to what proportion of a matched population of divers who did not die while diving would have survived such a history taking.

In over half of all divers who died in this series, that event occurred shortly after exhaustion of the air supply (56%), and/or problems with buoyancy (52%), and or/a failure of the buddy system (59%). On this evidence, efforts to prevent deaths in recreational divers should concentrate on reducing the incidence of these precipitating factors by ensuring that all divers receive appropriate training, and that throughout their diving career they continue to dive in accordance with that training.

Rhys Cullen

Reference

1 Edmonds C and Walker D. Scuba diving fatalities in Australia and New Zealand. *SPUMS J* 1989; 19 (3): 94-104.