

There are abstracts from last year's Undersea and Hyperbaric Medical Society Annual Scientific Meeting. They cover carbon monoxide poisoning, neurological sequelae in divers, decompression tables and how sports divers do not know how to use them, with asides on table testing and evaluation of decompression stress. There are studies of diving deaths and the pathology of dead divers brains and spinal cords. Included are a study of trans-

cutaneous oxygen measurements in non-healing wounds and a study of hyperbaric chamber mishaps.

With this issue comes an updated list of SPUMS members, in Australia and New Zealand, who have the proper training to do diving medicals and where to find them. We intend to publish this list at regular intervals in future. This will need your co-operation by keeping us up to date.

Emergency ascent training

The utility and safety of emergency ascent training has long been controversial. Is it necessary? Is it effective? Is it dangerous? The controversy has already affected diving training "ditch and recovery" exercises have been essentially abandoned. Some Instructor Agencies teach emergency ascents horizontally, that is, the emergency ascent training does not involve an ascent! In at least one centre, the ascent is performed as rapidly as possible. The diving manufacturers and retailers have been quick to react to the problem of running out of air, the usual problem underlying the need for an emergency ascent, and have produced a plethora of "rescue apparatus". These include Octopus regulators and Spare Air Cylinders. While there is no doubt that this has been of considerable benefit to the manufacturers and retailers, there is no real evidence that these apparatus have benefited the diving community in general. Nevertheless, one solution to the "emergency ascent problem" is to have enough levels of redundant air supply to avoid such an ascent altogether. In practice however, this logic is flawed and the sharing of air often results in both the diver and his buddy having to perform an emergency ascent.

As in almost any other area of diving safety, opinions about emergency ascents abound, but data on the cost-effectiveness of various techniques and training are limited. Indeed, most risk-data are obtained from submarine escape training, a not altogether analogous situation. The careful pre-training medical screening of submariners and their close surveillance during the emergency ascent training in clear warm water probably contribute to a significantly lower risk in this group (about one in every two thousand ascents is complicated by pulmonary barotrauma and usually arterial gas embolism of their brains).

Not surprisingly, the regulators of recreational diving in Queensland, "had trouble" reaching a consensus on emergency ascent training. The debaters divided themselves, predictably, into a medical fraction ("It's too dangerous") and a diver instructor fraction ("We've been doing it for years and haven't had any problems"). Obviously, reality lies somewhere between these two extreme stances.

SPUMS was consulted for its policy on emergency ascent training. In the past, such Society policy has been developed by an appointee of our Executive and has consequently not always been a "consensus opinion". This may or may not be a bad practice; one outcome of this approach is however that groups within SPUMS who disagree with the policy feel both aggrieved and obliged to scream loud and long and often. It was decided then, to develop a SPUMS policy on emergency ascent training via a Workshop, and further, that each future SPUMS Annual Scientific Meeting would feature such a Workshop on a major issue from which a SPUMS policy would be generated. The Workshops will be open to all SPUMS members and associates, in a "turn-up and put-up, or shut-up" approach.

The Workshop on emergency ascent training is programmed for this year's Annual Scientific Meeting in Palau and will be co-chaired by myself and Drew Richardson (SPUMS member and a Vice-President of PADI). The format will include an introduction, presentations giving a training agency and a medical perspective on emergency ascent training, and then an open forum for discussion. A draft SPUMS policy will subsequently be developed for ratification by the Executive Committee and publication in the SPUMS Journal.

Clearly, the SPUMS diving medical and diving community should become involved in such debate and hence contribute to the policies of this Society. Just as clearly, this is yet another good reason for interested physicians and divers to join SPUMS.

As for emergency ascent training, wait and watch this space (in *Dive Log New Zealand*).

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