

consistent with asthma”.

Asthma might have contributed to this death.

NZ SC 84/4

No training, first use of scuba, hired equipment, poor visibility, cold, so separated and sat on rock. Started return underwater. Buddy, who had no training and was using scuba for the third time, was at surface, saw the victim surface, call for help and sink. Death due to drowning.

Said to be liable to asthma attacks. Used Ventolin and Becotide and took Nuclin. “No evidence of active asthma.”

tion of anyone not represented at the “Workshop” is ludicrous. Facts cannot legitimately be ignored in either scientific or medical discussions merely because they were not formally presented at some set time and place. Truth does not depend on a show of hands but is reached by establishing a fit between theory and the available facts. And before any problem can be solved it must first be correctly identified.

5 Inevitability of running out of air

It is defeatist to hold that running out of air should be accepted as inevitable,⁴ as can be shown by the results of training cave divers to avoid any such situations. To reduce the frequency of low/no-air situations by scuba divers will require the introduction of a far stricter training protocol with greater stress on the dangers of running out of air under water and explaining that trying to breathe water leads to drowning.

6 SPUMS Policy making

That the SPUMS Committee decided to elevate the findings of a “Workshop” discussion into a declaration that emergency ascent training was necessary was an unnecessary and unwise decision. At no time was the available scuba fatality data considered to assess the relative importance of the adverse factors which have been identified in scuba diving fatalities nor was there consideration of the relative value of the options which are available to mitigate adverse factors.

Douglas Walker

References

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DIVER EMERGENCY SERVICE (DES)

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27/4/94

Dear Editor

During April 1994 a meeting was convened, in Durham, North Carolina, by the Divers Alert Network (DAN USA) to discuss the future collaboration of countries providing, or wishing to provide, a 24 hour emergency service to divers in need.

Represented at this meeting were DAN America (President Dr Peter Bennett, with many other members of DAN USA’s Board of Directors and staff), DAN Japan (Professor Yoshihiro Mano), DAN Europe (Dr Alessandro Marroni), DES Australia (Dr John Williamson) and DES New Zealand (Dr Des Gorman). DAN Europe, co-ordinated through a central emergency telephone location in Switzerland, is co-operation between many, but not all, European nations. The administrative headquarters of DAN Europe is with Dr Marroni, who also provides an Italian divers’ emergency hotline, in Roseto, Italy.

After considerable discussion Australia and New Zealand resolved to remain respectively DES Australia and DES New Zealand, identifying the emergency telephone services of those two countries. However full and harmonious co-operation will continue with international activities (formerly IDAN) such as data sharing and joint collaborative research efforts towards improving the safety of diving worldwide. Indeed, Australia’s Project Stickybeak, and the Diving Incident Monitoring Study (DIMS) are in some ways international role models of such data gathering.

DES is an established and well recognised emergency telephone consultation service for divers in our two countries. The service is maintained by, at present five, specialist anaesthesia and diving medicine consultants on a totally voluntary basis, and somewhat uniquely, provides a diving medical physician as a first response. It is clear that the DES services in Australia and New Zealand compare more than favourably with existing national services in other countries. The existing DES Australia Oxygen Courses will remain under that identity, and the DES logo will remain the international flag alpha, bearing a white cross, signifying medical and first aid activities, and a kangaroo. The DES Australia telephone numbers remain unchanged. Within Australia, (user free) 1-800-088 200, and from outside Australia (user pays) 61-8-223 2855.

DAN USA will promote its Australian equivalent, DAN Australia, inside Australian diving ranks. DAN USA's logo, which may already be familiar to some, is the red flag with a white stripe running from top left to bottom right, used as a dive flag by United States divers, with a white cross on the right of the fly and the letters DAN below. The future DAN Australia will focus upon diver membership, with an accompanying insurance package, and marketplace fundraising on a predominantly non-profit basis, including sale of decals, T-shirts, accident reporting data publications, etc. Hopefully regular financial contributions towards the costs of the quite separate DES Australia telephone will be made.

There does seem reasonable certainty however that Dive Master Insurance Consultants Limited will market a diver insurance package tailored to Australian needs, wherever the Australian diver may travel and dive. This package has, as part of each contract sold, the payment of a small donation to DES Australia. Thus in the future Australian divers can know that their dollars which purchase certain diver insurance, such as Dive Master, are making a direct contribution towards the support of their own national emergency diver telephone. DES Australia will also generate funds from the DES Australia (flag alpha) Oxygen Courses.

DES Australia will continue to provide its 24 hour services to any diver in need, nationally or internationally,

regardless of the nationality or whereabouts of the caller or the diver. Currently DES Australia handles about 500 calls a year and these are increasing steadily. Following previous publications¹⁻³ this accumulating data base will be published regularly the SPUMS Journal. The DES Australia team looks forward to harmonious collaboration with the future DAN Australia and with the diving emergency services of all other countries in the mutual interests of increased diver safety and enjoyment.

Chris Acott
Des Gorman
John Williamson

References

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BOOK REVIEWS

THE SPORTS DIVING MEDICAL

A guide to medical conditions relevant to scuba diving

John Parker.

ISBN 0 9590306 8 9.

J.L. Publications, P.O.Box 381, Carnegie, Victoria 3163, Australia.

RPP \$Aust 29.95 (includes postage within Australia) postage and packing for overseas orders \$Aust 10.00.

The cover sets the tone of this book as it shows a pair of divers diving as buddies, that is within touching distance so that they can observe and assist each other at all times. Too often buddies are metres apart, far too far away to be a source of succour. This emphasis on safety permeates the text.

This not a look-up-and-there-is-the-answer cookbook approach. The author has chosen a thinking person's approach to the problems of the diving medical. First he lists the things that make recreational scuba diving different from other sports. Then there is a quick summary of

basic diving physics followed by a list of good reasons for having a diving medical, one of the most important of which is the opportunity to be given medical advice on how to dive safely. This is followed by a simple questionnaire used by the author and advice about the questions to ask after the form has been filled in.

Throughout the book topics are listed in the left hand margin in bold type with comments as the main text. There are subheadings such as "Points to ponder" and "Points to consider" and "Points to consider very seriously". Each statement is short and to the point. The author's conclusions, which might not be the reader's, follow in italics. These are conservative recommendations based on the general Antipodean approach to controversial subjects such as asthma and diabetes. In the disclaimer underneath the preface the author is at pains to point out that the recommendations are only his views, which may well be changed as further knowledge is obtained.

Clinical cases appear at the bottom of many pages illustrating the opinions expressed about the topics on that