

pool work at only 2 m at the start of her scuba course, with ear pain that she could not relieve by any method demonstrated to her by her instructor, who asked her to get a second medical opinion. On testing there was no evidence of any hyperbaric injury done to her middle ear cavities. On impedance tympanography it was evident that she could not pressurise her middle ear cavities by a Valsalva manoeuvre. She could not even get her pressures to atmospheric pressure after several attempts. It was suggested that she should refrain from further attempts at scuba diving.

The third case is a candidate that I had failed earlier on several grounds, only to find out several weeks later that he had been passed "fit to dive" by another doctor, recommended by the dive school after the candidate was told he should not dive. I had spent some considerable time discussing all the reasons why he should not dive. I am informed that the dive school knew that he had failed and told him to get another medical from another doctor! I failed him because of his known previous aggressive and sometimes compulsive and illogical behaviour, IV drug use, the fact that he was Hepatitis C positive, a heavy tobacco user and had a mild peripheral neuropathy. He had been a patient of mine for a couple of years. His respiratory function showed he had a sub-optimal FEV₁ and a FEV₁/FVC ratio of 63%. His lung function was confirmed by a hospital respiratory function unit which demonstrated an 18% fall after a histamine challenge and a very prompt recovery after inhalation of Ventolin. His ratio was still documented at 63% after a couple of weeks of alleged non-smoking. I am told that his ratio had risen to 73% on the second dive medical which is still below the 4005.1 standard of 75%. He has undergone an Open Water Course !

I believe that possibly due to some form of perceived competition some doctors who are on the SPUMS Diving Doctor List, are doing quick and cheap dive medicals but are not necessarily following the AS4005.1 guidelines. I believe that one or two dive schools are not taking "NO" for an answer and thereby losing an intending student. They seem to be recommending the intending candidate to get a clear medical from another doctor who may not be quite as thorough. I can not for the life of me see how a complete history, examination, audiology and respiratory functions tests can all be done within the space of half an hour and costing only \$40 or so.

The point that I am making is that it is quite obvious to two of the students that something in their dive medical examination went wrong, and that they were allowed to dive when, as is now clearly apparent to them, they should not have dived. They have wasted their \$300 or more on a course they should not have undertaken in the first place. The third case was someone who was going to learn to dive regardless what was said to him and a dive school accommodated him!

I accept that we can not predict who is going to get decompression illness whilst undertaking safe diving practices, as in the first case. However it appears that the initial dive medical was not complete and information that could have been made available to the doctor was not given or found out because the appropriate questions do not seem to have been asked and the examination seems to have been incomplete.

Now that dive medicals are taking their rightful and respected role at the beginnings of a student's experience in scuba diving, it is not helping the cause when doctors, with the proper training, seemingly are not doing the right thing by the candidates. Unfortunately dive medicals are sometimes seen by some dive schools as something that is a waste of time and money for the student. If properly trained doctors do Mickey Mouse medicals, which are a waste of time, how are we going to keep the support for medicals from the responsible members of the diving industry?

Ross G. Wines

TECHNICAL DIVING

IANTD Australasia
PO Box 696, Petersham
New South Wales 2049
28/12/94

Dear Editor,

I was surprised to read Dr Gorman's statement, "The issue of technical recreational diving is one where a close liaison between the Society (SPUMS) and these agencies will be of mutual benefit" in the President's Report 1994 in the December 1994 edition of the SPUMS Journal.

Dr Gorman has also recently announced that the Society's 1996 Annual Scientific Meeting will be devoted to a workshop on technical recreational diving.

This is different approach to that previously adopted by both SPUMS and several prominent SPUMS members since recreational mixed gas diving was first introduced into Australia in 1991.

I recall Dr Gorman's editorial in the January 1992 edition of this Journal in which he stated "In view of the above, it is not surprising then that the SPUMS policy on 'HighTech' recreational diving is that it should be actively discouraged and that this Society will not oppose any government who consequently legislates some limit on recreational diving."

I can also remember statements such as “Say No to Nitrox”; “It would be in the public interest to regulate against helium-oxygen diving without a recompression facility onsite”; “All diving doctors are opposed to the use of nitrox for recreational sport diving”; and “I do not support the use of Nitrox by recreational divers” from prominent SPUMS members.

When technical diving “came out of the closet” in the late 1980s, many prominent overseas hyperbaric authorities realised that a “head in the sand” attitude would not make the problem go away. These authorities therefore chose to work closely with the technical diving community so that the new technology could be introduced as safely as possible.

The actions of Dr Gorman and several other prominent diving doctors, who I presume to be members of SPUMS, have undermined their professional credibility in the eyes of the Australian technical diving community. Why should the technical diving community trust them now?

Rob Cason
Director

IANTD stands for International Association of Nitrox and Technical Divers.

Mr Cason will be interested to see that the Prism Rebreather Seminars are brought to members attention on page 58.

BOOK AND VIDEO REVIEWS

SAFE DIVING (6th Edition, 1993)

Stracimir Gosovic,
Best Publishing Company, P.O.Box 30100, Flagstaff,
Arizona 86003-0100, U.S.A.
Price from the publishers \$US 55.00. Postage and packing extra.

This is an English translation of the fifth edition of a previously Yugoslavian, now Croatian, text. Dr Gosovic has for many years dominated diving medicine in a large section of eastern Europe. The original title was *Ronjenje U Sigurnosti*.

The book underwent five editions, last printed in Zagreb, prior to the English translation by Carolina Udovicki.

The format has not changed appreciably over the years, although the material has. This is not a textbook of diving medicine. Nor is it a diving manual. It is, however, a successful combination of both. As such, it has both pros and cons.

The book introduces the reader to a wealth of both practical and theoretical information, from both East and West. It also deals well with the historical developments of the subjects that it encompasses.

The translation was excellent. It is easy to read, and always understandable, even though some of the terms may be a little different to those we are accustomed to. No problems understanding what is meant.

Some of the history, especially that dealing with the Soviet block countries, was particularly fascinating. I was surprised to find that the helium tremors (HPNS) were first described by a Russian group in 1961, long before our

American and French colleagues entered this field. Similar factual information was given regarding the development of various pieces of equipment, offsetting the bias towards the western countries, inherent in most of our current diving texts.

About half the text is devoted to diving equipment, or techniques. This is probably what it makes it such a valuable aid to the diving physicians. They can easily reference the material that is readily available to dive instructors, professional divers and dive masters. Some readers will be perplexed when they encounter the discussions on equipment that is no longer available except in museums.

Historical equipment is given precedence over current. Knowledge of maintenance of a twin-hose regulator is not often required by present day divers. The photographs of this, and the buoyancy compensators, are definitely outmoded. Nevertheless, such material is of interest and value to others, and I personally had no problem with maintaining an interest while reading about the past.

There were certain anomalies which would possibly cause disagreement, e.g. the description of the International Sport Diving flag as being bright red with a diagonal white stripe. Fortunately, elsewhere in the text there is an actual photograph of the genuine International Diving Flag, Flag Alpha.

The second half of the text deals with diving medicine. There is no question regarding Dr Gosovic's expertise in this field, however his terminology is again somewhat outdated. Thus terms such as “squeeze”, as opposed to “barotrauma” are used. And many of the claims could well be questioned. This is especially so as regards