

I do not dispute the major findings of Wilmshurst's study,⁹ that PFO may predispose to early onset neurological DCI, as indicated in my summary and abstract. Indeed my overall conclusions are similar to that published by Wilmshurst and de Belder.¹¹ PFO is a common incidental finding in the population; the absolute risk of DCI remains low regardless of the presence of PFO.

Paul Langton

References

4-9 as per Wilmshurst's letter

- 11 Wilmshurst PT and de Belder MA. Patent foramen ovale in adult life. (editorial) *Brit Heart J* 1994; 71: 209-212

Key Words

Cardiovascular, decompression sickness, letter.

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Dear Editor

I appreciate the comments of Dr Wilmshurst and have recalculated the metanalysis after removing Moon's non-diver controls. The recalculated odds ratio for all DCS is 1.96 (CI 1.33-2.89) and for serious DCS is 2.63 (CI 1.64-4.23). These ratios are significant at $p < 0.001$. The original ratios were 5.45 ((CI 3.88- 7.67) for all DCS and 5.48 (CI 3.64- 8.24) for serious DCS. Both analyses show an increased risk of DCS when a PFO is present.

The comment regarding personal opinion on cardiac problems in diving is noted. There is little information available on cardiovascular problems in diving from the published literature. For diving one must extrapolate information from the sports environment to the diving environment, with some exceptions specific to diving. I would not expect to find clinical studies of cardiovascular disorders in divers, thus most decision making comes from clinical experience with other sports, and from diving and exercise physiology.

Use of individual T tests without the Bonferroni correction has been criticised in other studies with multiple T tests. This comment has been made regarding the Wilmshurst findings in unpublished commentaries. I did not suggest that the data are analysed incorrectly rather that the results are valid because of the statistical analysis.

Studies by DAN (Divers Alert Network) and by PADI on multi-day repetitive diving show that multi-day repetitive diving increases the risk for bubble formation. Dunsford's review of the PADI data indicated that multi-day repetitive diving exposures demonstrated a high incidence of asymptomatic bubbles. Absence of bubbles in the right atrium eliminates concern for shunting across the PFO. Since multi-day repetitive diving is likely to produce asymptomatic bubbling, a PFO may become more important under these circumstances.

I hope these comments provide clarification of my paper.

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Key Words

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DIVING HISTORICAL SOCIETY AUSTRALIA, SE ASIA

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25/5/97

Dear Editor

The objective of the Diving Historical Society (DHS), which is a Non Profit Body registered in South Australia, is to establish contact with others interested in diving history, older diving equipment, written and photographic material identified with diving. Also the Society will provide an avenue for the collection and exchange of information. Our diving heritage needs to be preserved and others educated in the fascinating past of diving. We invite you and your readers to become part of the procedure and enjoy the history of diving.

While, for most, the major advantage in joining the DHS will be to access the Historical Diving Society USA (HDS USA) magazine the *Historical Diver* at the same cost as domestic HDS USA members, it is hoped that membership will mean more than just receiving the award winning magazine (excellent that it is) and that informal regional groups may form and meet. These activities when they happen, will be covered in the regional newsletter that will be enclosed with the quarterly mail out of the *Historical Diver*. Regional members will receive their first issue of the four issue annual membership in July. Our thanks go to the HDS USA for their encouragement and support of our new regional Society.