

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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27/3/97

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 This comment has been made regarding the Wilmshurst findings in unpublished commentaries.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

Cardiovascular, decompression illness, letter.

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.

Working Equipment Groups (WEGs) are not official functions of DHS Australia SE Asia. Due to liability laws DHS does not conduct any in water activities. However it is common that if a meeting with speakers and other activities is arranged then some members do dive their restored classic and antique equipment around these meetings.

Dates have been selected for DHS meetings in Adelaide and Melbourne. At both events there will be talks and equipment displays, books and photographs. Furthermore tall tales will possibly be part of the weekends. Social events fill the evenings, and some partners will be conducting a program if the old divers and their gear are not as strong an attraction for them. We hope that meetings in other States will be arranged soon.

Adelaide will be over the weekend of 9th and 10th August, with a social get together planned the Friday evening. Melbourne will be the same but over the weekend 11th and 12th October. WEGs will be conducted at each. In Adelaide at least I will be diving my 1944 DESCO Mk 5 helmet, a complete original set from the boots right through to the communications unit. In Melbourne we issue an invitation to all working Helmet sets to participate in the world record attempt for Line Dancing Helmet Divers. It will be a sight to see, at least five helmeted divers (confirmed so far) thumbs tucked in the braces (weight belt) strutting their stuff with the best boot scooting boots you ever did see. It will not be a stylish affair but it will be fun. When we thought we would get a few helmets to dive, we thought what could we do, other than just walk around the bottom. A helmet diver pyramid was suggested, but John Riley from Sydney suggested 'Line Dancing'. Singapore members will meet for the first time during September. There will be more details on all regional meetings in the next members' newsletter.

To make this all happen we need new members. Diving history is great fun and the recreational divers of the first generation are still around and, in some cases, diving. Please join us, it is your history too. The cost for four magazines and one copy of the Members Register over twelve months is \$47 Australian. This cost is similar to the domestic HDS USA Member cost and a saving on the HDS USA overseas membership cost. Application forms are available by phoning (+61 (08) 8558 2970), faxing (+61 (08) 8558 3490), e-mailing (bramsay@iaccess.com.au) or writing.

Bob Ramsay
President DHS

Key Words

General interest, history.

For further information about Historical Diver read the book review on page 87

CLINICAL TOXINOLOGY SHORT COURSE

organised by
the **Toxinology Department**
Womens's and Children's Hospital (WCH)
and
the **Hyperbaric Medicine Unit**
Royal Adelaide Hospital (RAH)
under the aegis of
The University of Adelaide Departments of
Anaesthesia & Intensive Care
and
Paediatrics.
November 17th-21st 1997

4 Overseas and 15 Australian experts will be involved

Registration fee

\$Aust 750 payable by September 1st 1997

For further details contact
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Hyperbaric Medicine Unit
Royal Adelaide Hospital
Adelaide, South Australia 5000
Phone +61-(08)-8222-5116
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E-mail WCH toxinaus@wch.sa.gov.au
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Maximum course size is 30 participants

DIVING MEDICAL CENTRE SCUBA DIVING MEDICAL EXAMINER'S COURSES

A course for doctors on diving medicine, sufficient to meet the Queensland Government requirements for recreational scuba diver assessment (AS4005.1), will be held by the Diving Medical Centre in 1997 at:

Royal Perth Hospital
Western Australia
10th -12th October 1997

Previous courses have been endorsed by the RACGP (QA&CE) for 3 Cat A CME Points per hour (total 69)

Information and application forms from

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