

LETTERS TO THE EDITOR

DIVER EMERGENCY SERVICE

Hyperbaric Medicine Unit
Royal Adelaide Hospital
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South Australia 5000
28/4/97

Dear Editor

It should now be known and appreciated by the recreational diving and diving medical fraternity that the funding for the Divers Emergency Service Australia (DES Australia) telephone (1-800-088-200 or +61-8-8373-5312 from outside Australia) is now being provided, with no strings whatever, solely by Divers Alert Network South-East Asia Pacific (DAN SEAP). This has been so since 1996, and DAN SEAP have so far contributed a total of \$Aust 5000. Funding directly from recreational diving sources has long since ceased.

DAN SEAP generates its funds from membership subscriptions from divers, together with the income it earns from its excellent DAN SEAP Oxygen Courses for divers.

DES Australia is manned 24 hours a day, 365 days a year by voluntary, unpaid senior diving medical and professional ambulance expertise, and currently deals with about 500 calls annually from all over the Australian and Indo-Pacific regions.

It is quite certain that, but for DAN SEAP, DES Australia would have foundered many months ago, as divers, who are happy to use this service around the clock without a thought as to the cost and time involved, now contribute (with a few exceptions) not a jot to its financial survival. Reflecting the mindset of the dependent society we now live in, we know that many divers think that "the government" pays for DES Australia, and for the doctors and ambulance persons who man it! Some users of the service also expect DES call records to be available and precise (which they usually are!) when they call back months or years later for their own medico-legal purposes.

DES Australia is one of the world's original and most successful emergency diving medical services, and Australian Diving Medicine has every right to be proud of its contribution to diving safety to date. Many Australian (and beyond) divers owe their successful outcome from their diving injury directly to the existence and early response of DES Australia.

While acknowledging the past episodic support of some factions of the recreational diving industry, as time and experience have now clearly shown, expectation of

reliable direct funding from recreational diving ranks is fruitless. Divers should now appreciate that the best way they can contribute to the maintenance of the DES Australia facility is to undertake and encourage regular membership of DAN SEAP, and to do the DAN SEAP Oxygen Course.

John Williamson
Director

Key Words

Diver Emergency Service.

PATENT FORAMEN OVALE AND DECOMPRESSION ILLNESS

Royal Shrewsbury Hospital
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Shrewsbury SY3 8XQ, UK
6/12/96

Dear Editor

Two articles^{1,2} in the September 1996 issue of the SPUMS Journal considered the role of patent foramen ovale (PFO) in aetiology of decompression illness. I consider that your journal has allowed a proponent of one view to attempt to undermine research suggesting a contrary theory by use of unsubstantiated and unreferenced statements. Dr Bove stated that "Some people argue that the way Wilmshurst did his statistics was not quite valid." Which people and in what way?

Those who have read the original papers quoted by Dr Bove will be aware that there are numerical misquotations and technical errors in the text and meta-analysis. Most glaring is the suggestion by Dr Bove in his meta-analysis that the paper by Moon in the Lancet³ included 176 divers who did not have decompression illness. This is untrue. The paper by Moon and colleagues had no control group. Moon et al. compared the prevalence of PFO in divers with decompression illness with the prevalence of PFO in two non-diving populations reported in studies from other centres, one of which was a study of prevalence of PFO in stroke patients. It is spurious for Dr Bove to classify individuals who were not exposed to risk, because they did not dive, as "No DCS". It is ironic for Bove to question our statistical analysis. Bove's meta-analysis was also far from comprehensive, since it contained less than half the publications on prevalence of PFOs in bent divers available at the time that his presentation was made. The limit on the number of references imposed on