AVASCULAR BONE NECROSIS SURVEY (SYDNEY) Dr Ian Unsworth

A Skeletal Survey for AVBN is being organised at the Prince Henry Hospital at Little Bay, Sydney for sports and professional divers. With this pathological condition it is important to maintain a consistent level of radiographic interpretation and for the same criteria of x-ray change to be used to chart the presence, regression or advancement of the condition.

Straight A-P x-rays of joints (shoulders, hips and knees) and long bones are used for occasional divers. Tomography is used for professional and active sports divers, as also for proven lesions.

It is suggested that examination be on an annual basis for professional divers and active sports divers, two yearly for occasional sports divers.

Examinations are performed at the Prince Henry Hospital, Little Bay, Sydney, NSW 2036. Further information can be obtained from Prof. Bryan Williams, Department of Radiology or Dr Ian Unsworth, Hyperbaric Unit, Prince Henry Hospital.

This survey is intended to plot the presence and progress of the disease and to obtain information concerning the incidence of the disease in the different categories of diver and hyperbaric chamber personnel. It will also cover Workers Compensation Cases. To get the fullest information from such a survey assistance is requested in the provision of as many divers as possible. Preliminary studies of the first 50 sports divers has revealed some unexpected findings and it is hoped as many cases as possible be reviewed.

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A PLEA FOR A CENTRAL REGISTRY OF HYPERBARIC WORKERS HW Gillen, MD (Aerospace Medicine, April 1972, Vol. 43, 466-467)

Occupational health needs are often poorly described and less understood. Commercial tunnel work and professional diving have been the sources of considerable misinformation on the health and safety hazards of both occupations. One outstanding health risk emerging from years of professional experience is the problem of osteogenic necrosis (often called aseptic bona necrosis). The relationship of this health hazard to other hyperbaric problems is not known, although very little data exist. While cause is unknown, many seem possible. No treatment is known except for avoidance of exposure and mechanical joint replacement. Such a health risk within an occupation requires major efforts for solution. While the industry of caisson work has been almost completely unionized and considered by the agencies of Workman's Compensation, the diving industry, in many instances, has not been.

The diving industry has operated for many years from the uncertain base of physical courage and a desire to eat. The risks have been frequently recognized, but little has been planned deliberately to avoid the risks until recently. Some diving risks have been admitted only in recent years. Attempted accident analyses do suggest that people remain the basis of most man-machine problems. Only recently has the diving