

## SPUMS GOES WEST

David Davies

In conjunction with FAUI, the Western Australian branch of SPUMS organised a seminar at the College of Advanced Education, Mount Lawley, Western Australia on 12th December, 1981. Attendance at the meeting was about 120 doctors, diving instructors, sports divers and professional divers.

There were three speakers used to cover the range of topics. Dr John Knight, President of SPUMS, generously travelled from Melbourne to discuss Medical Standards for Sports Divers, the Use of the Edmonds' oxygen apparatus for treatment of Decompression Sickness, and First Aid for Diving Accidents.

A comparison was made between the stringent standards required for professional divers as laid down in the AS 2299 and the nebulous area of sports diving requirements.

The role of the Edmonds' apparatus in treatment of decompression sickness lies in the diving accidents that occur in warm water a long distance from a recompression chamber. The apparatus can be used while transport to a chamber is being arranged. It has the advantage that 100% oxygen is being delivered so that the rate of nitrogen efflux is increased during the course of treatment.

At the end of the discussion on First Aid for Diving Accidents, Dr Harry Oser of the Fremantle Hospital described the facilities and arrangements for the management of diving accidents in Western Australia.

Dr Nigel McKee, Chief Medical Officer to Woodside Petroleum, spoke of his experiences with deep diving in the Mediterranean and the North Sea. He then described some of the practical problems associated with saturation diving and how these may apply to the divers on the North West Shelf of Western Australia.

The seminar attracted interest throughout Western Australia such that the organisers were interviewed both on radio and television.

After the seminar finished the speakers were entertained by Dr Naom Haimson, a man who was involved in the early exploratory dives on the Dutch wrecks that litter the West Australian coast.

In summary, an eminently successful seminar was conducted in Perth which attracted wide interest and a great deal of support from the diving and medical fraternities.

### "WARNING" SPINAL BEND IN A DIABETIC

Dr John Betts has reported (DIVER February 1982) a second case of a spinal bend in a diabetic BS-AC member

and suggested that there may be a very significantly increased risk of this grave occurrence in diabetics.

As a consequence of these two cases the BS-AC will no longer allow diabetics to become or remain members, refusing their application to join and withdrawing membership from those developing diabetes.

*Case 1: This case was reprinted in the SPUMS Journal October-December 1981. The victim, whose age was not stated, made an 18 minute dive with a maximum depth of 95 feet but chiefly at 75 feet. The onset of symptoms was within a few minutes of his surfacing. A weak and unusual swimming return to the boat being noted. The ascent had been slow, controlled and in the company of two experienced divers.*

*Case 2: The victim, aged 60, had not disclosed that he was a diabetic. Details are unavailable concerning his diving experience and the severity and management of his diabetes. He made a 40 m dive for 17 minutes with decompression stops of 5 minutes each at 10 m and 5 m. A few hours later he noted difficulty in passing urine but performed a shallow (unstated depth) second dive. Following this he noticed a "woolly" sensation in his legs. He had a staggering gait by the time he reached his home late in evening. It was unfortunate that the RN treatment facilities were fully committed when contacted and so unable to undertake his treatment. Some delay ensued before a civilian decompression facility could be arranged. His response to the treatment was incomplete with some cord-damage symptoms persisting.*

The BS-AC Medical Committee has suggested that there are good grounds for predicting an increased liability to decompression sickness in diabetics and that it would be of a type less responsive to simple recompression therapy. This is because there is increased platelet "stickiness" in diabetics. It is now accepted that although the initial critical factor in the evolution of decompression sickness is the appearance of bubbles, the picture soon becomes complicated by the accretion of platelets to their surface and the initiation of other blood changes. Thereafter the gas phase of the "emboli" becomes less significant and the condition less responsive to recompression per se. The Medical Committee noted that though there were fewer than 30 known diabetic divers in the BS-AC there had now been two cases of the rare complication of spinal bends after dives which appeared to follow acceptable depth/time profiles.

### UNDERSEA MEDICAL SOCIETY ANNUAL SCIENTIFIC MEETING 1982

The annual scientific meeting of the Undersea Medical Society, Inc., will be held from June 1-5, 1982, at the Omni International Hotel, Norfolk, Virginia, USA.

Scientists and technicians from all over the world who are interested in the undersea biomedical sciences are expected to participate in the meeting.