

Dysbaric osteonecrosis, is it a major problem for divers?

Saturation diving, a review of military experience and associated research.

The management of divers with audiovestibular problems.

Presentation and diagnosis of decompression illnesses.

Arterial gas embolism in diving and in clinical practice.

The deep trial unit and the Admiralty Marine Technical Establishment (Physiological Laboratory) (AMTE PL).

The Institute of Naval Medicine and controlled atmosphere research.

A brochure will be posted to all members during the next month.

#### EXECUTIVE COMMITTEE OF SPUMS

By the closing date for nominations (30.4.83) only the following nominations had reached the Secretary:

President	Dr Chris Lourey
Secretary	Dr Chris Acott
Treasurer	Dr John Doncaster
Editor	Dr Douglas Walker
Committee Members	Dr David Davies
	Dr John Knight
	Dr Janene Mannerheim

Consequently there is no requirement for a ballot. These members will form the Committee after the 1983 AGM.

JE MANNERHEIM  
Secretary SPUMS

#### LETTERS TO THE EDITOR

*A copy of this letter was sent to the Secretary of SPUMS.*

Bass Strait Medical Services  
Main Street Medical Centre  
281 Main Street  
BAIRNSDALE VIC 3875

2nd May 1983

The Hon Mr T Roper,  
Minister for Health,  
Treasury Place,  
MELBOURNE VIC 3000

Dear Mr Roper,

#### HYPERBARIC OXYGEN TREATMENT AND MULTIPLE SCLEROSIS

Research work in recent years (1,2,3) has shown the value of hyperbaric oxygen (HBO) in the Management of Multiple Sclerosis.

I wish to submit that instituting such a programme in Victoria is both urgent and timely.

The following factors I believe are cogent:

- the illness is crippling and widespread and its unresponsiveness to treatment in the past has generated a highly emotional response in the general public;
- general knowledge of the research work cannot be far away. An article has already appeared in the mass media some months ago;
- the treatments as used by Fischer and Neubauer, are simple and effective but require expensive facilities with a modest labour input, and small maintenance costs.

However initial cost benefit analysis on the basis of Fischer's work suggests that HBO treatment would be effective in reducing hospitalisation, drug costs, etc., as well as immensely improving the quality of life and the productivity of the patients.

Medical supervision expertise (for treatment) would be at the level of a competent general practitioner-anaesthetist, who understands the use of an intercostal catheter, and recognises the possibility of air embolism, although this is extremely unlikely with an established protocol;

- although both authors disclaim their work as a general recommendation, the evidence, even at present, is sufficiently strong to warrant early utilisation as a matter of urgency (Appendix 1);
- the lead-up time to establish-such a programme with an appropriate purpose-built facility, is of the order of two years.

It would therefore seem advisable for the Health Department to appoint a committee to report urgently on the earliest means of establishing a suitable facility in Victoria.

Two walk-in, low pressure facilities do exist already. They are the MMBW chamber at Carrum and the RAAF chamber at Point Cook. Both would need some modifications. However this and many other matters require investigation; and in the light of points (a) to (c) above, I believe the matter to be humanely, medically and even politically, urgent.

If I can be of any assistance in furthering this matter please let me know.

Yours faithfully,  
CG McFarlane  
B Agr Sc, MBBS, FACOM

*Dr McFarlane, who is a member of SPUMS, is the AMA Representative on the Standards Association of Australia, Committee SF17, "Work in Compressed Air". He is also Diving Medical Officer, Diving Division, National Safety Council of Australia, and Diving Medical Officer for Esso Australia, Oceaneering Australia Pty Ltd and Comex Australia Pty Ltd.*