I have also reviewed the available evidence on these tables and written a lengthy report to New Zealand Underwater Association (NZUA)/PADI in New Zealand expressing my own concerns at the lack of scientific validity. Whilst my efforts have been acknowledged and appreciated, NZUA/PADI have chosen to proceed with the marketing of these tables in conjunction with their parent body despite the expressed concerns. Is this also the Australian experience?

If so, what should we be doing about it as a professional body? It would seem to me that a completely new set of tables is being introduced to sport diving on the basis of inadequate scientific validation. Brian Sayer of NZUA/PADI recently informed me of new major trials that are underway, and I understand that Dr Des Gorman has offered also to test these tables in the laboratory facilities at Adelaide. Is this not putting the cart before the horse? Should not tables be fully validated before their release rather than afterwards? We have had numerous examples of this in recent years what with the Huggins Tables, the Bassett Tables and so on. In fact the whole issue begs the question of what is appropriate scientific validation of a table. Weathersby and his colleagues at the US Naval Medical Research Institute (NMRI) have suggested that this can only be done statistically.

Perhaps the pages of the SPUMS Journal are an appropriate vehicle to allow PADI and others to express their views on such an important topic. I personally remain firm in my assessment that, as they stand, these tables lack scientific validity.

On a personal note I adopted the Canadian Defefence and Civil Institute of Environmental Medicine (DCIEM) tables for my own use early in 1987 since the overall evidence, as I understand it, is that these are currently the most conservative repetitive dive tables available. Of course, even with these tables the old maxim of 'one longer and/or one deeper' still applies.

F. Michael Davis
Senior Lecturer in Anaesthesia

REVISITING KEY WEST SCUBA DISEASE

19 Otahuri Crescent,
Greenlane,
Auckland 5,
New Zealand.

30th January, 1989

Dear Sir,

Robert Wong presents a case report of a diver suffering a systemic illness with major effects localised to the lung characterised by breathlessness, a reduced carbon monoxide diffusing capacity and a fine granular pattern chest X-ray (*SPUMS J* 1988; 18: (4) 124-125). The diagnosis of Legionella pneumophilia is made solely on clinical grounds supported by serology.

The serological response is worthy of comment in that a polyclonal response is shown with 4 fold rises in Gp.1, Gp.3, Gp.4, and Gp.6. I think this is far more likely to be a general stimulation of the immune system such as may occur after many infectious and non-infectious illnesses, rather than infection with several serotypes of Legionella, or cross-reactivity between these sub-types. A 'diffuse granular' chest X-ray is an unusual appearance in Legionella infections, but is seen frequently in hypersensitivity lung disease or adult respiratory distress syndrome both of which may occur as a consequence of aspiration. I suspect a transbronchial lung biopsy could not be justified in view of the patients improvement, but would have provided valuable data.

In the early investigation of Legionella pneumophilia the organism was isolated from stored frozen autopsy lung obtained from a diver who died in the late 1950s of a pneumonic illness. I have not been able to locate the reference to this however.

I think the case for Legionella pneumophilia is unproven on the available data.

I would be interested in Carl Edmonds views and also those of an Immunologist.

A.G. Veale,
Secretary/Treasurer,
NZ Chapter SPUMS .

JELLYFISH ENVENOMATION; WHAT DIVING MEDICAL PHYSICIANS SHOULD KNOW

International Consortium forJellyfish Stings,
MSO Box 5695,
Townsville,
Queensland, 4810

January 27, 1989

Dear Sir,

I write to correct what may be an ambiguous statement in my paper (*SPUMS J* 1988; 18: 118-121), under the sub-heading "Analgesia", on page 120. The possibly misleading statement reads "It" (i.e. pain) "is also unquestionably relieved by the specific antivenom for *Chironex*".

It is important for your readers not to misinterpret this statement to imply that the *Chironex* specific antivenom is beneficial for the pain of any jellyfish sting. Our present understanding, based admittedly on only a relatively small