

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 Defence 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 pneumophila* 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 pneumophila* 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 pneumophila* 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 for Jellyfish 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

amount of circumstantial evidence<sup>1</sup> to date, is that this antivenom offers acute analgesia only for the pain resulting from the sting of *Chironex fleckeri*. It should not be used for the treatment of any other jellyfish sting.

John Williamson

## REFERENCE

- 1 Fenner P.J., Rodgers D., Williamson J. Box Jellyfish Antivenom and "Irukandji" stings. *Med. J. Aust.* 1986; 144: 665.

## HYPERBARIC MEDICINE UNIT FOR WESTERN AUSTRALIA

Fremantle Hospital,  
Fremantle,  
Western Australia 6160.

Dear Sir,

A new clinical hyperbaric unit is being built at last for Western Australia, after almost 10 years seeking funds.

Construction of the chambers will be financed from a Commonwealth grant, and the unit will be funded by the Health Department of Western Australia as the State referral unit for Hyperbaric Medicine.

The chamber is to be located at Fremantle Hospital, which has for the last ten years been the designated centre through which the management of all diving accidents in Western Australia were coordinated. Until now the State has asked the Royal Australian Navy (RAN) to provide recompression facilities for most of the diving problems, and recently some acute medical problems, usually carbon monoxide poisoning.

The contract was won in fierce competition by a Scottish firm, HYOX Ltd., and is to be constructed in Western Australia. The chambers are planned to be moved into the building during March 1989, and first patients are planned for 1st of July 1989. Fremantle Hospital have already commenced advertising for Technical and Nursing staff.

The unit will have two walk-in compartments, one with a 3 ATA capability, and the other of 6 ATA. The two are to be joined by a common entrance lock, and the 6 ATA chamber will, of course, have a transfer-under-pressure flange for use if necessary.

The unit will be available as an information resource for sports and professional divers, and for physicians interested in diving medicine.

We are grateful for the support of many diving medicine friends both here and overseas, in the long years leading up to the decision to fund this exciting facility. The Fremantle chamber will be another link in the ring of Hyperbaric Units which is spreading around Australia, and we plan to work closely together with others in this field.

Harry Oxe

## NAUI ACTS ON DIVER SAFETY

80 Wellington Parade,  
East Melbourne,  
Victoria 3002,  
Australia.

Dear Sir,

It is encouraging to see that at least one of the instructor organisations is willing to grasp the nettle of disciplining its members when they fail to meet the minimum standards laid down by the organisation and to publicise the event. As in medicine there is a need in the diving industry for periodical checks on the state of the instructor's (or doctor's) knowledge and performance. As far as I know only the Federation of Australian Underwater Instructors (FAUI) (and the Royal Australasian College of Obstetricians and Gynaecologists) insists on periodic requalification as a condition of membership. It would be in the interests of trainee divers (and of patients) if this periodic requalification was adopted by all the instructor organisations (and medical colleges and regulatory bodies). The statements below are from the press release.

The National Association of Underwater Instructors (NAUI) has announced, in a press release dated 10 October 1988, that it recently suspended two instructors in relation possible breaches of NAUI Diver Training Standards.

The matters, one in Victoria and the other in Queensland, are currently being considered by the NAUI Ethics Committee.

Gregory Blackburn, the President of NAUI Australia, stated "NAUI Instructors throughout the world have the highest reputation as quality educators. This reputation is maintained only through NAUI's willingness to ensure that the flexible but uncompromising NAUI Training Standards are maintained".

Where reasonable doubt exists on serious matters of diver safety, NAUI will continue to take firm action to resolve such matters.

"Determined responsible action on the part of all concerned", said Mr. Blackburn, "will allow the diving industry to be fully self-regulating. This will maximise diver safety and minimise the risk of poorly considered legislation