8. CASE REPORT

Diving Details

Monday. Compressed air diving to 60 feet, until the tank ran out of air (a 72 cu foot tank), without incident. Ascent and descent were uneventful, with the diver making many short ascents to the surface, to deposit the speared tuna into his boat. Diving completed at 11 am.

Tuesday, 3 pm. Snorkel diving to depths of 60 feet, for no more than 15 minutes total.

History

The diving holiday commenced on Monday. The diver involved, together with his mates, decided to 'rough it', and spend most of their time snorkelling or diving. This was disrupted by a heavy alcoholic intake following the successful fish catch on Monday; no breakfast on Tuesday morning (although a slight headache), and a light tuna meal on Tuesday at 2pm. The diver presented to the local hospital at 4pm on Tuesday with complaints of severe headache, dyspnoea, a skin rash - red with some swelling, and abdominal pains. On examination he was found to be pyrexic with bilateral respiratory rhonchi, a very rapid pulse rate (140/minute) and the previously mentioned skin lesion. The differential diagnosis of decompression sickness was considered, and a diving medico was informed at 6 pm.

CORRECT DIAGNOSIS - Full Marks

MEDIC: My worries are that he has decompression sickness involving the skin, gastrointestinal tract and lungs. I think you call it 'the chokes'.

DIVING MEDIC: No go. These generalised manifestations appear usually much earlier than 28 hours after the bends producing dive. Nor could one postulate Taravana disease with so few breathhold dives as could be carried out during 15 minutes. Decompression sickness must be most unlikely.

MEDIC: How about the salt water aspiration that we now hear so much about? It seemed to come on within an hour of his breathhold diving.

DIVING MEDIC: The skin lesions would refute that diagnosis. Also one rarely hears the respiratory rhonchi with salt water aspiration, which one can detect in this case. Also the drop in the $FEV_{1.0}$ percentage suggests obstructive airways disease, not at all like the parallel drop in VC and $FEV_{1.0}$ seen with salt water aspiration.

MEDIC: What then do you advise? Should we consider the possibility

of a recompression trial?

DIVING MEDIC: No. I don't think that's necessary. The man appears reasonably distressed, so I would suggest the use of intravenous hydrocortisone, about 100mgm and repeat each few hours, as needed. Failing that, perhaps you would give him some intramuscular antihistamine, and I am sure the symptoms will abate rapidly.

MEDIC: (Half hour later). Yes, you are perfectly right. He is feeling much better now, and we have sent word out to other members of the diving party to prevent them also developing this illness.

CORRECT DIAGNOSIS: Half marks.

Histidine is a chemical found in many fish, especially of the tuna type. If the fish is not adequately stored and refrigerated, then it is able to be converted by bacterial action into saurine. In this case the divers did not avail themselves of adequate storage facilities, and anyone who ate this fish a day after it had been exposed to non-refrigerated conditions is very likely to encounter this disease, called Scombroid poisoning.

9. DR TONY SLARK - VISIT TO AUSTRALIA

Following the Aerospace Medicine meeting, we were delighted to receive a visit from Dr Tony Slark, who has obtained a lot of valuable experience in the treatment of decompression sickness in New Zealand. Of interest to SPUMS members is his suggestion that one annual meeting should be held in New Zealand, but not at the usual time. If this is considered of value by SPUMS members, then it would be reasonable to have two meetings during one year, a summer meeting in New Zealand and a winter one elsewhere. This concept received some support from the previous annual general meeting, and probably warrants further consideration.

10. THE BULGING MAIL BAG

The Editor wishes to thank the numerous correspondents who have recently contributed to the Newsletter. Some of the letters are included now, but many others would not be considered appropriate. This is especially so in regard to the question raised in the first Newsletter viz the possibility of sexual intercourse underwater. It has now been confirmed and verified many times that the answer is 'yes, yes, yes'. No further research needed be carried out in the pursuit of this knowledge. It is regretted that the same enthusiasm was not engendered regarding the discussion on locations of recompression chambers around Australia. If our large numbers of presumably uninhibited members could possible sublimate their activities into obtaining this latter information we will be most appreciative.