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Key Words

ENT, physiology, barotrauma.

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THE WORLD AS IT IS

ACTION DOWN UNDER

Richard Moon

While most scholarly medical societies are organised by physicians. I recently attended a meeting of a society in which nurses and hyperbaric technicians have

taken the lead. The September 1995 meeting of the Hyperbaric Technicians and Nurses Association (HTNA), with Dave King as President, superbly hosted by the Alfred Healthcare Group Hyperbaric Service in Melbourne, Australia, was a winner.

While the setting for the gathering was unsurpassed, it was more than matched by the content. Among many

others were presentations of several cases of decompression illness with clearly documented exacerbation with altitude after apparently successful treatment, use of hyperbaric oxygen (HBO) for necrotising wounds due to white-tail spider bites, a review of the Hyperbaric Incident Monitoring Study, report of decompression illness after technical diving and interim results of a randomised study of hyperbaric vs normobaric oxygen in the treatment of carbon monoxide poisoning.

The Australian and New Zealand Hyperbaric Medicine Group (ANZHMG), consisting of civilian and military hyperbaric physicians from the region, held an executive meeting immediately afterwards. The 1994-1995 Committee, chaired by Dr Harry Oxer of Fremantle, discussed several issues of mutual interest, including safety guidelines for administration of HBO for sport injuries and clinical trials. Organisation and promotion of clinical trials is a role which this body has decided to take on, with the worthy goal of one trial in each area of HBO and diving medicine to be initiated each year. It may be an advantage of a relatively small group of hyperbaricists, most of whom practice in or near a major teaching hospital, that nationwide consensus and co-operation in multi-centre trials and safety issues may be readily achieved.

In Australia there are 8 civilian facilities and 2 fixed military chambers serving a population of 18.3 million people. This ratio is similar to the US and Canada, in which there are 215 chambers serving 292 million people. Statistics of cases treated in Australia were published in the Proceedings. In 1994-1995 there were 8,736 treatments of 1,044 patients. The conditions treated were familiar, but unlike American practice, Australian treatments are dominated by emergencies, which account for 77% of patients. In comparison, in 1993 only 40% of North American patients treated were for emergencies. The huge amount of recreational diving per capita, particularly in Queensland, is reflected by the fact that more than half of all emergency patients have decompression illness. The majority of Australians live in or near a major city and thus hyperbaric therapy is accessible to most of the population. The only major population centre without a local hyperbaric facility is Brisbane, in which there are plans to install one. The smaller number of non-emergency treatments suggests considerable scope for expansion of clinical services.

There was a general consensus that the HTNA is becoming the society representing the interests of hyperbaric oxygen treatment in Australia and New Zealand. Judging by this meeting the next HTNA meeting in Hobart, Tasmania, on August 29-31 1996, should be an excellent one.

Key Words

Hyperbaric facilities, meeting, treatment.

Reprinted, at the request of the HTNA, by kind permission of the Editor and UHMS, from Pressure, the newsletter of the Undersea and Hyperbaric Medical Society, 1995; 24 (6): 3.

Dr Richard Moon is President of the Undersea and Hyperbaric Medical Society. The Society's address is 10531 Metropolitan Avenue, Kensington, Maryland 20895, USA

HYPERBARIC MEDICINE UNIT OPENS

The Hyperbaric Medicine Unit in Christchurch, New Zealand, became fully operational on February 27th 1996.

This restores the emergency hyperbaric service in the South Island that previously existed from 1979 to mid 1994 but with an enhanced capability now that the Unit is in the main Base Hospital for the Region.

The Unit is staffed medically from the Department of Anaesthesia, with Dr Michael Davis as Medical Director.

Canterbury Health CHE is only contracted to provide an emergency service for the Southern Regional Health Authority, as well as the treatment of a limited number of patients with osteoradionecrosis of the mandible.

We, therefore, still have some way to go to achieve a full hyperbaric medicine service in the geographically spread region of about one million people.

Daytime non-emergency contact is achieved as follows:

Hyperbaric Medicine Unit
Christchurch Hospital
Private Bag 4710
Christchurch, New Zealand

Phone

03-364-0045 (HMU) or 03 364 0288 (Anaesthesia)

Fax

03-364-0187 (HMU) or 03 364 0289 (Anaesthesia)

Emergency calls should be directed to the Christchurch Hospital telephone office 03-364-0640 or via the Diver Emergency Service, Auckland 09-445-8454.

SPUMS NOTICES

SOUTH PACIFIC UNDERWATER MEDICINE SOCIETY DIPLOMA OF DIVING AND HYPERBARIC MEDICINE.

Requirements for candidates

In order for the Diploma of Diving and Hyperbaric Medicine to be awarded by the Society, the candidate must comply with the following conditions:

- 1 The candidate must be a financial member of the Society.
- 2 The candidate must supply documentary evidence of satisfactory completion of examined courses in both Basic and Advanced Hyperbaric and Diving Medicine at an institution approved by the Board of Censors of the Society.
- 3 The candidate must have completed at least six months full time, or equivalent part time, training in an approved Hyperbaric Medicine Unit.
- 4 All candidates will be required to advise the Board of Censors of their intended candidacy and to discuss the proposed subject matter of their thesis.
- 5 Having received prior approval of the subject matter by the Board of Censors, the candidate must submit a thesis, treatise or paper, in a form suitable for publication, for consideration by the Board of Censors.

Candidates are advised that preference will be given to papers reporting original basic or clinical research work. All clinical research material must be accompanied by documentary evidence of approval by an appropriate Ethics Committee.

Case reports may be acceptable provided they are thoroughly documented, the subject is extensively researched and is then discussed in depth. Reports of a single case will be deemed insufficient.

Review articles may be acceptable only if the review is of the world literature, it is thoroughly analysed and discussed and the subject matter has not received a similar review in recent times.

- 6 All successful thesis material becomes the property of the Society to be published as it deems fit.

- 7 The Board of Censors reserves the right to modify any of these requirements from time to time.

MINUTES OF THE EXECUTIVE COMMITTEE MEETING

held on the 25 November 1995 at the
Royal Adelaide Hospital Hyperbaric Medicine Unit
Adelaide

Opened 0945

Present

Drs D Gorman (President), A Slark (Past President), S Paton (Treasurer), C Meehan (Secretary), J Knight (Editor), G Williams (Public Officer), M Davis (NZ Chairperson), C Acott, R Walker and J Williamson (committee members).

Apologies

Dr Davies (Education Officer)

1 Minutes of the previous meetings

Committee minutes of 24 May 1995 be accepted as a true record. Proposed Dr Knight, seconded Dr Acott.

Committee minutes of 16 July 1995 be accepted as a true record. Proposed Dr Knight, seconded Dr Davis. AGM 1995 motions and minutes read.

2 Business arising from the minutes:

- 2.1 Further research into new computers for the Treasurer and the Secretary suggested that a laptop (notebook) computer would prove more convenient and versatile. Purchase of such was agreed. Dr Gorman was to enquire as to the cost effectiveness of buying these in New Zealand.

- 2.2 North American chapter update on mailing and bank account. It was decided to close the bank account as it was now not needed as all the journals were sent Economy Air. The journals also go Economy Air New Zealand.

It was proposed that all overseas journals would in future be sent by Economy Air. Moved Dr Davis, seconded Dr Acott.

As some of the overseas journals had already been sent by surface mail, it was decided to send these members a conference booklet for the 1996 ASM in the Maldives by airmail in order for the information to arrive in time for them to book.

- 2.3 Fiji ASM 1995 finance finalising. This was again discussed and reinforced that the amount previously offered was the final settlement. Dr Paton to follow this up.

- 2.4 Maldives ASM 1996 update. The costing change between the tender document and the conference booklet was discussed. Dr Williams was to investigate the audit trail. Dr William's letter of the 16 October to Allways Dive Expedition was to be ignored and normal trade standards were to be used.

2.5 New Zealand ASM 1997 update. Dr Davis gave a comprehensive update on the proposed arrangements for the 1997 ASM in New Zealand. The theme of the conference is to be the Pathophysiology and Treatment of Decompression Illness, and the workshop is to formulate first aid guidelines for the management of a diving accident.

Dr Davis will write a short abstract on the proposed meeting for publication in the SPUMS Journal.

3 Treasurer's Report

Accepted. Moved Dr Knight, seconded Dr Acott.

A bank account is to be opened in New Zealand to help facilitate the expenses incurred in connection with the 1997 ASM.

4 Correspondence:

4.1 Uncover Company, 15 July 1995, was looked at. SPUMS does not require copyright royalties for republished material. No action needed.

4.2 American Medical Association, July 1995. This has been addressed by Dr Knight

4.3 National Water Safety Strategy. No action needed.

4.4 Letter from Dr Jim Marwood, June 1995, with motion for the 1996 AGM. This was discussed and the motion will be presented at the 1996 AGM. It was decided that the Gala Dinner should have more structure. It was proposed there would be a Master of Ceremonies who would be the convenor at the time, that the President would give a short after dinner speech including special thanks and acknowledgments, and that there may then be a hand full of special awards, including recognition of the best free paper.

4.5 J. L. Publications, 11 November 1995. A flyer will go in the next journal advertising the book Scuba Safety in Australia at a reduced price.

4.6 PADI Australia, 8 August 1995.

4.7 Dr John Couper-Smart, 17 July 1995, offering to assist with the Journal. Passed to Dr Knight.

4.8 Dr Douglas Walker, 17 August 1995. Dr Walker to be notified that the matter is at present under active consideration.

5 Other Business:

5.1 Matters regarding indemnity policy recommended by Michael Gatehouse (Knight).

5.2 Operation Wallacea (Meehan).

5.3 Reprinting schedules for SPUMS Diving Medical, Statement of Purposes and Rules and forms (Meehan). Dr Knight and Dr Meehan to coordinate on this.

5.4 Ratification of minutes before printing in the Journal (Gorman).

5.5 Role of convenor to be defined and guidelines written. Dr Acott will address this.

5.6 It was proposed that an Ex-Presidents of SPUMS committee to be formed. Dr Gorman to put a motion to the 1996 AGM *about* this.

5.7 A representative from SPUMS is sought to be on a panel for the UHMS discussion on diving and diabetes. Dr Williamson proposed and accepted.

5.8 Dr Williamson gave an update on HTNA and ANZHMG activities.

5.9 Agenda for the 1996 AGM to be printed in the March journal. A call for motions to go into the December Journal.

6 SPUMS Business

6.1 All articles printed in other journals and attributed to SPUMS must have the author clearly identified.

6.2 Only the President and the Secretary have the authority to make a statement on behalf of SPUMS.

6.3 The North American Chapter to elect a new committee.

6.4 The honorarium for the Editor to be increased to \$15,000 per annum. The duties of the editor are expanded to include mandatory attendance at the Annual Scientific Meeting and AGM.

Closed at 1430

AGENDA FOR THE ANNUAL GENERAL MEETING OF SPUMS

to be held on Paradise Island, Maldives,
Friday 26th April 1996

1 Minutes of the previous Meeting:

Minutes of the previous meeting have been published (SPUMS J 1995; 25 (3): 130-133).

Motion that the minutes be taken as read and are an accurate record:

2 Matters arising from the minutes

3 Annual Reports

3.1 President's Report

3.2 Secretary's Report

4 Financial Statement and Treasurer's Report

5 Subscription fees for the coming year

6 Election of office bearers

Nominations are as follows:

President:

Dr Guy Williams

| | |
|--------------------|-------------------|
| Secretary: | Dr Cathy Meehan |
| Treasurer: | Dr Robyn Walker |
| Editor: | Dr John Knight |
| Public Officer: | Dr Guy Williams |
| Education Officer: | Dr David Davies |
| Committee Members: | Dr Chris Acott |
| | Dr Roger Capps |
| | Dr Vanessa Haller |
| | Dr Michal Kluger |
| | Dr Douglas Walker |

A postal ballot of financial members has been held to elect the three committee members. Votes will be counted at the AGM.

7 Appointment of the Auditor

8 Business of which notice has been given

- 8.1 That Mr John Lippmann be elected to Full Membership of SPUMS.
- 8.2 That at this and subsequent Annual General Meetings opportunity be given for members to raise matters of concern for which prior notice has not been given.
(Dr Jim Marwood)
- 8.3 The Committee proposes to bring the following 12 motions before the 1996 AGM of SPUMS.

** Proposed changes and corrections to the Rules of the Society. The stock of the Statement of Purposes and Rules of the Society is nearly exhausted and a reprinting is necessary. This is a good opportunity to correct typographical errors, the address of the Society and clarify some obscure wording in the current Rules as an amendment to the Rules is necessary to establish the Presidents' Committee (Motion 12).

** The proposal for a Presidents' Committee follows a submission from Dr Carl Edmonds. The proposal is analogous to a similar committee that serves the Undersea and Hyperbaric Medical Society. It is proposed by the current President of the Society, Dr Des Gorman, and has both the unanimous support of and is seconded by the extant Society Executive Committee. The past presidents of the Society are Carl Edmonds (Life Member), Ian Unsworth (no longer a member), John Knight (Life Member), Chris Lourey (Life Member), Chris Acott and Tony Slark

1 That typographical errors in Rules 7.2.1 (b), 7.2.3, 7.2.3.(b), 10 (f), 12 (a), 33 (a), 39 and in the heading of Meetings of Committee and resolutions of committee on page 15, be corrected.

2 An amendment to Rule 3 (e)

That the words "appointed on" be replaced by "appoint a". The amended Rule 3 (e) would then read (changed words in italics)

- (e) Any corporate organisation in sympathy with

the aims of the Association may be elected by the Committee as a corporate member of the Association and it may *appoint a* delegate to attend meetings of the Association.

3 An amendment to Rule 4 (a)

That the words "Australian College of Occupational Medicine, P.O.Box 2090, St Kilda West, Victoria 3182" be replaced by "Australian and New Zealand College of Anaesthetists, 630 St Kilda Road, Melbourne, Victoria 3004." The amended Rule 4 (a) would then read (changed words in italics).

- (a) Any person seeking full membership or associate membership or corporate membership may apply by writing to SPUMS Membership *C/o Australian and New Zealand College of Anaesthetists, 630 St Kilda Road, Melbourne, Victoria 3004.*

4 An amendment to Rule 4 (c)

That the words "Editor (or the Secretary)" shall be replaced by the word "Secretary" and that the words "kept by him" be deleted. The amended Rule 4 (c) would then read (changed words in italics).

- (c) Upon notification by the Treasurer that membership has commenced the *Secretary* shall enter the applicant's name in the register of members.

5 An amendment to Rule 4 (d) (ii)

That the word "his" shall be deleted. The amended Rule 4 (d) (ii) would then read.

- (d) (ii) terminates upon the cessation of membership whether by death or resignation or non-payment of subscription or otherwise.

6 An amendment to Rule 4 (e)

That the words "Editor (or the Secretary)" shall be replaced by the word "Secretary". The amended Rule 4 (e) would then read (changed words in italics)

- (e) The *Secretary* shall also inscribe the name of any life member or honorary member in the register of members and shall delete the name of any person ceasing to be a member from the register immediately after such person ceases to be a member.

7 An amendment to Rule 11 (a) (vii)

That "Rule 8 (d) (iii)" be added after the word "under". The amended Rule 11 (a) (vii) would then read (changed words in italics)

- (a) (vii) Announcement of the newly elected Committee and the holding of any ballots necessary under *Rule 8 (d) (iii)*;

8 An amendment to Rule 16

That Rule 16 be deleted and replaced by the following words

16. A question arising at a general meeting of the Association shall be determined on a show of hands unless a poll is demanded. A declaration by the Chairman that a resolution has been carried or lost, and an entry to that effect in the Minute Book of the Association is evidence of that fact. Motions, other than those conferring membership, passed at general meetings shall have no effect until approved by the full membership. A notice of all motions passed shall appear in the next issue of the Journal. Approval by three fourths majority of the members, as specified by Rule 37, shall be assumed if no member informs the Secretary, in writing, of an objection to the motion or motions within one calendar month of the publication of that issue of the Journal. If an objection is received a postal ballot shall be held (Rule 20).

** This amendment is needed for Rule 16 to describe correctly the Society's long standing (20 years) practice dictated by the need to provide a democratic method of governing the Society. As the Annual General meeting has never been attended by more than 10% of the membership, the Committee has followed this procedure since 1976. So far no member has ever objected to the Secretary and no postal ballot has had to be held.

9 An amendment to Rule 17 (b)

That the words "specifying the member's intention in writing". The amended Rule 17 (b) will then read (changed words in italics)

- (b) All votes shall be given personally or by proxy *specifying the member's intention in writing.*

10 An amendment to Rule 22 (c)

That the word "its" be deleted and replaced by "the Association's". The amended Rule 22 (c) would then read (changed words in italics)

- (c) In the event of a casual vacancy in any office referred to in sub-clause (a), the Committee may appoint one of *the Association's* members entitled to vote to the vacant office and the member so appointed may continue in office up to and including the conclusion of the annual general meeting next following the date of that person's appointment.

11 An amendment to Rule 37

That Rule 37 be deleted and replaced by the following words

37. The Statement of Purposes and these Rules may only be altered, rescinded and/or added to in the following manner: by a three fourths majority of the full members and life members who, being entitled under the Rules so to do, vote in a postal ballot, if required, as specified in Rule 16.

12 Amendments to Rules 29, 41 and their headings.

That the words "branch" and "regional branch" be replaced by "Chapter". The amended Rules 29 and 41 would then read (changed words in italics)

Chapters to provide information

29. Any *chapter* of the Association shall furnish to the Treasurer or the Committee, within a reasonable time, account of any financial transactions if requested by the Treasurer or the Committee to do so.

Chapters

41. (a) There shall be *chapters* of the Association for the purpose of organising meetings, field excursions and activities consistent with the objects of the Association. *Chapters* may charge members to cover costs. Each *chapter* shall maintain proper accounts.
- (b) A *chapter* of the Association may be established at any place to further the objects of the Association in that place.
- (c) Any person wishing to establish a *chapter* shall apply in writing to the Secretary who shall submit the application for approval by the Committee.
- (d) Each *chapter* shall be directed by a chapter sub-committee of at least two members.
- (e) Each *chapter* shall be governed by these Rules. The action of *chapters* shall be subject to the overriding authority of the Committee of the Association, which shall do everything to assist *chapters* in their operation.
- (f) Should the Committee resolve that the activities or conduct of any *chapter* are not in accordance with the best interest of the Association, the Committee may withdraw its approval and the *chapter* shall cease to be a *chapter* of the Association forthwith. Such action shall be submitted for approval at the next annual general meeting of the Association.
- (g) The records, accounts (and funds) of all *chapters* are the property of the Association and in the event that a *chapter* ceases to exist, the funds held by that *chapter* shall be forwarded to the Treasurer of the Association forthwith.

12 Proposed that the following new rule be added and that Rules 29-42 be renumbered.

Presidents' Committee

- 29 This standing committee will be composed of life- or ordinary members who have served at least one year as the President of the Society. The Committee will meet at the Annual Scientific Meeting of the Society, at the member's expense, and at the same time as the Executive Committee at one other time during the year, at the Society's expense. The Presidents' Committee will also be able to conduct telephone conferences. Chairmanship of the Committee will be the responsibility of the immediate past-President and minutes will be kept by members in rotation. The Presidents' Committee will answer directly to the current Society President and be responsible for the development of actual and draft Society policy on issues identified by the Society. The Presidents' Committee will report its activities in the Society Journal and provide an annual report to the Society at the Annual Scientific Meeting.

**ANNUAL SCIENTIFIC MEETING
SOUTH PACIFIC UNDERWATER MEDICINE
SOCIETY
Paradise Island, The Maldives
20th-28th April 1996
"TECHNICAL DIVING"**

Guest Speakers Professor David Elliott and
Dr R.W. "Bill" Hamilton

Sunday 21st April 1996 1900 Official Opening

Monday 22nd April 1996

Opening Address

Scientific Meeting Day 1

| | |
|---|---------------------|
| Chairperson | Guy Williams |
| Marine Envenomation | C Acott |
| Changes in lung function in asthmatics during scuba diving. | H Staunstrup |

Technical Diving Workshop Part 1

Ethics

| | |
|--|------------------------|
| Chairperson | C Acott |
| The ethics of risk taking and risk assessment. | Des Gorman |
| Mental fitness for technical diving in sport scuba divers. | S Schioberg-Schiegnitz |
| Historical aspects of Technical Diving: a personal view. | Mike Davis |
| The scope of non-conventional recreational diving. (includes the history of technical diving and what is happening now) | Bill Hamilton |

Tuesday 23rd April 1996

Scientific Meeting Day 2

| | |
|---|--------------------|
| Chairperson | Chris Acott |
| Normobaric oxygen therapy in diving accidents. | Jurg Wendling |
| Pain perception during scuba diving. | K Kroner |
| Epidemic of decompression sickness in the Miskito Indians | Tom Millington |

Technical Diving Workshop Part 2

Gas toxicities

| | |
|---|---------------------|
| Chairperson | Des Gorman |
| Oxygen toxicity. | Dr Bill Hamilton |
| Deep water blackout. (includes carbon dioxide toxicity, deep air diving and hypoxia) | Prof. David Elliott |

Wednesday 24th April 1996

Scientific Meeting Day 3

| | |
|--|---------------------|
| Chairperson | Cathy Meehan |
| Antarctic diving/hypothermia. | Dr J Taylor |
| Submarine escape and rescue. | Dr R Walker |
| Round window membrane rupture in scuba divers. | Dr Noel Roydhouse |

Technical Diving Workshop Part 3

Emergent technologies. Rebreathers

| | |
|---|---------------------|
| Chairperson | Guy Williams |
| Introduction. | David Elliott |
| Testing the performance of rebreathers. | Hans Ornhagen |
| Physiology. | Bill Hamilton |
| North Sea Diving technology. | David Elliott |

Thursday 25th April 1996

Technical Diving Workshop Part 4

Exotic Gas Mixtures

| | |
|---|-----------------------|
| Chairperson | Dr Chris Acott |
| Nitrox Mixtures. | David Elliott |
| Development of the PADI Nitrox Program. | Drew Richardson |
| O ₂ /He and Trimix. (includes thermal stress and how the tekkies do it) | Bill Hamilton |
| Use of in-water oxygen decompression. | Des Gorman |

Technical Diving Workshop Part 5

Treatment implications

| | |
|--|-------------------|
| Chairperson | Mike Davis |
| Treatment. | David Elliott |
| In-water oxygen therapy; treatment or first aid? | C Acott |

Friday 26 April 1996

Technical Diving Workshop Part 6

Formulation of SPUMS Policy

| | |
|--------------------|-------------------|
| Chairperson | Des Gorman |
| Introduction | David Elliott |
| Personal view. | Bill Hamilton |
| Personal view | Bill Hamilton |
| Discussion | |

1900 Annual General Meeting

2000 Conference Dinner

SPUMS ANNUAL SCIENTIFIC MEETING 1997

The 1997 Annual Scientific Meeting is to be held at the Waitangi Resort, Paihia in Northland, New Zealand from April 13th to 20th.

The theme of the meeting will be “The Pathophysiology and Treatment of Decompression Illness” and the Workshop will be devoted to the “First Aid Management of Diving Accidents”.

Confirmed speakers are Dr James Francis, until recently at the Naval Medical Institute, Alverstoke, England and Dr Richard Moon of Duke University Medical Centre, Durham, North Carolina, U.S.A. Both are excellent speakers and acknowledged experts in the field of decompression illness.

The venue is a first class resort hotel immediately adjacent to the historic Waitangi Treaty House and situated right on the foreshore of the beautiful Bay of Islands. There is outstanding temperate water diving in the region, especially at the Poor Knights Islands with water temperatures at that time of the year around 20-22°C. The region is renowned for its sailing and game fishing and there is a huge range of land based activities for registrants and their families.

Conference conveners are Dr Michael Davis, Medical Director, Hyperbaric Medical Unit, Christchurch Hospital, Private Bag 4710, Christchurch, New Zealand and Associate Professor Des Gorman, Department of Occupational Health, University of Auckland School of Medicine. Enquiries should be addressed to Mike Davis in Christchurch.

LETTERS TO THE EDITOR

WHAT IS TECHNICAL DIVING ?

Hamilton Research, Ltd.
80 Grove Street
Tarrytown
New York 10591-4138 USA

5/1/96

Dear Editor

With no intention to either condemn or praise the practice, I would like to take issue with the definition of “technical recreational diving” in Des Gorman’s review of the Safe Limits Symposium which was in the June issue (1995; 25 (2): 110-113).

Des’ list of technical diving practices included diving deeper than 50 msw and diving with oxygen-nitrogen mixtures. Now, some hot-dog divers have been diving air deeper than 40 or 50 msw since not long after air was invented, with nothing more technical than any other dive. Likewise, diving with oxygen-enriched air involves nothing any different from an ordinary dive except a little more knowledge, certainly nothing “technical” about the dive part (making and analysing the mixes yourself, okay, that is technical).

Technical diving is diving beyond the normal range using special equipment, techniques and competence. One good minimal definition of a technical dive is a dive involving a change of gases. (That has to be extended to include diving with a rebreather.)

Come to the meeting in the Maldives to hash this one over.

Bill Hamilton

Key Words

Letter, technical diving, nitrox.

Editor’s note

Dr R W Hamilton, PhD, is one of the guest speakers at the 1996 Annual Scientific Meeting in the Maldives from April 20th to 28th 1996.

UNDERWATER OXYGEN TREATMENT FOR DECOMPRESSION SICKNESS

PO Box 623
Woollhara
New South Wales 2025

31/1/1996

Dear Editor

I have read with interest the editorial in the September 1995 edition of the SPUMS Journal and the review of underwater oxygen treatment of decompression sickness by Dr Carl Edmonds.^{1,2}