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DIVING DOCTOR'S DIARY

DIVING DOCTOR'S DIARY

A TOUCH OF DECOMPRESSION SICKNESS

Carl Edmonds

Case report

A 42 year old male had a history of temporal lobe epilepsy between the ages of 10-15, adequately investigated by specialist neurologists at a major teaching hospital and with multiple EEG's. He was passed fit for diving by an inexperienced diving physician. The diver also happened to have hypertension and was taking beta blockers. The physician changed the beta blockers to a calcium channel blocker, ostensibly for safety's sake.

He completed a diving course satisfactorily and on his fourth dive after the course he did his first independent open water dive.

The dive was a single level one to 24 m and he was with an equally inexperienced buddy for 22 minutes before both of them, almost simultaneously, realised that they were very low on air. He could not actually remember the amount but it was "somewhere in the coloured section and it might have been 1 something or other". They decided to ascend fairly rapidly, through a bevy of bubbles. They omitted the 5 m stop on the grounds that they would have drowned had they stayed there. A reasonable decision under the circumstances.

The swim back to the boat was strenuous, against a strong current. Fortunately he was a fairly fit man.

After the dive there was no obvious problem until the following morning when he woke with a numbness and tingling "like a freeze burn", on the fourth finger of the right hand. By the end of that day it had spread to the other fingers and the following day it had spread to all the fingers of that hand. It was quite unpleasant and over the next few days proceeded to get worse, with significant paraesthesia and pain when pressure was applied to any of the fingers.

There was a possible history of a slight discolouration of the affected fingers, but this was not definite and did not persist.

By the time I saw him on the 6th day following the dive, there was a lessening of the symptoms, but they were also present on the left hand, on the third finger, to a minor degree. He was left handed and there was no past history of cervical spondylosis.

On examination there were no abnormalities on neurological testing.

Diagnosis and treatment

A decision had to be made regarding recompression therapy, even though he presented 6 days after the incident. What would you do?

I do not doubt that he deserved to get decompression sickness, but I do not believe he had it.

We decided against recompression therapy on the basis of the full history of the dive, which was not offered to any of the previous doctors who had assessed him. On specific interrogation, he readily admitted to the probable cause of the incident. During the dive, which was undertaken without gloves, he clutched at a large yellow/orange sponge in order to hold himself down (because of his inexperience there were some buoyancy problems) but it broke off in his hand. He also made a feeble attempt at grabbing it with his left hand as he floated up.

Therein lies the answer.

Final diagnosis, sponge injury.

Discussion

I am not sure of the likely response of this disorder to hyperbaric therapy, but my bet is that the cold decompression environment and/or the vasoconstriction of high pressure oxygen would probably reduce the symptoms, temporarily. He could then have been assessed as another case of resolving acute neurological decompression illness, successfully treated!

His symptoms had totally dissipated 2 days after the consultation. He has now decided to do a course on buoyancy control and to wear gloves.

Dr Carl Edmonds' address is Diving Medical Centre, 66 Pacific Highway, St Leonards, New South Wales 2065, Australia.

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SPUMS NOTICES

S0UTH 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.

SPUMS ANNUAL SCIENTIFIC MEETING 1996

PARADISE ISLAND, THE MALDIVES
20th to 28th APRIL 1996

Theme
Technical Diving

The guest speakers will be Professor David Elliott (UK) and Dr Bill Hamilton PhD (USA). Professor Elliott's background is in naval and commercial diving and diving safety as well as co-authoring *The physiology and medicine of diving*. Dr Hamilton is a diving physiologist with special interest in decompression schedules. His advice has been sought, and taken, by many of the growing company of "technical divers" in the USA.

The conveners will be Drs Chris Acott and Dr Guy Williams. Intending speakers should contact Dr Williams at 8 Toorak Street, Tootgarook, Victoria 3941, Australia. Phone (059) 85 7161. Fax (059) 81 2213.

The official travel agents are
Allways Dive Expeditions, 168 High Street, Ashburton,Victoria 3147, Australia.

MINUTES OF THE 1995 ANNUAL GENERAL MEETING OF SPUMS

held on Castaway Island, Fiji on 27/5/95

Apologies

Drs John Williamson, Andrew Fielding, Malcolm Whaites, Graham McGeoch.

Present

All members attending the Annual Scientific Meeting.

Meeting opened 1550

1 Minutes of the previous AGM

The minutes of the 1994 AGM have been published (SPUMS J 1994; 24 (4): 199).

Motion that the minutes be taken as read and are an accurate record, proposed by Dr C Acott, seconded by Dr J Knight. Carried.

2 Matters arising from the minutes

None.

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3 Annual reports

3.1 President's report (printed on this page)

4 Annual financial statement and Treasurer's report.

These are printed on pages 132 and 133

Motion that the financial statement and Treasurer's report be accepted, proposed by Dr C Acott, seconded by Dr J Knight. Carried.

5 Subscriptions fees for 1996

Motion that full members pay $90 and associate members $45, proposed Dr H Turnbull, seconded Dr M Davis. Carried.

6 Election of office bearers

Nominations had been received as follows:-

President	Dr Des Gorman
Secretary	Dr Cathy Meehan
Treasurer	Dr Sue Paton
Editor	Dr John Knight
Public Officer	Dr Guy Williams
Education Officer	Dr David Davies
Committee Members	Dr Chris Acott
	Dr Robyn Walker
	Dr John Willamson

There being no other nominations Dr G Leslie proposed that the above be declared elected. Seconded by Dr T Wong. Carried.

7 Appointment of the Auditor

Motion that Mr David Porter continue as auditor, proposed Dr J Knight, seconded Dr D Davies. Carried.

8 Matters of which notice had been given

None.

Meeting closed 1615

PRESIDENT'S REPORT 1995

It is with pleasure that I make my fifth report as the President of our Society, and in particular it is very pleasing that this report is given to a Society that is healthy and at an AGM that has set a clear benchmark for attendance and activity. Congratulations are due in this context to the convener and guest speaker, Drs David Davies and Fred Bove respectively, to both Geoff Skinner and Adrienne McKeonne, and to the managers and staff of Castaway Island Resort and the diving operators. Clearly, the message is, "get the right venue, theme and guest speaker and the Society will give its full support". To all of you here, thank you for your attendance and interest.

As a Society we have had some major gains in the last year, not the least the change in public stance of the AMA with respect to the need for medical practitioners to be trained in diving medicine to be able to undertake assessments of diving fitness. Equally important, in my opinion, the meeting in Cairns that was sponsored by the Queensland Government heralds a new period of co-operation between the Society and the recreational diving community. Again, I am delighted to see an active role being taken in the Society by those members who are representatives of that community. One of the this year's tasks for the Executive is to revise the criteria for full membership of the Society so that this role can be expanded. No doubt this will aggravate the "flat-earthers", but so be it.

Any Society of our size will generate dissent and ours is typical in this regard. However, I am disappointed by the standard of some of the correspondence that has been published in the Journal. This is no reflection on our Editor; indeed, it has been our policy to ensure that all opinions are given "their moment in the sun". Unfortunately, we must review this stance in the context of recent letters to the Editor that have been essentially defamatory. Indeed, I believe that any letter that is critical of anyone else or an external agency or facility should not be published unless the people criticised have had the opportunity to read the correspondence and to prepare a reply to appear in the same issue of the Journal. Recourse to legal opinion about the risk that a letter represents to the Society if it is published may be necessary.

While on the subject of the Journal, it would be remiss of me not to reiterate the Society's appreciation to our Editor, Dr John Knight. The Journal continues to bring great credit to the Society and, by itself, remains our prime recruiting tool. It is stating the obvious to argue that an Assistant-Editor is needed, to both help John and to establish a succession. If anyone wishes to volunteer for this task, or better still to volunteer someone else, then please get hold of one of the Executive before we leave Fiji.

Similarly, I have no difficulty in sincerely thanking the members of the Society's Executive Committee, and in particular our secretary and treasurer, Drs Cathy Meehan and Sue Paton. It is important that "new blood" continue to infiltrate the Executive and this has occurred in recent years to the benefit of the Society.

What of the future ? Next year we return to the Maldives and to an exciting new destination. Allways Tours will be the conference organisers, and Drs Guy Williams and Chris Acott will convene the meeting. The conference will be dedicated to a workshop on technical recreational diving, and I am delighted to report to you that both Dr Bill Hamilton and Professor David Elliott have agreed to be our guests. Chris Acott has accepted the challenge of making

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the workshop a joint venture with the European Undersea Biomedical Society. Certainly the subject matter will guarantee an active debate. I see that some of the protagonists of such diving have written to our Editor questioning our ability and role in such a debate. To such people, I would suggest that "they turn up and put up, or shut up". If they are unable to afford to attend, having just bought a "rebreather", then provide a written submission. The workshop's integrity is ensured by the calibre of our guests and I have no doubt that it will be a great success. For those who are more interested in the non-academic activities, the timing of next year's meeting will hopefully reduce the risk of the poor weather that spoiled the diving on our last trip to the Maldives.

As some of you are aware, I leave full-time service with the Navy this year to establish an Occupational Medicine Department at Auckland University. In addition to a title that almost fits my ego, this is a challenge that I am looking forward to; although I have no illusions about the work involved. In this context, I am examining my commitments in general. This includes my role in this Society and I am fully aware that next year in the Maldives I will have been President for 6 years. I am not sure that this is necessarily healthy for any Society and during the year I intend to canvass possible replacements. Again, if you wish to volunteer yourself or someone else, please come and see me before we leave Fiji.

Again, thank you for your attendance and support and I look forward to seeing you all in the Maldives.

Des Gorman,
President.

TREASURER'S REPORT

Membership statistics

The total membership of SPUMS was 1,190 in April 1995 (Australia 871, New Zealand 117, North America 115 and other 87). This number oscillates by 50 or so during the year with new memberships (over 100 annually) and attritions.

About one third of Australasian members had not paid this year's subscription by April and had to be billed again.

The "Diving Doctors" list currently (May 1995) has a total of 363. There are anywhere between 50 to 100 changes made to this list every quarter to keep it as accurate as possible.

Financial position

I am pleased to be able to report that the Society's finances remained sound at the end of our last financial year in December 1994 .However we our recurring expenses have increased. In 1994 we bought two facsimile machines and new computer software. In 1995 we intend to upgrade the Treasurer's computer and provide the Secretary with a compatible system. The Editor's honorarium started in July 1994, so in the last financial year we paid only $4,272. This year we will have to find the full $ 12,000. Costs of secretarial assistance for Dr Meehan and myself rosee in 1994 and are running at a higher rate this year. All these represent an extra $10,000 in recurring expenses even without allowing for likely rises in the of printing and other services which should be anticipated with CPI increases.

From the statement of accounts for the year ended 31st December 1994 there is an apparent substantial rise in income, however, this will not be a continuing rise each year because;

1 in 1993 many members had already paid for 18 months in July 1992 making 1993 subscriptions unusually low,
2 sponsorship was gratefully received from Submersible Systems,
3 owing to the late inability to attend of our guest speaker in Rabaul, part of the funds allocated for his costs from the registration fees were reimbursed to the Society. With the addition of the refund of deposit from CIG PNG for oxygen cylinders on dive boats these funds were used top pay for the two pulse oximeters which SPUMS donated to the local hospital.

The balance of $570 only partially covered the costs of printing the agenda for the Scientific Meeting and the conference booklet which was sent out with the September 1994 issue of the Journal. These costs are shown separately as AGM costs in Expenditure. In future these will be covered by the Conference registration fee which is now collected directly by SPUMS.

Subscriptions

Prudent financial management dictates that the Society's present level of reserves be maintained and that increases in routine expenditure be covered by subscription income. We can only raise subscriptions at an AGM and so if we do not act now we cannot raise subscriptions until the 1997 financial year!

So I am proposing, with the Committee's unanimous approval, that the subscriptions for 1996 be $90 for full members and $45 for associates. With a total membership in April 1995 of 1,190 (880 members and 310 associates), these increases will be enough to cover adequately our expected increases in expenditure.

Sue Paton
Treasurer.

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SOUTH PACIFIC UNDERWATER MEDICINE SOCIETY
STATEMENT OF RECEIPTS AND PAYMENTS FOR THE YEAR ENDED 31ST DECEMBER 1994

		Year ended 31/12/94		Year ended 31/12/93	
Opening balances					
ANZ Bank	Access account	945		6,131	
	Cash Management account	-		1,017	
	ANZ V2 PLUS	42,499		37,107	
			43,444		44,255
Income					
Subscriptions		80,963		32,626	
Interest		2,279		2,036	
Advertising and Journal sales		1,250		2,506	
Sponsorship		2,585		5,000	
Reimbursement of Registration (PNG)		6,932		-	
Refund from CIG (PNG)		1,138		-	
			95,147		42,168
			$138,591		**$86,423**
Expenditure					
AGM costs		1,417		-	
Donation of 2 oximeters (PNG)		7,500		-	
Secretarial		5,142		1,451	
Stationery and printing		3,012		709	
Journal		23,442		19,428	
Postage and facsimile		5,638		3,131	
Conferences and telephone		10,487		7,817	
Equipment (see note)		6,905		5,913	
Miscellaneous and subscriptions		1,394		473	
Bank charges		1,343		710	
Audit		350		350	
North American Chapter costs		0		2,997	
Editor's honorarium		4,272		-	
			70,902		42,979
Closing balances					
ANZ Bank	Access account	(364)		945	
	ANZ V2 PLUS	68,053		42,499	
			67,689		43,444
			$138,591		**$86,423**

Notes
1 Equipment is written off as purchased.
2 Subscriptions are on a receipts basis.

These are the accounts referred to in the report of D S Porter, Chartered Accountant, Newport Beach, New South Wales, Australia.

Auditor's report

I have conducted various tests and checks as I believe are necessary considering the size and nature of the Society and having so examined the books and records of the South Pacific Underwater Medicine Society for the year ended 31st December 1994. I report that the accompanying Statement of Receipts and Payments has been properly drawn up for the records of the Society and gives a true and fair view of the financial activities for the period then ended.

12th May 1995 David S Porter, FCA, Chartered Accountant

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THE NEW ZEALAND CHAPTER PAGE

SPUMS NEW ZEALAND CHAPTER ANNUAL SCIENTIFIC MEETING

Mike Davis

Neither a torrential storm that had Tairua cut off from the rest of New Zealand nor the non-arrival of one, the withdrawal of another and the late arrival of a third of the main speakers spoiled a lively gathering of 25 SPUMS members in early April.

Although as a result the original goals of the meeting, to reach consensus statements on fitness for diving and asthma and diving to take to the main meeting in Fiji, could not be achieved, nevertheless some lively debate on these topics ensued. It was quite clear that few if any members support a purely prescriptive approach toward the assessment of the health risks of candidate sport divers. At the same time it was recognised that there is a dearth of useful epidemiological data, and that SPUMS must take the initiative in developing studies to clarify some of these issues. One such study has commenced in Auckland.

The view of the training agencies was "why fix something that isn't broken" and that there would be a very low or non-existent number of diving deaths or accidents in New Zealand that could be avoided by altering the existing arrangements in this country for diving medicals. This is an arguable statement, but born out by their current incident monitoring program. No clear view as to the ideal system for medical screening of sport divers was achieved. The Chairman drew parallels with assessment of fitness for anaesthesia, where increasing reliance is being placed on well designed questionnaires for initial screening, followed, only where indicated, by medical assessment by a specialist anaesthetist

Amongst some of the issues raised during the debate were the importance of impressing on sport divers that primary responsibility for their health and safety lay with themselves, the potential medico-legal problems that a discretionary system might carry with it and the importance of improved liaison and relations between "diving doctors" and the training organisations, since in the past this has not always been of the best. The presence of representatives of New Zealand Underwater, PADI and SSI, all of whom took an active part in discussions was certainly a positive contribution to the latter.

With regard to asthma, the Chairman presented a series of his own and a colleague's cases in which a black-and-white approach to those with a history of asthma was not adopted but each case was assessed on its own merits. By proxy, Dr Veale presented figures showing that on present epidemiological information it was completely impossible to demonstrate whether or not asthmatics were at greater risk than non-asthmatics during scuba diving. All at the meeting agreed that there were many asthmatics diving, but what proportion of the diving population they represent was unknown.

Other presentations

DEPARTMENT OF LABOUR DIVING MEDICAL DIRECTORATE

Des Gorman

The Auckland Diving and Hyperbaric Medicine Group has been operating the Department of Labour Diving Medical Directorate (DMD) since 1990. The DMD acts as an arbiter and maintains a central database. Medical records are forwarded to examining and treating medical practitioners on request and given consent. The nature of the annual examination of occupational divers is under active review. The compulsory chest X-ray has been abandoned and the need for annual spirometry is now being questioned. In this context, the rate of any reform is slowed by the need to maintain international reciprocity. A new medical history questionnaire is being developed.

DIVING CASES AT THE SLARK HYPERBARIC UNIT (RNZN HOSPITAL) JANUARY TO MARCH 1995

Simon Mitchell

Forty two cases of decompression illness (DCI) were treated at the Slark Hyperbaric Unit during January to March 1995. All cases were sport divers. Eighty percent were diving within the limits imposed by their own tables or computers, however in only 36% were the dives within the limits of the DCIEM tables. Half the divers had neurological involvement. A full recovery by discharge occurred in 85%.

Case Report

A 27 year old male performed a single 30 m dive for 15 minutes with a normal ascent. Within five minutes of surfacing, he noticed low back pain similar to previous episodes unrelated to diving. For 15 minutes he also felt dyspnoeic, tingly and light-headed. He was evacuated to the unit where he had residual back pain and was neurologically normal on examination. Voluntary hyperventilation reproduced the sensations of dyspnoea, tingling and light-headedness, and the diagnosis of DCI was considered unlikely. Nevertheless, within six hours of

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the dive, he received a USN Table 6 as a precaution. The back pain was unaltered by this.

On waking the following morning, he had bilateral leg weakness, bladder dystonia, and was unable to walk. A further compression to 2.8 bar produced no improvement in these symptoms. In view of the possibility of surgical disease unrelated to diving, he was transferred for neurological assessment and MRI scanning. The MRI scan showed no abnormality. It was decided that DCI was the only rational diagnosis, and further treatment with a 50 m table produced definite improvement. He underwent a further 12 daily HBO treatments which produced almost complete recovery.

This case was notable for the development of dramatic spinal symptoms after a definitive hyperbaric treatment, the negative finding on MRI despite his previous history, and the apparent advantage of the deeper compression.

INVESTIGATION OF THE ROLE OF LIGNOCAINE IN BRAIN PROTECTION IN EMBOLIC BRAIN INJURY

Simon Mitchell

(work in progress toward a doctoral thesis)

Lignocaine in conventional anti-arrhythmic doses has been demonstrated to preserve somatosensory evoked responses in animal models of air embolism, focal and global ischaemia. Several studies have demonstrated reduction of ischaemic neuronal damage by lignocaine. Cerebral protection by lignocaine may be related to one or more relevant properties. Lignocaine is able to decelerate ischaemic ion fluxes in neural tissue, reduce cerebral metabolic rate, reduce migration and superoxide elaboration of leucocytes, and exerts several potentially beneficial haemodynamic effects.

Cerebral protection by lignocaine is under investigation in cardiac surgery patients at Green Lane Hospital, Auckland.

Cardiac surgery is associated with neurological sequelae that are linked to embolic events, particularly where cardiotomy is performed. Consenting valve replacement patients at Green Lane Hospital undergo an extensive battery of pre-operative neurocognitive tests. At surgery, patients receive a double blinded infusion of either lignocaine in conventional anti-arrhythmic doses, or saline. The infusion is continued for 48 hours. The peri-operative passage of emboli through the right carotid artery is monitored and quantified using a colour flow Doppler machine interfaced to a purpose-built signal processor. The neurocognitive tests are repeated at 8 days, 8 weeks and 6 months post-operatively. The changes from the normalised baseline for the various tests will be compared between the lignocaine and saline groups. To date, 15 patients have entered the protocol. The results of this study will have some bearing on the issue of lignocaine's role in the treatment of DCI.

An unexpected incidental finding arising from the Doppler monitoring is the observation that combined venous/cardiotomy blood reservoir volumes at the lower end of the commonly utilised range result in significantly higher numbers of emboli reaching the patient during established bypass. The suspicion that these reservoirs actively self generate bubbles at low volumes has been confirmed in vitro. Bypass practice at Green Lane Hospital has been altered in response to this finding.

Officers of the New Zealand Chapter, 1995-96

Chairman

Dr Michael Davis, P.O.Box 35, Tai Tapu, Canterbury, New Zealand. Telephone (work) 025-332 218, (home) 03-329 6857, Fax 03-332 8562.

Secretary/Treasurer

Dr Christopher Morgan, 9 Amohia Street, Rotorua, New Zealand. Telephone (work) 07-347 0000, (home) 07-347 8350, Fax 07-347 4111.

Past Chairman

Dr Andy Veale, Green Lane Hospital, Green Lane West, Auckland 3, New Zealand. Telephone (work) 09-631 0754, (home) 09-524 4291, Fax 09-623 1172.

MINUTES OF THE ANNUAL GENERAL MEETING OF THE NEW ZEALAND CHAPTER OF SPUMS

held in The Shell Room, Pacific Harbour Motel, Tairua, New Zealand, on 8 April 1995

The Meeting opened at 0930.

Present

Chairman and 20 members.

Apologies

Rhys Jones, Graham McGeoch, Chris Strack. Accepted: Bennett/Sutherland

Observers

Colin Melrose (PADI), Morgens Poppe, Ben Castle.

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1 Minutes of the last AGM

Accepted, carried Pemberton/Wakely

2 Matters arising from minutes
None raised.

3 Chairman's report

Apart from the organisation for this year's meeting there have been no activities to report.

4 Secretary/Treasurer's report

Since there was no expenditure during the current year, only the current status of the bank accounts was tabled. There was no secretarial business.

5 Nominations for office bearers of the New Zealand Chapter of SPUMS 1995-6

5.1 Chairperson: Dr Mike Davis, Christchurch. Nominated Bennett/Stephens. Carried
5.2 Secretary/Treasurer: Dr Chris Morgan, Rotorua. Nominated Davis/Jones. Carried

6 Possible venues for future meetings.

Mike Davis suggested that Christchurch was an option in 1996 to coincide with a formal re-opening of the Hyperbaric Chamber based at the Public Hospital which was likely to be funded (after protracted negotiations with, and prevarication by CHE and RHA bureaucrats) and this might be held back-to-back with a Fiordland venture. Paul Wakely suggested that Tairua had proved to be a popular venue and although diving had not been possible because of the atrocious weather conditions this time, it would be nice to try again next year. Philip Baker suggested that Tutukaka was also worth considering. A decision would be taken as soon as the future of the Christchurch chamber was known.

7 The future of the New Zealand Chapter of SPUMS

Discussion of a report by Dr Andy Veale (printed as appendix).

The following points were raised:

7.1 Des Gorman stated that it is not possible to have a separate constitution for the New Zealand Chapter of SPUMS. The Society is incorporated in Victoria.

7.2 CME Credits. Alan Sutherland suggested that annual scientific meetings at HMNZS PHILOMEL would be credited as CME points.

7.3 Rex Gilbert (NZU) will produce the latest information in accident statistics and forward these for the newsletter. Rex has already brought the NZU reports more in line with DIMS (Diver Incident Monitoring Survey which based on the Hyperbaric Unit in Adelaide) and is in regular touch with Adelaide. Mike Davis will contact Chris Acott requesting DIMS forms.

7.4 Des Gorman mentioned that an abstracting system for articles exists within the Navy Base, and that this could be made more widely available to members. It was agreed that a new edition of Bennett & Elliott be purchased through Chapter funds to be held at the Navy Hospital.

7.5 It was not felt appropriate to have a separate newsletter, but that a regular NZ column should appear in the SPUMS Journal.

8 Financial Report

There is nearly $6,000 in two accounts. This money has been virtually untouched for several years. Mike Davis suggested that the money be used for airfares and accommodation of visiting speakers. The money should be used for education of the New Zealand Chapter of SPUMS members. To this end, Des Gorman suggested that David Elliott be re-routed from the April SPUMS meeting in the Maldives. This was agreed to. Gorman and Davis to approach Elliott.

Those present at the meeting agreed that the Chairman and Secretary/Treasurer look at rationalisation of the accounts. Alan Sutherland reminded members that the Founders' Fund was set up expressly for educational purposes.

9 General Business

9.1 Quentin Bennett commented that it was very difficult to join the New Zealand Chapter of SPUMS. Mike reminded members that the completed forms should be sent directly to Australia. He welcomed two intending members: Drs Morgens Poppe from Tairua and Ben Castle from Rotorua.

9.2 Notices inviting new members will be placed by the Secretary in the following journals: NZGP, NZ Doctor, Dive Log and NZ Sports Medicine.

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9.3 Des Gorman mentioned that fees may increase to A$100. An active discussion followed this. There are just over 1,100 financial members in all, with 807 in Australia and 104 in New Zealand. He mentioned that the SPUMS Journal Editor is receiving a stipend and that there is discussion about paying the Secretary. The Society is solvent but efforts must be made to keep it that way.

9.4 Alan Sutherland suggested that a certificate of attendance be provided for purposes of points toward CME credits. This received widespread affirmation. The question of CME recognition will require further exploration.

10 Other Business

Mike Davis thanked the conference organisers, Christopher and Jocelyn Morgan and Martin Rees and all who attended the meeting.

The meeting closed at 1115.

APPENDIX TO THE MINUTES OF THE 1995 AGM OF THE NEW ZEALAND CHAPTER OF SPUMS

THE FUTURE OF THE NEW ZEALAND CHAPTER OF SPUMS, ANDY VEALE (PAST CHAIRMAN, NZ CHAPTER)
A DISCUSSION DOCUMENT FOR 1995 AGM
(Edited by Mike Davis)

Clearly we operate under the umbrella of the overall SPUMS organisation and abide by their aims, objectives, rules and finances (copy enclosed).

Chapter aims and objectives

I believe that the local branch should have specific aims and objectives also. These I would see as being:

1 To organise and run an Annual Scientific Meeting.

2 To provide access to diving in a collegial environment, with colleagues, allowing the development of advice networks. Obviously, this is currently undertaken with the annual Scientific Meeting. There are however some conflicting requirements between a scientific meeting and a good diving site.

3 To keep New Zealand members informed about local New Zealand matters, particularly those relating to morbidity and mortality. Data collection was initially

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☐ AUD$84.00 Airmail
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MAGAZINE

Rubicon Research Repository (http://archive.rubicon-foundation.org)

performed by an accident recorder from within NZUA who, coincidentally, was also a doctor member of SPUMS. This has subsequently been provided by Rex Gilbert, an experienced NZUA instructor, and more recently still, by NZU in conjunction with the Diving and Hyperbaric Medical Unit at the RNZN.

4 To provide members of SPUMS with access to library resources and material.

5 To provide a list of speakers available to speak to local postgraduate societies.

In order to facilitate these aims, I believe we need to develop a written constitution and structure for the local group, or a constitution and structure could be developed by the parent SPUMS organisation to apply to branches. This needs to be specific and all inclusive, outlining the relative responsibilities of the local organisation, and of the parent organisation, particularly as to the disbursement of funds.

Officers of the Chapter

The officers of the New Zealand Chapter of SPUMS should be Chairman, Secretary/ Treasurer and Scientific Meeting organiser. I am not certain of the need for the Past Chairman. Formal written nominations should be sought from the entire membership 3 months before the AGM and a postal ballot undertaken so the office holders are known at the time of the AGM.

Newsletter

We should develop a newsletter to NZ SPUMS members, or perhaps to be published as a NZ page in the SPUMS journal. This should have a structured format.

a NZ Water Safety Council reported deaths. This appears to give the most reliable information on both scuba and free diving deaths.

b ARCIC (the ACC for short) reported incidents. It is not yet clear what degree of injury will be necessary to be recorded in the database, but there is considerable interest in developing comparative data for sports injury. The databases will be accessible to bona fide researchers in a structured format.

c NZU / RNZN Unit accident recorder incident data.

d Chamber statistics. This should include non-diving related hyperbaric therapies and a description of new research proposals. Research in progress could be reported in brief annually.

e Issues of medical relevance, case reports with teaching message, etc.

f Letters. If in the Journal, this could be omitted as there is a vibrant Letters to the Editor section.

Annual Scientific Meeting.

The annual meeting site should be decided two years in advance with an appointed organiser. I believe that the scientific content should take precedence over diving in regard to the suitability of site. Notification and advertising should include non-SPUMS members (through NZ Doctor, NZ General Practitioner and NZMJ) and probably also to non-doctors (via NZU, NAUI, PADI, Commercial Divers organisation, etc.) to allow wider dissemination of medically oriented information in the general diving community and among those performing diving assessments. There should be a financial float from the parent organisation to initiate the meeting but the meeting should run at a small profit.

I feel that discussion of case reports should be undertaken on every trip to dive sites, only in this way can we learn from others, and learn the uncertainties relating to every case. Good clinical judgement comes from experience, but remember experience comes from bad clinical judgement. Reports as outlined above should be incorporated.

SPUMS Chapter Library

The SPUMS (NZ) library should continue to be administered and cared for by the RNZN hospital, but there should be a regular (at least annual) notification to all SPUMS members of the title list and that surplus monies from the annual scientific meeting should go to the provision of additional books. The scientific meeting could be organised to provide about $200-$500 profit or alternatively and I believe preferably, a small supplement to the subscription could provide for this.

SPUMS Diving Medical Sub-committee

I do not think that the President/Secretary/Treasurer need necessarily be of scientific bent, or even interested in the minutiae of diving medicine. Hence the Executive of the New Zealand Chapter of SPUMS in any year cannot be considered “expert” from the point of view of liaison with governmental organisations. Either this important advisory role needs to be provided by the RNZN Diving and Hyperbaric Medical Unit as at present, or alternatively a scientific subcommittee should be established to provide this advice, in order to remain credible.