disadvantage of this reperfusion damage. Because we are using this sort of treatment there is increasing interest in using free radical scavenging mechanisms to prevent damage. There are clinical trials, I know, going on in the United States looking at treatment with free radical scavengers. It remains to be seen how beneficial it will be in presenting reperfusion damage.

This brief outline shows that free radicals have the potential to be very important in many human diseases including some of the most common diseases that are likely to stop us from reaching our potential life span. I hope that I have provided some insight into how free radicals which were once the domain of academic chemists now have implications for medical research and hopefully in the future understanding of their role in disease will result in improvements in prevention and treatment.

**DIVING SAFETY MEMORANDA**

Department of Energy
London SW1P 4QJ
May 1989

DIVING SAFETY MEMORANDUM NO. 4/1989
EXPOSURE LIMITS FOR IN-WATER DECOMPRESSION

Diving Safety Memorandum No. 5/1988 recommended that all surface decompression dives should be arranged so that the planned bottom times did not exceed the exposure limits defined in the table attached thereto.

At that time there was only limited data available on the experience of using in-water decompression techniques in the UK sector. Hence diving using this technique was not included in the safety memorandum.

From the 1988 dive data, it is evident that there has been an increased use of the in-water decompression technique, and that long bottom times using this technique have resulted in serious cases of decompression sickness. Though the amount of information available is limited, it is felt that the industry should be made aware of this trend.

It is therefore strongly recommended that the guidance on exposure limits given in Table 1 to DSM 5/1988 is also followed when using the in-water decompression technique.

R. GILES
Chief Inspector of Diving

DIVERS ALERT NETWORK (DAN)
14th DIVING ACCIDENT AND HYPERBARIIC OXYGEN TREATMENT COURSE
October 21 - 31, 1989
Palau Pacific Resort, Palau, Micronesia.

Course Description
This eight day course in Diving Accident Management and Hyperbaric Oxygen therapy is designed for physicians, emergency medical personnel, including paramedics and nurses. Portions of the course may be of interest to dive masters, dive instructors, and other non-medical dive related personnel.

The aims of the course are to provide the facts relevant to understanding the management of diving accidents, especially those bearing on the basic physics and physiology, and the subsequent treatment methods available.

The course format will involve morning and some afternoon and evening didactic sessions of lectures and case presentations. These will be supplemented by small group interactions with the faculty for direct question and answer sessions, review of case histories and some special video instructional tapes. Six afternoons will allow spectacular two tank diving.

All proceeds from the Course go to support the Divers Alert Network (DAN).

Faculty
Drs. Peter Bennett, Carl Edmonds, Des Gorman and Yancey Mebane.

Course charge $US 495 payable to Duke University Medical Center. Register by sending cheque with name, address and telephone number to:
Office of Continuing Medical Education
Box 3108, Duke University Medical Center
Durham, North Carolina 27710, USA.

For accommodation and travel from USA contact:
“Duke/DAN Palau Course”,
International Diving Expeditions,
11265 Knott Avenue,
Cypress, California 90630, USA
Telephone: (714) 897-3770
THE MINUTES OF THE ANNUAL GENERAL MEETING HELD AT 09.30 ON THE 3RD JUNE 1989 AT LE LAGON RESORT, VILA, VANUATU

Present
All Members attending the Scientific Conference.

Apologies
Drs Acott, Barry, Cook, Gorman, Knight, McCartney, Rehfish, Sutherland, Veale, and Westlake.

1. Minutes of the previous meeting
These had been on display and were taken as read. Dr Brand moved that the minutes be accepted as a true record. Seconded Dr Haller.
Carried.

2. Business arising from the minutes
No business was raised.

3. Reports
3.1 Reports were made by the President and Secretary.
Dr Lourey moved that these reports be published in the Journal. Seconded Dr McKee.
Carried.
(See this page and page 121)

3.2 The Treasurer’s report was read by the Secretary. Dr Barry will be asked to enquire whether it is now appropriate to depreciate the equipment the Society owns rather than writing it off. It was noted that no financial statement and no subscriptions had been received from the New Zealand Chapter for over twelve months.

3.3 The Treasurer moved that annual subscriptions be raised to $50.00 for members and $30.00 for associates. Seconded Dr Davies (Secretary).
Carried.

3.4 The Treasurer moved that “If any subscription was in arrears for a period greater than six months, the Treasurer, having duly notified that member, shall instruct the Secretary to remove that member’s name from the current membership”. Seconded Dr Davies (Secretary).
Carried.

4. New Executive Committee
The following members were elected unopposed.

President Dr A Slark
Immediate Past President Dr C Acott
Secretary Dr D Davies
Treasurer Dr G Barry
Editor Dr D Walker
Public Officer Dr J Knight
Committee: Dr G Lourey, Dr D Gorman, Dr P McCartney

5. Life Member
Dr Davies moved that “In light of his long record of service to the Society, having been a foundation member and long time Editor of the Journal, Dr Douglas Walker be elected to Life Membership of the Society.” Seconded: Dr Brand.
Carried. (by acclamation).

6. AGM 1990
After preliminary investigation the Executive proposed that the Island of Palau be the site of the next AGM. This was agreed to by the Meeting.

7. AGM 1991
The Secretary has been in contact with the Indonesian Hyperbaric Society who have agreed to a joint meeting, probably in Jakarta. A sub committee of Drs Slark, How, Lloyd and Davies has been formed to work with them on the project.

The Meeting closed at 10.40 a.m.

PRESIDENT’S REPORT

I am pleased to report that the membership of the Society continues to expand and in fact extends well beyond the geographical limits that our name would imply. Currently we have 635 members from Australia, 158 from New Zealand and the rest from such divers places as Japan, Canada, Oman and Ireland.

The year has been an eventful one for the Society, in that arrangements have been finally made for the incorporation of the Society in the State of Victoria. You will recall that the need for this became apparent when we were threatened with legal action after we had found it necessary to dissociate the society publicly from the activities of an
entrepreneurial diving doctor. The incorporation will give the society proper legal status and the protection of its officers, members and funds which this provides.

Suggestions for the improvement of the Journal have been examined, and an editorial sub-committee has been formed and Dr John Williamson has been invited to assist with this with the possibility that the organisation be further strengthened in the future. It is planned that the Journal should take on the standard format favoured by the majority of scientific publications and that advertising should be more actively sought. You will already have seen that we felt that the cover was not the most appropriate place for a cartoon. Change in the size and structure of the cover have been precluded by large stocks of blue card. Again we have to thank Douglas Walker and John Knight for their continuing work in the production of the Journal.

The sudden collapse of the National Safety Council of Australia (Victorian Division) at the end of March had potentially disastrous consequences upon the safety organisation of many risk prone activities and particularly from our point of view the Divers Emergency Service, the evacuation of persons suffering from diving accidents, and those requiring hyperbaric treatment. The Executive Committee wrote to the Premiers and Ministers of Health of those states affected by the collapse pointing out the importance of preserving the service that had been provided by the National Safety Council of Australia (Victorian Division). The Committee also decided to donate $500 to the Royal Adelaide Hospital towards the telephone bill of the Divers Emergency Service.

A successful scientific meeting was held in Hobart in November 1988. However it was disappointing for me that the attendance seemed exclusively medical and did not have any of the local sports divers or instructors and that the publicity and content had not been directed at a wider audience. It is hoped that in the future at least one such regional meeting will be held annually, and that our educational function be extended.

Following the confusion that had resulted from the expectation of the Undersea and Hyperbaric Medical Society (UHMS) that we were intent upon a joint meeting when we had already abandoned the idea, I have been invited to UHMS Executive meetings. Unfortunately distance and expense has precluded my attendance, but I hope to go to the meeting in Hawaii, together with our Secretary.

I would like to conclude by thanking all the members of the Executive for their work in the past year and look forward to their co-operative enthusiasm in the future. In particular I would like to thank David Davies for the tremendous effort that he puts in as Secretary and to say how pleased that I am that he is prepared to continue.

Tony Slark

SECRETARY'S REPORT

It is my great pleasure to present my fourth Annual Report.

1. The Membership

This currently stands at about 800 of whom, 75 have joined this year but in the same time there have been about 100 lost, either by resignation, by being unfinancial or by moving address without letting us know, so that the Journals are returned. With the numbers of divers being trained in Australia and New Zealand each one of these requiring a medical examination, the doctors who do these examinations ought to all be members of the Society. It is up to the general membership of the Society to encourage their colleagues to join and gain insight into the problems of divers.

In order to keep up with the membership and make a record of what is each member’s specialty and whether or not he does diving medicals, I have made a card index of the entire Society using old application forms, current membership lists and also asked questions if I was corresponding with any of the members. These cards also have a spot for diving medical training and the date of joining the Society. I was considering incorporating the tax file and Medicare numbers but the cards are only 6 by 4. So if you do write to me for some reason, please let me know if you have any diving medical training, if so, where and when, if you do diving medicals, if so where, and whether you are a diver or not, and if so what training organisation and to what level. All this information is on the new application forms, so do not feel you are being singled out for special attention.

2. Incorporation

This is now proceeding and is in the hands of our Solicitors. Dr John Knight has been appointed the Public Officer. The reasons for this were that John has acted unofficially in this capacity for some years and his address has been the contact address for the Society. As well, the public officer must be resident in Victoria and his function is to act as liaison officer with the Corporate Affairs Office.

The Executive has spent hours both singularly and as a group, going through the proposed constitution and dissecting it line by line, word by word. We had hoped to have it printed and distributed in time for this meeting, but time has run out.

3. Education

In addition to the Annual Scientific Meeting for members, regular courses are being conducted at Royal Adelaide Hospital under the guidance and drive of Dr Des Gorman. The availability of these courses puts paid to the argument that training for doctors in diving medicine is not available. There is no longer any excuse for the Mickey Mouse Medical.

In November a seminar was held in Hobart organised by Dr Peter McCartney. Most of the Executive attended, but
lack of advertising resulted in poor outside interest, so that the Society has been placed under some financial pressure.

4. **Diploma of Diving and Hyperbaric Medicine**

The Executive decided early in the year that for the Diploma to be a viable entity and become recognised as a reputable qualification, those doctors actively practising in this field should be given the opportunity to gain the award. So it was decided to invoke a grandfather clause and the appropriate people were invited to apply for the award. All 30 accepted. This brought the total number of holders of the Diploma to 50. Since that time Dr David Smart of Hobart and Dr Wong Ted Min of Singapore have applied to the Board of Censors and have been granted the award. Their written material submitted for the award was published in the Journal (1989; 19 (1):)

To further the aim of acceptance of the Diploma, as an indication of higher qualification, the Executive wrote to all the Medical Boards in Australia and New Zealand setting out the requirements for the Diploma and requesting that it be recognised. We are still waiting for replies from several states.

5. **Standards Association**

For some reason consensus could not be obtained on DR88026 for Entry level divers so the Committee had to be reconvened. SPUMS was invited to have a representative on that Committee and John Knight volunteered and was appointed. Any submissions or suggestions about the proposed standard should be communicated to Dr Knight.

6. **WA Government Task Force**

You may recall that SPUMS made submissions to this last year and the preliminary recommendations have been published in the SPUMS Journal. Since that time final submissions have been made and the Minister is trying to make up his mind. Currently the accent is on self regulation by the industry and accreditation of all diving instructors to at least NCAS Level 2. Those training organisations not yet accredited are being assisted by the Ministry to update their teaching. Cross over courses are being conducted for experienced divers who either have no qualification or they wish to gain an acceptable qualification. A great many of these show major deficiencies in their knowledge of medical problems, of equipment and of technique.

If, over the next couple of years, the industry is seen to be incapable of self regulation then legislation will be brought down.

It should be noted that the Queensland Government is making similar moves as a result of the many accidents that seem to be occurring along the Great Barrier Reef.

7. **National Safety Council of Australia (Victorian Division)**

The financial collapse of the National Safety Council of Australia (Victorian Division) (NSCA) has wide ramifications throughout the diving community. Firstly, several talks at this meeting were to be given by NSCA members who have all had to cancel. Secondly, the NSCA supplied the funding for the Diver Emergency Service (DES) Network which is based at the Royal Adelaide Hospital. As the hospital is already in financial difficulties, it was agreed that a donation of $500.00 be made to the hospital to cover at least part of these expenses. I believe the Diving Organisations should be required to cover these expenses as it is their divers who benefit from this facility.

The Hyperbaric units in Queensland, South Australia and Victoria were all owned and operated by the NSCA and their potential closure would wreak havoc with not only the sports divers, but all government sponsored diving by the Police, Port and Harbours, Fisheries and so on. Letters have been sent to the Premiers and Health Ministers of each of these states, outlining the ramifications. So far the only response has been to acknowledge receipt of the letters.

In the three states affected, the NSCA conducted all transfer under pressure evacuations. It was pointed out to the politicians that closure of the facilities in the states would leave Sydney, Fremantle and Hobart as the only places where hyperbaric treatment could take place.

8. **Acknowledgements**

In closing, I would like to thank the Executive Members for their help throughout the year. The President has proved to be a great backstop and is an excellent reference about diplomacy.

Dr John Knight is an untiring worker for the Society. He puts the Journal together almost single handedly and now also represents the Society on the Standards Association and as Public Officer.

The Treasurer, Dr Grahame Barry, continues to monitor the finances closely and has great success in encouraging slow payers to part with their ill retained profits.

Dr Des Gorman is always a source of advice, a fund of knowledge, and enthusiastic teacher.

Membership of the Society has been fairly static the last couple of years. There are too many members sitting back, taking a passive role waiting for the few workers to get things done. The Society desperately needs new members, it needs to have a more prominent role in the diving community. The Medical Boards, the Australian Medical Association and the politicians must all be made aware that divers have their own medical problems and a general undergraduate medical course does not give doctors the knowledge to deal with these.

As far as the Secretary’s position goes, the job is only as good as the effort that is put into it. If the Society gets
much bigger, I believe we must consider employing a full time secretary. The day to day running of the organisation should be put into the hands of a Secretariat with an Executive Director to handle the organisation of meetings, seminars and publish a newsletter in addition to the quarterly Journal. Such a role is a bit much for one person trying to run a full time practice on the side.

David Davies

TREASURER’S REPORT
1988/1989

The most noticeable feature of the year’s finances is a drop of overall assets of $5829 from $38,052 in 1988 to $32,223 in 1989, together with a fall in income of $4027 of which the greatest amount can be attributed to a drop in subscriptions of $3401. This represents a loss of about 100 members.

Nevertheless, the expenditure was also reduced and, had it not been for the emergency donation to the ailing Diver Emergency Service (DES) Network, brought on by the collapse of the National Safety Council of Australia (Victorian Division), we would have been marginally in the black.

On the financial statement it will be noticed that the closing balances are gradually diminishing. These balances are important as there is a two month gap between the end of our financial year (April 30) and the beginning of the subscription year (July 1). During this period a Journal is issued, and money must be kept in hand to cover production and mailing costs. It should be pointed out that the majority of items listed in the expenditure column under “Secretarial”, “Postage” and “Equipment” pertain to the Journal which costs in the vicinity of $4000 per issue. This makes it our largest expenditure item. There is little doubt that the money is well spent, as the SPUMS Journal now has a reputation as the leading medical sports diving publication in the world.

Production costs continue to rise, the large figure of $10,487 for 1988 included the cost of 12 months supply of the blue cover material. Postage rates too are not expected to fall.

As a consequence of these factors I strongly recommend that the membership fees be raised for the coming year to $50.00 for full members and $30.00 for associates and I trust that the AGM will give this matter its full support. As well I suggest that any member or associate who is more than six months overdue with his subscription be struck from the list of members after being duly notified by the Treasurer.

I hope the Vanuatu Meeting has been a great success and look forward to joining you again next year.

Grahame Barry

AUDIT REPORT
SOUTH PACIFIC UNDERWATER MEDICINE SOCIETY

NEWPORT BEACH
N.S.W. 2106
15 May, 1989

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 30 April, 1989 and report that the accompanying Statement of Receipts and Payments (page 124) has been properly drawn up from the records of the Society and gives a true and fair view of the financial activities for the year then ended.

David S. Porter, FCA.
Chartered Accountant
(Registered under the Public Accountants Act, 1946, as amended).

DIVER EMERGENCY SERVICE UPDATE

Readers will remember that in the January-March issue of the Journal we reproduced a letter written by the Secretary to the Premiers of Queensland, South Australia and Victoria. We reproduce below letters from the South Australian and Queensland Governments expressing their determination to continue to fund hyperbaric facilities and provide a service for hyperbaric retrieval.

Unfortunately the Secretary has yet to hear from the Government of Victoria. Dr Knight, who wrote a similar letter to the Premier of Victoria, has just received the letter from the Ministry of Police and Emergency Services reproduced below. However an article in The Age of 31.8.89., also reproduced below, throws considerable doubt on the future of hyperbaric facilities in the State of Victoria.

3rd Level Citi Centre
11 Hindmarsh Square
Adelaide, SA. 5000
22 May 1989

Dear Dr. Davies,

Thank you for your recent letter concerning the provision of hyperbaric and diving medical services in South Australia.

I am certainly aware of the importance of these services, not only for divers but also for the treatment of a
# SOUTH PACIFIC UNDERWATER MEDICINE SOCIETY
## STATEMENT OF RECEIPTS AND PAYMENTS
### FOR YEAR ENDING 30th APRIL 1989

<table>
<thead>
<tr>
<th></th>
<th>1989</th>
<th>1988</th>
<th>1987</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPENING BALANCE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Chartered Finance Ltd.</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>National Mutual Royal Bank</td>
<td>5,177</td>
<td>7,361</td>
<td>7,659</td>
</tr>
<tr>
<td>National Australia Bank</td>
<td>789</td>
<td>403</td>
<td>80</td>
</tr>
<tr>
<td>Cash on hand</td>
<td>22</td>
<td>26</td>
<td>60</td>
</tr>
<tr>
<td><strong>Total Opening Balances</strong></td>
<td>6,988</td>
<td>8,790</td>
<td>8,799</td>
</tr>
</tbody>
</table>

| **INCOME** |       |       |       |
| Subscriptions | 24,074 | 27,475 | 22,945 |
| Interest | 1,161 | 1,787 | 1,680 |
| **Total Income** | 25,235 | 29,262 | 24,625 |
| **Total Receipts** | $32,223 | $38,052 | $33,424 |

| **EXPENDITURE** |       |       |       |
| Secretarial | 4,143 | 3,735 | 2,696 |
| Stationery | 576   | 198   | 240   |
| Journal | 7,310 | 10,487 | 6,481 |
| Postage | 4,047 | 4,198 | 2,465 |
| Travel | 7,775 | 10,335 | 4,415 |
| Equipment, see note | 372   | 850   | 7,451 |
| Miscellaneous | 122   | 358   | 576   |
| Bank charges | 232   | 286   | 268   |
| Returned cheques | 25    | 25    | 42    |
| Audit | 200   | 200   | -     |
| Legal expenses | 180   | 392   | -     |
| Donation to DES | 500   | -     | -     |
| **Total expenditure** | 25,482 | 31,064 | 24,634 |

| **CLOSING BALANCES** |       |       |       |
| Standard Chartered Finance Ltd. | 1,000 | 1,000 | 1,000 |
| National Mutual Royal Bank | 4,228 | 5,177 | 7,361 |
| National Australia Bank | 1,503 | 789   | 403   |
| Cash on hand | 10    | 22    | 26    |
| **Total Closing Balances** | 6,741 | 6,988 | 8,790 |
| **Total Payments** | $32,223 | $38,052 | $33,424 |

**NOTE** Equipment is written off as purchased.
broad spectrum of medical conditions.

Although the additional costs to the South Australian Government are not inconsiderable, the Royal Adelaide Hospital is reviewing the services, in association with the Director of the Hyperbaric Unit, Dr Des Gorman, and I am confident that permanent arrangements will be made to enable the Unit to continue to operate beyond the 30th June 1989.

Don Hopgood
Deputy Premier & Minister of Health
State Health Building
147-163 Charlotte Street
Brisbane, Queensland 4000
14 June 1989

Dear Dr. Davies

Thank you for your letter concerning possible interruption to the hyperbaric and diving medical services following the collapse of the National Safety Council of Australia (Victorian Division).

The Queensland Government has been concerned with the loss of services as a result of the collapse and has provided funding as a short term measure to ensure the continuation of services in the interim.

The principal concern centred on the continued availability of the portable recompression chamber service to support the rapidly expanding recreational diving activities in North Queensland.

The Honourable M.J. Ahern, MLA, Premier and Treasurer and Minister for State Development and the Arts, earlier this month announced that the State Government was negotiating the purchase of key National Safety Council of Australia assets to maintain safety standards for Queensland’s tourist diving industry.

On-going discussions are being held so that equipment will be integrated into the existing emergency network. The operation of the portable hyperbaric unit would be linked to the fixed recompression chamber currently at the Australian Institute of Marine Science (AIMS). It has been proposed that the fixed recompression chamber be released at the Townsville Hospital.

The Queensland Government will also continue its strenuous efforts to secure private enterprise involvement so that existing treatment facilities are continued.

Retrievals and hyperbaric treatment facilities will continue to operate in this State.

Ivan J. Gibbs, MLA
Minister for Health

100 George Street
Brisbane, 4000
29th June, 1989

Dear Dr. Davies,

The Honourable the Premier has passed a copy of your letter of 4th April, to me and has asked me to deal with it.

I regret not being able to reply to your letter earlier but you will no doubt appreciate the efforts which the Queensland Government has made since the financial collapse of the former National Safety Council of Australia (NSCA), Victorian Division’s operation to ensure that the portable hyperbaric facility and retrieval operations are maintained at Townsville in North Queensland.

Recently, the Government decided to acquire the portable Drager “Duo-Com” recompression chamber which, in turn, will become part of a field treatment, retrieval/transportation operation integrated with a fixed hyperbaric chamber located in Townsville’s General Hospital. Specialist medical services will be available to assist in all phases of this integrated operation.

It is expected that a private enterprise organisation comprising a rationalised operation involving former NSCA pilots, air crew, maintenance engineers, life support technicians (LST) etc. will provide an ongoing service in response to community needs.

It is understood that opportunities for further training of those Government agencies likely to utilise or need this type of service will become available in future.

J.J. Mulheron
Acting Director-General
Government of Victoria
Ministry for Police and Emergency Services
25.August.89.

Dear Dr Knight,

HYPERBARIC FACILITIES IN VICTORIA

The Minister has asked me to than you for your letter of 8 April 1989.

Appropriate measure have already been put in place by the State Government and its agencies, in respect of matters within the State’s purview, to deal with shortfalls in service and protection to the community caused by the closure of the NSCA.
I am informed that the Health Department’s Ambulance Directorate has leased a portable recompression unit, which is capable of being transported by helicopter or truck, and is based at the La Trobe Valley Airfield. The unit is staffed on a 24 hour on call basis by former NSCA personnel, under qualified medical supervision. The western coastline of the State is subject to an arrangement with the South Australian Ambulance Service, under which patients are transferred by pressurised fixed-wing aircraft for direct admission to the Alfred Hospital’s hyperbaric chamber.

In general terms, I understand that the Ambulance Directorate is of the view that the standard of the hyperbaric care in Victoria has been maintained since the collapse of the NSCA.

Please accept my apologies for the delay in responding to your letter. It has been mistakenly assumed that the correspondence had been referred to the Health Department for direct reply to you. It would be preferable if any further enquiries in relation to the present matters were directed to that Department.

David Young,
Acting Assistant Director,
Fire and Emergency Services Division.

This article appeared in The Age, of Melbourne, on 31.8.89. It is reproduced in full. It gives a rather different impression to the letter above.

POLICE LACK FUNDS TO BUY NSCSA’S MOBILE DECOMPRESSION CHAMBER

Paul Conroy.

The Victoria Police are unlikely to buy a mobile decompression chamber to improve depleted emergency services for divers with the bends.

Members of the police search and rescue squad have been notified that funds are not available to buy the unit, which is owned by the Victorian branch of the National Safety Council of Australia and would cost at least $50,000.

An officer with the squad had already been trained to operate the unit.

Victoria’s professional divers and thousands of sporting enthusiasts already face the prospect of losing the state’s only hospital based decompression chamber at the Alfred Hospital. It is also owned by the NSCA.

The two units are likely to be sold, along with other NSCA assets, as a result of the financial collapse of the group.

A hospital spokesman said 108 patients had been treated at the Alfred Hospital since January 1988. The unit also treats patients with gas gangrene and toxic-gas accident victims.

The head of the Alfred’s intensive-care unit, Dr David Tuxen, said services in Victoria could be plunged into crisis unless sponsors were found to buy another unit. The chamber is on 24-hour service and involves the employment of 40 nurses and seven other staff.

Dr Tuxen said there was a privately operated decompression chamber at Port Melbourne, but it did not provide a 24-hour service.

LETTERS TO THE EDITOR

RADIAL KERATOTOMY

Lions Eye Institute, Perth.
3rd April 1989

Dear Sir,

It has come to my attention, from a general practitioner who had attended a SPUMS meeting, that comments were made about radial keratotomy which perhaps warrant clarification. I write this letter both as a cornea specialist who has an interest in protecting the cornea and treating corneal conditions, and at the same time as a surgeon who performs radial keratotomy, not wishing to have this procedure wrongfully defamed.

The two queries related to the safety of scuba diving following radial keratotomy and in conjunction with this the statement that there has been a reported case of eyeball rupture whilst scuba diving following radial keratotomy.

I would consider myself to have a good knowledge of the recent literature about the cornea and in particular refractive surgical procedures. I am unaware of either of these two problems.

To confirm this I did a literature search for all traumatic injuries and also contacted one of my mentors, Dr George Waring in Atlanta, who is the chief investigator for the PERK study and probably the most knowledgeable person with regard to radial keratotomy. He stated that he sees no reason to advise people that have had radial keratotomy done against scuba diving and sees no rationale for this. He states that the pressure inside the mask is equalised, and the eyeball is not under increased pressure. He added that many divers have it performed so that they can actually dive without the hinderance of spectacle or contact lens correc-