CHALLENGE! —

re: Immediate Management of Diving Emergencies

I was surprised that much misinformation should have been published in this article of your Journal, Vol. 16, No. 2, June 1982, 102-106, in the section of "Ear and Sinuses", the statement that pain in the sinuses is very common may be true for the diving population examined by the authors but for New Zealand divers the incidence in 650 divers attending for their 1001 Ear Nose and Sinus complaints was only 5%, hardly "very common". The authors apparently have never been underwater or have rarely spoken to divers if they consider that "blowing gently against the pinched nose will clear this pressure", meaning equalise middle ear pressure with ambient pressure. This ability to clear the ears easily is very uncommon amongst divers. Of the 30 cases of divers who ruptured their ear drums on descent at the most only eight suffered vertigo despite the authors assertion that it invariably happens. Nor does rupture of the round window "lead to immediate complete deafness on the affected side". It may do so after three months if no treatment is given but the pre-operative deafness in all recorded series of ruptured round window in divers has never been recorded as complete. To imply this the authors do great disservice to the possibility of the divers receiving proper attention and restoration by surgery to normal hearing.

To make matters worse there is no mention at all of sudden sensori-neural deafness not due to ruptured round or oval windows, an important condition and in need of "Immediate Management". The symptoms in 58 incidents were of tinnitus 45, deafness 36, vertigo 33, a "blocked ear" 22 with the commonest symptom complex being blocked ear, tinnitus and deafness in 40 cases. Unless treatment is instituted within 4 days there is little hope of recovery.

Yours sincerely,

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NOTICES**BASM ADVANCED COURSE IN SPORTS MEDICINE**

We have just received notice that the course mentioned in the Secretary's Column in this issue will take place from Monday, 10th-Friday, 14th October, 1983 at Bisham Abbey National Recreation Centre, Berkshire. This residential course is restricted to those who have attended BASM or FIMS Basic Courses, or who have had extensive clinical experience in running sports medicine clinics. The inclusive fee will be in the region of £100. Applications to Dr. P. L. Thomas, South Lodge, Shurlock Row, READING, Berks. RG1 0PX.

BASIC ORIENTATION COURSE IN SPORTS MEDICINE

Negotiations are in an advanced stage for the annual basic course to be held in September 1983, organised by the Scottish Area of BASM (Secretary: Dr. J. MacGregor, PhD, Bio-engineering Dept., Strathclyde University, Glasgow). Details will be announced in the March issue of this journal.