The DiveMedTFS Newsletter, January 30, 2002

Archives of Past Newsletters



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---Note from scubadoc

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Links to Journal 'Aviation, Space and Environmental Medicine' with abstracts. Other links to our bookmarks.

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International Conference «Maritime Health - another millennium ahead, Diving after a pulmonary embolus, Laryngospasm in divers, Technique for surfacing the unconscious.

---Services on Our Web Site

---Changes in Our Web Site Some web pages with recent changes:

PDF changes, new chambers

---Poetry

haiku

---Humor

"A slip of the lip", Fluent in 'Speaking Blonde', CIA job interview, Funny Signs, Economy, Overweight blonde, Killer biscuits, Mother taught me, How to speak about women, Letter from management, feminist conference.

Note from Scubadoc

The response to our new newsletter continues to be surprisingly strong. Several of you have 'donated' twenty, thirty and as much as fifty dollars to our newsletter fund to provide a better newsletter and web site. This has been used to underwrite the subscription of quite a few dive instructors, students and teachers in countries where there is a poor monetary exchange rate. Because of your support, we now have the capability to convert our articles and web pages into PDF format which will allow you to download and copy material for storage and quick review from your document files. We are in the process of going through the web site and converting certain popular articles for you to download. Note that previous newsletters are archived and available in PDF format above.

Dan Leigh, of DAN, writes concerning the Blue Planet Marine Research Foundation of Oxnard, Calif., that recently became a Field Research Coordinator (FRC) for Divers Alert Network. The foundation joins other individuals and dive operations gathering dive data for DAN's Project Dive Exploration, the most extensive study of recreational diving ever conducted.

With affiliate programs in Europe and Southeast Asia, DAN seeks to record more than one million dive profiles over 10 years; its goal is to produce statistically accurate analyses of dive profiles, diver characteristics and diver behavior.

Project Dive Exploration (PDE) is an observational research study, which collects dive profile data and analyzes such data from real dives. Through the study, DAN researchers compile data on behavioral and health aspects associated with recreational diving and analyze the dive profiles, as recorded by a depth/time recorder, for each dive.

A diver's health status is also verified 48 hours after the diver has left the water. With this data, DAN hopes to accurately estimate the incidence of decompression sickness and try to determine the predisposing factors and/or patterns of diving that are responsible.

As a Field Research Coordinator, Blue Planet Marine Research Foundation will assist the local diving

community in collecting Project Dive Exploration data for DAN. Foundation participants can download dive profiles from a number of dive computers and provide the necessary questionnaires for reporting each diver's status pre-dive, post-dive and 48 hours after completing a series of dives.

Individuals or groups interested in contributing dive profiles to PDE through Blue Planet Marine Research Foundation should contact Research Director Barry Hummel, Jr. by telephone (+1-805-815-3353); by fax (+1-805-815-3393); by email at bhummel@blueplanetfoundation.org; or by mail at 3600 S. Harbor Blvd., #182, Oxnard, CA 93035.

For more information on Project Dive Exploration, contact DAN Research at 1-800-446-2671 (in the U.S. and Canada), +1-919-684-2948, or see www.DiversAlertNetwork.org.

Ringing the Gong!

With more than 2,000 dive operators in existence, the DAN Business Member Program has set a goal to enlist at least half of them supporting the Dive Safety Association. To date, the program has enlisted 814 Business Members.

Every time the Business Membership Program adds another member, a brass ship bell resounds through the halls of DAN Headquarters. This graphically demonstrates to us that dive operations have dedicated themselves to dive safety. They have committed their operation and their staffs to keeping our sport safe, said Dave Lawler, manager of the Industry Membership Program.

"The program, begun in January 2001, has growth every month since. The first push occurred at DEMA in New Orleans."

The annual Business Membership dues of \$125 represent much more than the money. The value of the Business Membership benefits package far exceeds the membership fee. A popular benefit is the Business Member listing on the DAN website, which receives 45,000 visitors a month.

Said Lawler: "We want to drive these visitors to our Business Members' websites. That's why we have banners displayed at the top of our website pages telling them to take training, get equipped and go diving with DAN Business Members."

Signing up a Business Member boosts dive safety. With their membership dues, Business Members not only dedicate their dive operations to supporting the mission of DAN; they can also participate in many different DAN programs, such as the following:

- Ensuring that new divers in training participate in our Student Membership Program and are covered by dive insurance during training;
- Educating divers with DAN's Training programs; they will teach divers how to manage diving injuries;

- Setting up your dive team to collect dive profiles and dive data for DAN Project Dive Exploration;
- Displaying and selling DAN products through our Retail Distribution program. Business Members can increase their revenues and help support dive safety by selling safety products;
- Receiving recognition as a DAN Partner in Dive Safety™;
- Promoting DAN Membership; and
- Recommending that all your divers use DAN dive accident insurance.

For more information about the program, reach the DAN Business Membership Program at 1-877-5DAN PRO.

Divers Alert Network® (DAN) announces that Lindell Ken Weaver, MD, FACP, FCCP, FCCM, has been chosen to serve as its new Southwest Regional Coordinator.

DAN has eight Regional Coordinators, all physicians experienced in dive medicine, located throughout the United States to work with DAN in transferring injured divers to appropriate facilities. In addition, Regional Coordinators relay current information on hyperbaric chambers and other medical services available in their regions. As a DAN Regional Coordinator, Dr. Weaver will represent Arizona, California, Nevada and Utah. He replaces the late Dr. Hugh Greer, who died on Oct. 2, 2001, after serving more than a decade as the DAN Southwest Regional Coordinator.

Dr. Weaver has been the medical director for hyperbaric medicine and the co-medical director of the Shock-Trauma-Intermountain-Respiratory Intensive Care Unit at LDS Hospital, Salt Lake City, Utah, since 1987 and is an associate professor at the University of Utah School of Medicine since 1994. He also is an instructor in Advanced Trauma Life Support with the American College of Surgeons and a medical consultant to the Salt Lake County Sheriff's Department.

Dr. Weaver's interest in diving dates back to the television series Sea Hunt. He learned to dive in 1975 while an undergraduate in Engineering Science at Arizona State University. He began medical school at the University of Arizona, Tucson, the following year, with a commitment to the U.S. Navy following medical school.

He trained in undersea and diving medicine through the Naval Undersea Medical Institute in Groton, Conn., and the Navy School of Diving and Salvage in Panama City, Fla. After this training, Dr. Weaver served as a Submarine and Diving Medical Officer onboard the USS Canopis, Naval Weapons Station in Goose Creek, S.C. He went on to train in internal medicine (LDS Hospital) and pulmonary and critical care (University of Utah), but never lost sight of the goal of hyperbaric medicine, borne out of his military experience. Dr. Weaver has developed an academic program in hyperbaric medicine, with close links to pulmonary/critical care. Dr. Weaver's numerous publications include topics in hyperbaric medicine, critical care and carbon monoxide poisoning.

Dr. Weaver was a diving instructor with the certification agencies Scuba Schools International from 1987-1989 and Professional Diving Instructors Corporation from 1988-1990. He is also a consultant to Cross International Diving of Orem, Utah, since 1987. In 1997 he was president of the Pacific Chapter of the Undersea and Hyperbaric Medical Society (UHMS) after having been a member-at-large for the executive committee of UHMS from 1992-1995. Presently, Dr. Weaver is Chair of the research committee of the UHMS, and serves on several UHMS committees. He is licensed to practice in both Utah and Arizona.

"Until the birth of my two children, I dove mostly in the Sea of Cortez," noted Weaver. "They were expeditions, really, with self-contained explorations up and down Baja, Calif." He noted that when his children grow a little, he will dive more frequently once again.

"I am honored to be selected as the Southwest Regional Coordinator for DAN. This gracious offer is bittersweet,' since I had immense respect for Dr. Hugh Greer, who did a terrific job as the Southwest Coordinator for many years. "I will try to continue on in the tone that he established, anticipating rendering consultation for diving-related mishaps, or questions for divers within this region."

We encourage you to tell other divers and diving doctors about our newsletter. Subscription is by opt-in paid donations and there are several ways that this can be done safely over the Internet. In addition to 'Paypal', we now have Amazon Honor System and the time-honored US Mail. Check these out at our site at http://www.gulftel.com/~scubadoc/sbscrb.html . Your donations for students, divers and dive instructors in areas where the monetary exchange is poor would be most kind and helpful.

Need a hyperbaric chamber? Here are contact sources for the latest list of facilities available. Sunny sunny124ny@aol.com

www.reimerssystems.com

www.hyperbaric-clearinghouse.com

Try our dive slates, a summary of our web article "Divernaster's Quick Accident Response". This is located at

http://www.gulftel.com/~scubadoc/divslts.html .

The slates are in pdf format and are at http://www.gulftel.com/~scubadoc/diveslates.pdf .

This makes into a very nice, water proof set of instructions and guidelines for your dive bag. .

Finally, many thanks for your help by subscribing and donating to our project! If you would care to provide a subscription for a needy student, dive instructor or doctor in an economically depressed country - just go to our web page at http://www.gulftel.com/`scubadoc/sbscrb.html . In addition to the Paypal and US Mail method of subscribing, we have developed a secure relationship with Amazon Honor System.

Let me know if you have any announcements, tips, links, articles or responses to any of the material in our newsletter.

Best regards for safe diving!
Ern Campbell, MD
scubadoc
Diving Medicine Online
http://www.gulftel.com/~scubadoc
scubadoc@gulftel.com

Pearl of the Day!

Irukandji Syndrome

Constellation of signs and symptoms caused by envenomation by the cubozoan jellyfish Carukia barnesi. It is characterized by backache, arthralgias, myalgias, vomiting, pyrexia, dyspnea, severe pain, nunbness, profuse sweating, anxiety, hypertension and tachycardia - associated with marked sympathomimetic (adrenalin like) symptoms. The name comes from an aboriginal tribe near Cairns, Australia.

http://www.mja.com.au/public/issues/xmas/letters/hadok.html

"In 1943, whilst serving with troops stationed in the Cairns, north Queensland area, Dr Ron Southcott first described a strange syndrome that occurred in a group of troops who went swimming in the tropical seas. This syndrome presented with a minor skin sting but was followed approximately 30 minutes later by a bizarre set of distressing systemic symptoms. He called these Type "A" stingings to distinguish between another group of jellyfish stings, which caused severe and instant local skin pain (Type "B" stings, later identified as being due to the Chironex box jellyfish).

Still unaware of the cause, in 1952 Flecker named this set of delayed systemic symptoms the "Irukandji syndrome", after a local aboriginal tribe in the Palm Cove, Cairns area, where most of these envenomations occurred. However, it was not until 1966 that Dr Jack Barnes, using some amazing detective work, captured a small (1.5-2.0cm bell diameter) carybdeid (box jellyfish with just one tentacle in each corner). He then stung himself, his son and a volunteer lifesaver to see if it caused the Irukandji syndrome. All three ended up in the Cairns Base Hospital Intensive Care Unit with the typical severe systemic symptoms of the Irukandji syndrome described below (this is not a recommended procedure!). Southcott later named the jellyfish Carukia barnesi after its intrepid discoverer.

The "slang" name of Irukandji has previously been reserved for Carukia barnesi, but is now increasingly used for any jellyfish causing this bizarre syndrome. In this article the term "Irukandji" is used for any small carybdeid (small box jellyfish) causing the set of systemic symptoms known as the Irukandji syndrome (described below). However, it must be remembered that no other small carybdeid jellyfish has ever been proven to cause this syndrome, even if it appears it may."

http://www.tropmed.org/jellyfish/March2000/page4.html

Irukandji Syndrome and Acute Pulmonary Edema http://www.marine-medic.com/pages/articles/pdf/article_j06.pdf Papilledema and Coma in Child

http://www.marine-medic.com/pages/articles/pdf/article_j19.pdf

The Irukandji Syndrome: A Devastating Syndrome Caused By A North Australian Jellyfish http://medschool.umaryland.edu/Departments/Dermatology/Jellynewslet/number23.htm

Question of the Week

Diving after liposuction?

Question:

Hi Scubadoc! How are you? I really like the new .pdf downloadable files on the web site, it's well worth the subscription. If you have a worthy organization that needs a subsidy, I will kick in \$10 for them.

I would like to ask you a question, and you better be sitting down, strapped in, because you are probably in danger of hitting the floor from laughing very hard!

I had liposuction six weeks ago - yes, my saddlebags were sucked out! I'm basically back to normal now, and am doing my regular gym rat routine (running, swimming, weights, surfing.) I just started the school term again and need to go dive next week for my research project, a shallow dive in about 30 feet of salt water. Do you think I need to take any precautions? There are still numb and ache-y areas on my thighs. I was once told that having scar tissue can predispose a bends hit where the scarring is.

Best Regards, Jenna

Answer:

Hi Jenna:

Well, how about that - "achey, breaky thighs" instead of "heart"! You ask a sensible question, however, and let's think about the pros and cons.

1. Alteration of vascularity (Increased DCS risk)

Six weeks healing should be long enough for the disruption of your circulation to heal and decrease your risk for bubble formation in the specific area to about zero. There have been no good studies to show that this is anything but a supposition and has never been shown to be a problem in soft tissues. Possibly in bone and joints but not this kind of surgery.

2. Numbness and pain mimicking DCS

Carefully document (with a pin) the area(s) of numbness and changes in feeling. This will allow you to be able to differentiate between preexisting problems post dive.

3. Increased risk of deep vein thrombosis

This might be a problem with long airplane trips, tight wet suits and straps, weight belts, etc. The increased clotting propensity would most likely have resolved by six weeks.

- 4. Barotrauma risk? Zero, unless air has been left in pockets in the subcutaneous tissue.
- 5. Anemia (hypoxia) risk? Zero if your hemoglobin is back to normal.

Suggestions:

Check hemoglobin, bleeding parameters for clotting and carefully record (write down) your numb areas.

Thank you for this interesting query!

Best regards:

Ern Campbell, MD scubadoc

Links

Cool Web Sites for Divers from Rodale's Depthfinder

AIR SAFE -- http://www.airsafe.com

Sure, it's a bit macabre to read airline accident reports, but we bet once you visit AirSafe.com, you'll be hooked. All fatal commercial airline events are documented, and you can cross-reference their database to see how safe certain airlines and aircraft models are. Good homework for your next trip.

STATE DEPARTMENT -- http://www.state.gov

Used to be you had to log on to the State Department's web site to get the latest on global labor unrest and political upheaval. Now, it comes right to your e-mailbox -- just sign up for free email travel warnings.

INSURE MY TRIP -- http://www.insuremytrip.com

Travel insurance may not be sexy, but it's a necessary evil in today's world. InsureMyTrip.com bills itself as the largest travel insurance comparison site on the internet. Who are we to argue?

Selected Links from Aviation, Space and Environmental Medicine Journal (Links to Abstracts)

http://www.asma.org/Publication/abstract/Index.htm

--Three Cases of Spinal Decompression Sickness Treated by U.S. Navy Treatment Table 7 Ito M, Domoto H, Tadano Y, Itoh A

Aviat Space Environ Med 1999; 70:141-5

http://www.asma.org/Publication/abstract/v70n2/v70n2p141.html

-- The Use of EEG in Aircrew Selection

Ingrid J.M. Hendriksen, Ph.D., and A. Elderson, M.D.

Aviat Space Environ Med 2001; 72:1025-33

http://www.asma.org/Publication/abstract/v72n11/v72n11p1025.html

--The Effect of Exposure to 35,000 ft on Incidence of Altitude Decompression Sickness James T. Webb, Ph.D., Kevin M. Krause, Ph.D., Andrew A. Pilmanis, Ph.D., Michele D. Fischer, B.S., and Nandini Kannan, Ph.D.

Aviat Space Environ Med 2001; 72:509-12

http://www.asma.org/Publication/abstract/v72n6/v72n6p509.html

-- Medical Imaging in Microgravity

Hossein Jadvar, Ph.D., M.D.

Aviat Space Environ Med 2000; 71:640-6

http://www.asma.org/Publication/abstract/v71n6/v71n6p640.html

--Long term neuropsychological effects in nonsaturation divers

Bast-Pettersen R

Aviat Space Environ Med 1999; 70:51-7.

http://www.asma.org/Publication/abstract/v70n1/v70n1p51.html

Hyperbaric Chamber-Related Decompression Illness in a Patient with Asymptomatic Pulmonary Sarcoidosis

Tetzlaff K, Reuter M, Kampen J, Lott C

Aviat Space Environ Med 1999; 70:594-7

http://www.asma.org/Publication/abstract/v70n6/v70n6p594.html

Fibroblast Response to Rapid Decompression and Hyperbaric Oxygenation

Piepmeier EH, Kalns JE

Aviat Space Environ Med 1999; 70:589-93

http://www.asma.org/Publication/abstract/v70n6/v70n6p589.html

Effect of Vitamin E Supplementation on Hypoxia-Induced Oxidative Damage in Male Albino Rats G. Ilavazhagan. M.Sc., Ph.D., Anju Bansal, M.Sc., Ph.D., Dipti Prasad, M.Sc., Ph.D., Pauline Thomas, M.Sc., S. K. Sharma, M.Sc., Ph.D., A. K. Kain, B.Sc., Devendra Kumar, M.Sc., Ph.D., and W. Selvamurthy, M.Sc., Ph.D.

Aviat Space Environ Med 2001; 72:899-903

http://www.asma.org/Publication/abstract/v72n10/v72n10p899.html

Effect of Ambient Temperature on the Risk of Decompression Sickness in Surface

Decompression Divers

Christopher T. Leffler, M.D., M.P.H.

Aviat Space Environ Med 2001; 72:477-83

http://www.asma.org/Publication/abstract/v72n5/v72n5p477.html

Decrease in Platelet Count during Saturation Diving

Hideharu Domoto, M.D., Kazuhiko Nakabayashi, B.S., Akio Hashimoto, Ph.D., Shinya Suzuki,

M.D., Ph.D. and Tsutomu Kitamura, M.D., Ph.D.

Aviat Space Environ Med 2001; 72:380-4

http://www.asma.org/Publication/abstract/v72n4/v72n4p380.html

Lidocaine Pharmacokinetics During Hyperbaric Hyperoxia in Humans

A. F.E. Rump, M.D., U. Siekmann, D.C. Fischer, and G. Kalff

Aviat Space Environ Med 1999; 70:769-72

http://www.asma.org/Publication/abstract/v70n8/v70n8p769.html

Other Interesting Sites

Marine Bioprospecting

http://pubs.acs.org/subscribe/journals/mdd/v05/i01/html/01willis.html

Free Medical Journals

http://matweb.hcuge.ch/Medical_journals/Free_medical_journals.htm

Free Medical Journals

http://www.freemedicaljournals.com/

Medical Dictionaries

http://matweb.hcuge.ch/Medical_search/Medical_dictionaries.html

Medical Search

http://matweb.hcuge.ch/Medical_search/MSS.htm

Clinical Evidence

http://www.clinicalevidence.com/lpBinCE/lpext.dll?f=templates&fn=main-h.htm&2.0

Control of Breathing

http://www.nda.ox.ac.uk/wfsa/html/u02/u02 011.htm

IAHD, are a non-profit organization for handicapped people Gerdt Brouwer

www.iahdeurope.org or www.iahdamerica.org

Mailbox

St-Petersburg Medical Academy for Postgraduate Education (MAPS),
Baltic Central Marine Hospital (St-Petersburg, Russia)
welcome you to take part in International Conference
«Maritime Health - another millennium ahead»
Conference is connected to
150-th anniversary of Baltic Marine Hospital (St-Petersburg),
80-th anniversary of Maritime Health Network (Russia),
20-th anniversary of Maritime Health and Diving Department, MAPS

20-th anniversary of maritime meanin and biving b

May 16 and 17, 2002

Conference is to be held at Hospital premises, and in MAPS Congress-hall (St-Petersburg, Russia), and on board cruise vessel - to combine scientific and recreational programs at one place

Conference is to cover the history of Maritime Health network in Russia, the main problems of Health care at Sea, diving physiology and safety issues, travel medicine, tele-medicine. Abstracts will be published by the beginning of the Conference.

Applications are welcome after February 01, 2002, and will be processed according to "first come - first served" principle. Cruise vessel passenger capacity is limited, accommodation charges will grow progressively and in parallel with total number of applications: those who apply late when few cabins remain unreserved may be charged much more than early applicants.

Abstracts are welcome till March 01, 2002. Abstracts should be in Russian or in English, each one is limited to 4 thousand characters. Foreign authors have to present summary in Russian (600 characters), translation services can be bought by Organising Committee at your request.

Additional information is available

tel.: +007-812-251-6152; +007-812-251-2385

fax: +007-812-251-2385

mail: Conference, Maritime Health and Diving Department, MAPS, 41 Kyrochnaya street, St-

Petersburg, 193015, Russia E-mail: <u>genpr @ maps.spb.ru</u>

Organising Committee

Diving after a pulmonary embolus

Question:

I was taking coumadin, then plavix. I am no longer take these medications. I had a blood clot due to birth control pills. I schedule lung scans frequently to make sure everything is ok. (Also I don't smoke, so this is a rare situation according to my doctor). I also have asthma.

My question is: Is it safe for me to go diving.

Here is an answer provided by Martin Quigley, MD

I agree with your physician (an Obstetrician-Gynecologist presumably), that blood clots in association with birth control pills are quite uncommon, unless there are predisposing factors. You should carefully explore with

your physician to make sure that there are no risk factors (such as blood clotting abnormalities) that might increase your risk of getting blood clots and/or pulmonary emboli. Obviously, as I assume you have been told, you should never take oral contraceptives in the future. Having had a blood clot associated with oral contraceptives, pregnancy is also a great risk for pulmonary embolism and blood clots. You should carefully discuss this with your Obstetrician-Gynecologist if you wish to become pregnant. As an aside, I don't think repetitive lung scans (in the absence of any symptoms) would be a productive screening test.

As far as return to recreational scuba diving, I don't see any unreasonable concerns or risks as long as you are off your "blood-thinning" medications. Having said that, I would suggest a few cautions. Many of the risk factors

for decompression sickness (DCS) are associated with "dehydration" which results in "thickening" of the blood and potentially increases the risk of blood clots. You should be very careful to drink plenty of fluids, avoid alcohol the night before diving and other diuretics (caffeinated sodas, tea, coffee). It would be prudent to avoiding "pushing" the limits of your tables or computer. I would also recommend canceling the dive if you just don't feel well.

Overall, however, I don't think that diving presents a real risk of increasing your chances of another blood clot. Sitting in a cramped position in a car or plane on your way to the dive site is probably a much greater

risk.

More on this subject:

http://www.gulftel.com/~scubadoc/antcoag.htm

Re laryngospasm in divers

This is a note from one of our consultants, Allen Dekelboum, MD regarding our discussion of

laryngospasm in divers in the January 15, issue of DiversedTFS:

"Your answer was quite correct. Laryngospasm is the sudden closure of the true vocal cords (and even the false vocal cords) which can occur whenever any foreign object, usually liquid, touches these tissues. The most common condition is spastic laryngospasm which usually occurs in allergic individuals with excess mucous, often aspirated at night and producing a sudden panicky awakening. The cords always relax in a very short time. By the time the person contacts the physician the spasm resolves. After it occurs a few times, the patients become more cavalier about the symptom, relax and await the resolution quietly. Treatment to reduce the mucous production is helpful.

Any aspiration of liquids can produce laryngospasm. The sudden reflex inhalation after exposure to cold water can produce it.

As instructors, we advise our students to place their tongues into the mouthpiece of their regulators when purging the regulator under water. This deflects any water in the second stage, hopefully away from the larynx."

More on this at http://www.gulftel.com/~scubadoc/hypoth.htm

Re: Technique for surfacing the unconscious

I have read your Scuba Rescue Plan as presented on Dive-Med On-Line. Thank you for making it available.

http://www.vbs.vt.edu/SCUBA/safety/Emergency.html

I am in the process of completing a text for "Rescue." I am interested in any input you may have or comments regarding which attitude the unconscious diver should be ascended. Your paper lists one attitude, that being a "head upright, normal anatomical position" for all unconscious victims.

My question is: "Is there any situation which you would feel a head down (i.e. feet-first) position is in order?" Do you have any reference (one way or the other) that may support your comments?

Thank you in advance for your effort.

Sincerely, Charlie Johnson ANDI, Training Director cjohnson@1stpage.com 760-433-4389 Ph 760-433-4391 Fx

Hi Charlie:

I personally don't have a good feeling for surfacing feet first! This would delay the initiation of mouth to

mouth for a short period. Air would continue to be forced from the lungs by ascent either way you raise the diver. PADI states that head up is the appropriate method. On the surface, the 'do-ci-do' left sided position is what is being taught for mouth to mouth initiation of breathing

Getting the unconscious diver to the surface as fast as reasonably possible, head up and with the regulator in place would be my recommendation.

NOAA does not address this in their new manual and I cannot find any reference to position of retrieval in the Navy manual.

Best regards:

Ern Campbell, MD

For other articles about diving safety see http://www.gulftel.com/~scubadoc/dvsaf.html

Services Available on Our Web Site

Register & Questions

This site allows you to register and ask questions

DiveMed Email Logon

Free web based email allows you to access your own POP server from any computer in the world.

Dive Medicine Bulletin Boards

You'll be surprised at the breadth of discussion on these boards.

2Scubadive

Scubaboard

Divernet Board

Websearch

An excellent web search page.

Medline

Bookstore

Buy your diving related books from amazon.com from right here

Conferences

Links to Meetings and conferences

Glossary

Alphabetical listings of diving medical terminology

Medical Center

Gives a list of our consultants and another way to ask questions

FreeStuff

Useful free things on the net. Free stuff are getting harder to find.

Dictionary

Several medical dictionaries compiled by the National Library of Medicine.

Free Downloads

Divemaster's Quick Accident Response

Valuable Summary of Rapid Assessment and Management of the injured diver http://www.gulftel.com/~scubadoc/download/Quick Response.zip

Decompression Sickness

http://www.gulftel.com/~scubadoc/download/decosknss.zip

Dehydration

http://www.gulftel.com/~scubadoc/download/dehyd.zip

Endocrine and diabetic problems

http://www.gulftel.com/~scubadoc/download/endmet.zip

Exercise and the Heart

http://www.gulftel.com/~scubadoc/download/exhrt.zip

Nutrition and Diving

http://www.gulftel.com/~scubadoc/download/Nutrition.zip

Physical Fitness for diving

http://www.gulftel.com/~scubadoc/download/physfit.zip

Buhlmann Altitude Tables

http://www.gulftel.com/~scubadoc/download/balt.zip

Buhlmann Sea Tables

http://www.gulftel.com/~scubadoc/download/bsea.zip

Dental Distress, by Larry Stein, DDS

http://www.gulftel.com/~scubadoc/download/Dental_Distress.zip

Dive Accident Management

http://www.gulftel.com/~scubadoc/download/divaccman.zip

Equalizing Techniques, by Allen Deckelboum, MD

http://www.gulftel.com/~scubadoc/download/Equalizing_Techniques.zip

Divemaster's Model Action Plan

http://www.gulftel.com/~scubadoc/download/modact.zip

Deep Thoughts

DAN Takes a Quick Look at the Makeup of Nitrogen Narcosis By Renee Duncan Westerfield, Director, DAN Communications From 'Alert Diver', June 2001, pp 16-19.

http://www.gulftel.com/~scubadoc/download/narked.zip

Photosensitivity

Bruce Miller, MD

Dr. Miller, a Dermatologist, is a Consultant for Diving Medicine Online. This is a lecture presented to Medical Seminars,

2000

http://www.gulftel.com/~scubadoc/download/Photosensitivity.zip

Sunlight

http://www.gulftel.com/~scubadoc/download/Sunlight.zip

Teen Divers

http://www.gulftel.com/~scubadoc/download/Teendive.zip

The Older Diver

http://www.gulftel.com/~scubadoc/download/The Older Diver.zip

Diving Dermatoses

http://www.gulftel.com/~scubadoc/download/Diving_Dermatoses.zip

PMLE

http://www.gulftel.com/~scubadoc/download/PMLE.zip

Changes

Web page with all changes in the web site in past two weeks.

http://search.freefind.com/find.html?id=9763814&w=0&p=0

Most of the changes in the past two weeks have been additions of PDF formats to some of the articles.

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Jan 25, 2002 - Subscribe to DiveMed/TFS Newsletter
Added Amazon Honor System
Jan 25, 2002 - References to jellyfish stings
Corrected broken links
Jan 25, 2002 - CV for Dr. Edmond Kay
Corrected email address
Jan 25, 2002 - Philippines Dive Doctors
Corrections
Jan 24, 2002 - ENT Problems in SCUBA Diving
Added PDF
Jan 24, 2002 - Mal de Mer
Corrections, added link
Jan 23, 2002 - Pulmonary Edema of Diving
Added PDF
Jan 23, 2002 - Pulmonary Oxygen Toxicity
Added PDF
Jan 21, 2002 - Disease Transmission Using Scuba Gear, AIDS, Hepatitis C
Added PDF
Jan 21, 2002 - Marine Infections
Added PDF
Jan 21, 2002 - HIV Drugs and Diving
Added PDF
Jan 21, 2002 - Effects of Diving on HIV/AIDS
Added PDF
Jan 21, 2002 - Diving with Hepatitis C
Added PDF
Jan 21, 2002 - Disease Transmission Using Scuba Gear
Added PDF
Jan 20, 2002 - Links to Diving Medicine
Added PDF
Jan 20, 2002 - Long-term Effects of Sport Diving
Added PDF
Jan 20, 2002 - Arterial Gas Embolism
Added PDF
Jan 20, 2002 - Flying After Diving
Added PDF
Jan 20, 2002 - Bone and Joint Problems
Added PDF
Jan 20, 2002 - Physics and problems with gases
Added PDF
Jan 20, 2002 - Decompression Accidents
Added PDF
Jan 18, 2002 - Missouri Diving Physicians
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Corrections

Jan 17, 2002 - Pennsylvania Diving Physicians

Added links and corrections

Jan 16, 2002 - List of Hyperbaric Chambers and Diving Medicine Physicians Dive Accident Facilit

Jan 16, 2002 - Borneo/Sipidan Island Dive Accident facilities

New facilities

Poetry

From Ron Gray, MD

haiku 3 (from a motorcycle magazine)

nobody is perfect I am nobody therefore, I am perfect

Corollary to haiku 3

i am boss you are nothing therefore, i am the boss of nothing

From Drsnakebelly

haiku 4

can a butterfly fish know that it is in a world? does it feel passion?

Humor

We receive many good stories and jokes. We could not pick out just one that gave us the best chuckle, laugh or guffaw as the 'best of the lot'. How about you voting for your favorite? Why are there so many blonde jokes? Well, 'many' studies have shown that telling the same joke using a brunette or redhead just isn't nearly as funny - for whatever reason.

From Larry Stein, DDS:

"A slip of the lip"

A woman goes to her doctor and says she wants an operation because her vagina lips are much too large.

She asks the doctor to keep the operation a secret as she's embarrassed and doesn't want anyone to find out.

The doctor agrees.

She wakes up from her operation and finds three roses carefully placed beside her bed. Outraged she immediately calls in the doctor and says, "I asked you not to tell anyone about my operation!"

"Don't worry," he says, "I didn't tell anybody. The first rose is from me. I felt bad because you went through this all by yourself. The second one is from my nurse. She assisted me with the operation, and she had the operation done herself."

Whom is the third rose from?" she asked.

"Oh," says the doctor, "that rose is from a guy upstairs in the burn unit. He wanted to thank you for his new ears.

Fluent in 'Speaking Blonde'

A plane is on its way to Montreal when a blonde in Economy Class gets up and moves to the First Class

section and sits down. The flight attendant watches her do this and asks to see her ticket. She then tells the blonde that she paid for Economy and that she will have to sit in the back.

The blonde replies "I'm blonde, I'm beautiful, I'm going to Montreal and I'm staying right here!"

The flight attendant goes into the cockpit and tells the pilot and copilot that there is some blonde bimbo sitting in First Class that belongs in Economy and won't move back to her seat. The copilot goes back to the blonde and tries to explain that because she only paid for Economy she will have to leave and return to her seat.

The blonde replies, "I'm blonde, I'm beautiful, I'm going to Montreal and I'm staying right here!"

The copilot tells the pilot that he probably should have the police waiting when they land to arrest this blonde woman that won't listen to reason.

The pilot says "You say she's blonde? I'll handle this. I'm married to a blonde. I speak 'blonde'!"

He goes back to the blonde, whispers in her ear, and she says "Oh, I'm sorry". ..gets up and moves back to her seat in the Economy section.

The flight attendant and copilot are amazed and asked him what he said to make her move without any fuss.

"I told her First Class isn't going to Montreal.

The CIA had an opening for an assassin. After all the background checks, interviews, and testing were done there were three finalists; two men and awoman.

For the final test, the CIA agents took one of the men to a large metal door and handed him a .45 Revolver. "We must know that you will follow your instructions, no matter what the circumstances.

Inside this room, you will find your wife sitting in a chair. Kill her!"

The man said, "You can't be serious. I could never shoot my wife."

The agent said, "Then you're not the right man for this job."

The second man was given the same instructions. He took the gun and went into the room. All was quiet for about five minutes. Then the man came out with tears in his eyes. "I tried, but I can't kill my wife."

The agent said "You don't have what it takes. Take your wife and go home."

Finally, it was the woman's turn. She was given the same instructions to kill her husband. She took the gun and went into the room. Six shots rang out, one shot after another. Then the agents heard screaming, crashing, and banging on the walls.

After a few minutes, all was quiet. The door opened slowly and there stood the woman.

She wiped the sweat from her brow, and said, "This gun was loaded with blanks. I had to beat him to death with the chair."

Funny Signs

Sign over a gynecologist's office:

"Dr. Jones, at your cervix."

At a military hospital-door to colonoscopy:

"To expedite your visit, please back in."

On a Plumber's truck:

"We repair what your husband fixed."

On the trucks of a local plumbing company:

"Don't sleep with a drip. Call your plumber."

Pizza shop slogan:

"7 days without pizza makes one weak."

Another pizza shop slogan:

"Buy our pizza. We knead the dough."

At a tire shop in Milwaukee:

"Invite us to your next blowout."

Door of a plastic surgeon's office:

"Hello. Can we pick your nose?"

At a drycleaners:

"How about we refund your money, send you a new one at no charge, close the store and have the manager shot. Would that be satisfactory?"

At a towing company:

"We don't charge an arm and a leg. We want tows."

On an electrician's truck:

"Let us remove your shorts."

In a non-smoking area:

"If you smoke, we will assume you are on fire and take appropriate action."

On a maternity room door:

"Push. Push. Push."

At an optometrist's office:

"If you don't see what you're looking for, you've come to the right place."

On a taxidermist's window:

"We really know our stuff."

In a podiatrist's office:

"Time wounds all heels."

On a fence:

"Salesmen welcome! Dog food is expensive."

At a car dealership:

"The best way to get back on your feet - miss a car payment."

Outside a muffler shop:

"No appointment necessary. We hear you coming."

In a veterinarian's waiting room:

"Be back in 5 minutes. Sit! Stay!"

At the electric company:

"We would be de-lighted if you pay your bill. However, if you don't, you will be."

In a restaurant window:

"Don't stand there and be hungry. Come on in and get fed up."

In the front yard of a funeral home:

"Drive carefully. We'll wait."

At a propane filling station:

"Tank heaven for little grills."

And don't forget the sign at a Chicago radiator shop:

"Best place in town to take a leak."

This one from Ed Kay:

Feudalism

You have two cows. Your lord takes some of the milk

Primitive Socialism

You have two cows. Your neighbors help take care of them and you share the milk.

Fascism

You have two cows. The government takes both, hires you to take care of them, and sells you the milk.

Modern Authoritarianism

You have two cows. The government takes them both, denies they ever existed, and drafts you into the army. Milk consumption is banned.

Capitalism

You have two cows. You sell one and buy a bull. Your herd multiplies, and the economy grows. You sell them and retire on the income.

Enron Venture Capitalism

You have two cows. You sell three of them to your publicly listed company, using letters of credit opened by your brother-in-law at the bank, then execute a debt/equity swap with an associated general offer so that you get

all four cows back, with a tax exemption for five cows. The milk rights of the six cows are transferred via an intermediary to a Cayman Island company secretly owned by the majority shareholder, who sells the rights to all seven cows back to your listed company. The annual report says the company owns eight cows, with an option on one more.

OVERWEIGHT BLONDE

A blonde is overweight, so her doctor puts her on a diet. "I want you to eat regularly for two days, then skip a day, and repeat this procedure for two weeks. The next time I see you, you'll have lost at least five pounds."

When the blonde returns, she's lost nearly 20 pounds.

"Why, that's amazing!" the doctor says. "Did you follow my instructions?"

The blonde nods. "I'll tell you, though, I thought I was going to drop dead that third day." "From hunger, you mean?" asked the doctor.

"No, from all that skipping."

'KILLER BISCUITS WANTED FOR ATTEMPTED MURDER' (the actual AP headline)

Linda Burnett, 23, a resident of San Diego, was visiting her in-laws and while there, went to a nearby supermarket to pick up some groceries. Several people noticed her sitting in her car with the windows rolled up and with her eyes closed, with both hands behind the back of her head.

One customer who had been at the store for a while became concerned and walked over to the car. He noticed that Linda's eyes were now open, and she looked very strange. He asked her if she was okay, and Linda replied that she'd been shot in the back of the head and had been holding her brains in for over an hour.

The man called the paramedics, who broke into the car because the doors were locked and Linda refused to remove her hands from her head. When they finally got in, they found that Linda had a wad of bread dough on the back of her head.

A Pillsbury biscuit canister had exploded from the heat, making a loud noise that sounded like a gunshot, and the wad of dough hit her in the back of her head. When she reached back to find out what it was, she felt the dough and thought it was her brains. She initially passed out, but quickly recovered and tried to hold her brains in for over an hour until someone noticed and came to her aid. Yes, Linda is a blonde.

This from Phil Heemstra:

Subject: What my Mother taught me

My Mother taught me TO APPRECIATE A JOB WELL DONE "If you're going to kill each other, do it outside - I just finished cleaning"!

My Mother taught me RELIGION -

"You better pray that will come out of the carpet".

My Mother taught me about TIME TRAVEL -

"If you don't straighten up, I'm going to knock you into the middle of next week"!

My Mother taught me LOGIC -

"Because I said so, that's why".

My Mother taught me FORESIGHT -

"Make sure you wear clean underwear in case you're in an accident".

My Mother taught me IRONY -

"Keep laughing and I'll give you something to cry about"!

My Mother taught me about the science of OSMOSIS -

"Shut your mouth and eat your supper"!

My Mother taught me about CONTORTIONISM -

"Will you look at the dirt on the back of your neck"!

My Mother taught me about STAMINA -

"You'll sit there til all that spinach is finished".

My Mother taught me about WEATHER -

"It looks as if a tornado swept through your room".

My Mother taught me how to solve PHYSICS PROBLEMS -

"If I yelled because I saw a meteor coming toward you, would you listen then"?

My Mother taught me about HYPROCRISY -

"If I've told you once, I've told you a million times - don't exaggerate"!!!

My Mother taught me about BEHAVIOR MODIFICATION -

"Stop acting like your father"!

My Mother taught me about ENVY -

"There are millions of less fortunate children in this world who don't have wonderful parents like you do"!

This from Jose Kirchner:

Got this from a woman, er, person of the female gender, friend of mine today. Sure glad she set me straight...

HOW TO SPEAK ABOUT WOMEN AND BE POLITICALLY CORRECT:

- 1. She is not a BABE or a CHICK She is a BREASTED AMERICAN.
- 2. She is not a SCREAMER or MOANER She is VOCALLY APPRECIATIVE...
- 3. She is not EASY She is HORIZONTALLY ACCESSIBLE.
- 4. She is not DUMB She is a DETOUR OFF THE INFORMATION SUPERHIGHWAY.
- 5. She has not BEEN AROUND She is a PREVIOUSLY ENJOYED COMPANION.
- 6. She is not an AIRHEAD She is REALITY IMPAIRED.
- 7. She does not get DRUNK or TIPSY She gets CHEMICALLY INCONVENIENCED.
- 8. She is not HORNY She is SEXUALLY FOCUSED.
- 9. She does not have BREAST IMPLANTS She is MEDICALLY ENHANCED...
- 10. She does not NAG YOU She becomes VERBALLY REPETITIVE.
- 11. She is not a SLUT She is SEXUALLY EXTROVERTED.
- 12. She does not have MAJOR LEAGUE HOOTERS She is PECTORALLY SUPERIOR.
- 13. She is not a TWO-BIT WHORE She is a LOW COST PROVIDER.

This from Allen Dekelboum, MD

----- Letter From Management -----

As a result of the reduction of money budgeted for department areas, we are forced to cut down on our number of personnel. Under this plan, older employees will be asked to take early retirement, thus permitting the retention of younger people who represent our future.

Therefore, a program to phase out older personnel by the end of the current fiscal year, via retirement, will be placed into effect immediately.

This program will be known as SLAP (Sever Late-Aged Personnel). Employees who are SLAPPED will be given the opportunity to look for jobs outside the company.

SLAPPED employees can request a review of their employment records before actual retirement takes place. This review phase of the program is called SCREW (Survey of Capabilities of Retired Early Workers).

All employees who have been SLAPPED and SCREWED may file an appeal with upper management. This appeal is called SHAFT (Study by Higher Authority Following Termination). Under the terms of the new policy, an employee may be SLAPPED once, SCREWED twice, but may be SHAFTED as many times as the company deems appropriate.

If an employee follows the above procedure, he/she will be entitled to get HERPES (Half Earnings for Retired Personnel's Early Severance) or CLAP (Combined Lump-sum Assistance Payment) unless he/she already has AIDS (Additional Income from Dependents or Spouse).

As HERPES and CLAP are considered benefit plans, any employee who has received HERPES or CLAP will no longer be SLAPPED or SCREWED by the company.

Management wishes to assure the younger employees who remain on board that the company will continue its policy of training employees through our Special High Intensity Training (SHIT). We take pride in the amount of SHIT our employees receive. We have given our employees more SHIT than any company in this area.

If any employee feels they do not receive enough SHIT on the job, see your immediate supervisor. Your supervisor is especially trained to make sure you receive all the SHIT you can stand. And, once again, thanks for all your years of service with us.

The Management

The first speaker at a feminist conference, a lady from England, stood up and said, "During the last years's conference, we spoke about being more assertive with our husbands. Well, after the conference, I went home and told my husband, Barrington, that I would no longer cook for him and that he would have to do it himself! After the first day, I saw nothing. After the second day, I saw nothing. But on the third day, I saw that he had cooked a wonderful roast lamb."

The crowd cheered.

The second speaker, a lady from Russia, stood up and said, "After last year's conference, I went home and told my husband, Ivan, that I would no longer do his laundry and that he would have to do it for himself.

After the first day, I saw nothing. After the second day, I saw nothing. But on the third day, I saw that he had done not only his own washing, but mine as well."

Again, the crowd cheered.

The third speaker, a Cajun lady from Thibodeaux, Louisiana, stood up and said, "Afta last year's conference, I went rat home and tole dat lazy husband 'a mine, Boudreaux, dat I wadn't gonna do no mo's his cookin', cleanin' or shoppin' and dat he wuz gonna have to do it all fer hissef."

The crowd got to its feet and roared approval.

When it became quiet, she continued, "and I tole 'em I wadn't gonna be doin' no mo cleanin' em nasty crawfeesh, giggin' no mo boolfrogs and water dawgs, skinnin' none'a dem musrats, or check'n no mo catfeesh trotlines."

The crowd went wild - the cheering and clapping lasted for a least five minutes.

When it again became calm, she continued, "Afta the fust day, I didn't saw nuttin". Afta the second day, I didn't saw nuttin' too. But afta the thud day, I could see a little bit outta my left eye."

Thanks for the support to all of you who have signed up with our new newsletter! Send me your material at scubadoc@gulftel.com

Best regards for safe diving!

Ern Campbell, MD
Diving Medicine Online
http://www.gulftel.com/~scubadoc/