RIPOSTE! —

I was interested to see the copy of the letter from Mr. Roydhouse and I feel I must answer some of the points from his letter.

Firstly I think it worth saying that my article was in no way intended to be a complete survey of all ENT problems which can arise from diving. Indeed as an anaesthetist I would not be so unwise as to attempt to write such an article. However, it is undoubtably true in the United Kingdom that a considerable number of divers have problem with pain in the sinuses at the beginning of the season which in this country extends from Easter until the end of October. I must refute the correspondent's accusation that I have spent little time under water. I have been diving now for 7 years and have dived in such diverse locations as the Red Sea and the Isles of Orkney and a considerable number of places between.

I have personally been a member of three large branches of the BSAC and have spoken to many divers besides. In the United Kingdom divers are taught to equalise pressure on their ears on descending by using VALSALVA manoeuvre. This manoeuvre is carried out routinely on descending in order to prevent the build up of a serious inequality of pressure between the middle ear and surrounding environment. I am, of course, perfectly aware that should a pressure imbalance of 80-90 mmHg be allowed to arise (corresponding to approx 1 m. of sea water) no manoeuvre is going to equalise the pressure.

Should rupture of the tympanic membrane occur, in waters around the United Kingdom the vertigo is almost inevitable, due to the extremely low temperatures accounted in surrounding seas the mean temperature being 12°C. Possibly in the sunnier climes of the antipodes this is not the case.

On the subject of round window rupture I have taken advice from an ENT colleague who has recently finished regular service with Her Majesty's Royal Navy and who has considerable experience of this problem and he tells me that imminent complete deafness is indeed not inevitable in this condition. However some degree of immediate deafness is the norm, the degree of deafness being extremely variable.

On the matter of sensori-neural deafness not due to rupture of round or oval windows I am frankly at a loss to know what the correspondent means. I can think of several possible causes e.g. cochlear "bend" or some sort of vascular damage due to a "bend" but I would appreciate if the correspondent would clarify this matter further perhaps giving us a list of references to be consulted by those interested.

Finally, I am sure, the correspondent would see eye-to-eye with me on the statement that any diver exhibiting significant ENT symptoms should be referred by the primary care practitioner to a competent ENT surgeon as a matter of urgency and this was the message I wished to convey in that section of the article.

Yours sincerely,

A. J. WHITAKER, Consultant Anaesthetist
Mansfield & District General Hospital,
West Hill Drive,
Mansfield,
Notts. NG18 1PH