

ship are more intensive than for *E. coli*, because the former may stay on contaminated surfaces for a long time, so *S. typhimurium*-contaminated surfaces may serve as additional sources of infection longer than surfaces contaminated with *E. coli*.

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To the Editor

Decompression sickness risk in women

The incidence of decompression sickness (DCS) in women remains controversial. The early work of Bangassar and Bassett has been challenged by Zwingleberg et al. (1) who claim that there is no increased incidence of DCS in women. Robinson (2) disputes this finding, on statistical grounds, and asserts that the incidence rate of DCS in women could still be between 0 and 3 times that of men. However, there is another aspect to this question. Although the question of incidence has been investigated, there has presently been no research into whether women are more susceptible to type 2 than men.

I have examined 111 cases of DCS treated at the recompression unit at the Royal Australian Navy base at HMAS *Stirling*. Using linear logistic regression, the association between sex and disease type was considered. From this study, women have a 4.3 times greater risk of having type 2 DCS than men (95% confidence intervals: 1.2-15.8, $P < 0.05$). There was no significant association between the variable of age, diving experience, compliance with recognized dive tables, absence of diving qualifications, or repetitive diving practices and type of disease.

Zwingleberg et al. (1) postulate that the increased incidence of DCS in women may be due to their increased adiposity when compared to men. Cole (3) notes that women

may have increased clotting tendency, irrespective of the contraceptive pill, as well as differences in blood flow through adipose tissue, which may impede inert gas transfer. These physiologic mechanisms, while possibly contributing to an increased incidence of DCS as claimed (1, 3), may increase the risk of type II DCS in women. Further research into this area needs to look at the different susceptibilities of males and females to serious DCS as well as looking at the incidence rates and the pathophysiologic mechanisms involved.

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