

1. Lamberth P. Death In Antarctica. *Med J Aust* 2001; 175: 583-584.
2. Curry C, Johnston M. Emergency doctors by sea to Antarctica: small ship medicine in Polar Regions. *Emerg Med (Fremantle)* 2001; 13: 233-236. □

### Chris H Curry

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**TO THE EDITOR:** Lamberth raised some worthwhile issues about small-ship adventure tourism to Antarctica in his recent case report describing the death of an 82-year-old tourist.<sup>1</sup> This occurred in 1999, the season I started as medical director for the leading polar adventure tour company that chartered the vessel involved. I have some comments and an update.

The former Soviet oceanographic research vessel was converted in the 1990s to carry 78 passengers. She had a two-bed infirmary and a procedure room with Russian and German medical supplies for passengers and crew, and carried a German- and English-speaking Russian doctor experienced with passenger ship medicine. The tour operator provided additional medical supplies and an emergency physician. Ventilatory support could have been provided, although not to the standard of a contemporary Australian intensive care unit. Polar adventure operations are very different from "tropical" cruise lines, which generally operate their own ships from home ports and cater for up to 3000 passengers with very different expectations.<sup>2</sup>

Operators require that prospective passengers submit a medical information form and a declaration from their personal physician that they are fit for the journey. The 82-year-old who died was a retired physician who did not declare the extent of his limitations, and who acted as his own medical advisor. His is the only death I am aware of after seven years' involvement in the industry.

The medical declaration form has been modified and now addresses the risk factors identified by Lamberth. Prospective clients with questionable health are referred to the medical director. However, operators cannot verify declarations of good health, and physicians have been known to collude with passengers to avoid risk of rejection.

Furthermore, "ageism" is as unacceptable as sexism and racism. I was present on the first passenger-circumnavigation of Antarctica in the company

of several octogenarians and a 90-year-old, and on the first circumnavigation of the Arctic Ocean, with other octogenarians and a 92-year-old. Short trips to the Antarctic Peninsula are very different from scientific expeditions; Lamberth's suggestion that advising doctors should consider scientific expedition criteria is inappropriate.

The International Association of Antarctic Tour Operators (<[www.iaato.org](http://www.iaato.org)>) is a voluntary association of competing adventure eco-tour operators whose purpose is to self-regulate the industry and to develop good standards. Standards for provision of medical supplies and capabilities are under development by this association.

1. Lamberth P. Death In Antarctica. *Med J Aust* 2001; 175: 583-584.
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**IN REPLY:** I welcome Curry and Merfield's interest and comments. The patient described in my case report<sup>1</sup> was not, as Curry states, "a retired physician". Nor did he provide his own health assessment, but had his assessment form filled out by another physician. Unfortunately, this form, along with those of 60 other passengers, was not made available to any doctor before embarkation.

Curry confirms that many older passengers are travelling to Antarctica.<sup>2</sup> Merfield's experiences attest to the potential for serious (including multiple casualty) incidents in this remote location. I agree that ageism *per se* is unacceptable.

Rather, the issue is the provision of adequate facilities to deal with potential problems or, alternatively, warning as to the hazards. Advertising for Antarctic cruises emphasises the medical facilities provided. The public may not realise that a doctor with minimal equipment cannot deliver the same care available in a First World hospital.

Curry's assertion that ventilation could have been provided illustrates this. Ventilation is more than placement of an endotracheal tube. It is ludicrous to suggest that, without oxygen, paralysing drugs, positive end-expiratory pressure or means to suction the copious thick secretions, hand-bagging for 36 hours while crossing the heavy seas of the

Drake Passage might have altered the tragic outcome for this patient.

I recommend a book by Levinson, a seasoned polar physician, and Ger on health aspects of polar tourism.<sup>3</sup> They have collated the findings of a conference held on this topic at Cambridge in the United Kingdom in 1995. The book addresses what Levinson describes as "the often inadequate medical care which exists in these regions". He notes "major concerns...expressed by travel experts, the American Medical Association, the American College of Emergency Physicians, and other professional organisations."<sup>3</sup>

The survey by Curry and Johnston found that illnesses among their company's Antarctic tourists in 1997 and 1998 included cardiac arrest, acute myocardial infarction, severe pneumonia, diabetic ketoacidosis due to seasickness, haematemesis, anaphylaxis, ruptured ectopic pregnancy and acute appendicitis.

The fact that polar trips are short does not seem to protect against potentially lethal diseases. Given the stress of this travel and the nature of the population involved, maybe the contrary applies.

1. Lamberth P. Death In Antarctica. *Med J Aust* 2001; 175: 583-584.
2. Curry C, Johnston M. Emergency doctors by sea to Antarctica: small ship medicine in polar regions. *Emerg Med (Fremantle)* 2001; 13: 233-236
3. Levinson JM, Ger E, editors. Safe passage questioned. Medical care & safety for the polar tourist. Centreville, MD: Cornell Maritime Press, 1998: xi,xii. □

## Books as carriers of disease

### John V Roche

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**TO THE EDITOR:** The experience described by Jones on books as carriers of disease in a recent issue of the Journal,<sup>1</sup> following Ferson's article in the Christmas issue,<sup>2</sup> reminded me of my experience in about 1933 at the Coast Hospital (now Prince Henry Hospital) at Little Bay, Sydney.

My mother was a medical resident at the Coast, which was the infectious diseases hospital for NSW. She developed acute diphtheria and was admitted. I (aged five) and my sister had been immunised and were not sick. However, we were throat swabbed, and the swabs were positive for *Corynebacterium diphtheriae*. We spent three weeks in the hospital with no treatment until we returned negative throat swabs. While waiting to be admitted to the "blocks", we saw children with shaven heads through glass doors, and I've always assumed they were the ones with scarlet fever, as did Jones.<sup>1</sup>

I was given *The Anzac book*, on Gallipoli, to browse through. This is now a collector's item and very valuable. Then, much to my chagrin, I was not allowed to take it home.

Later, in 1953, I was to return to my old ward as a resident medical officer, although I was never to find out what happened to all those books!

1. Jones K. Books as carriers of disease [letter]. *Med J Aust* 2002; 176: 196.
2. Ferson MJ. Books as carriers of disease. *Med J Aust* 2001; 175: 663-664. □

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### Arthritis Australia

Research awards . . . . . p446

### Roche Products

Dilatrend . . . . . p406

*Dilatrend prescribing information* . . . . . p451

### Schering Pty Limited

Betaferon . . . . . Inside front cover

Diane 35-ED . . . . . Inside back cover

*Diane 35-ED prescribing information* . . . . . p449

Microgynon 20 . . . . . Outside back cover

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