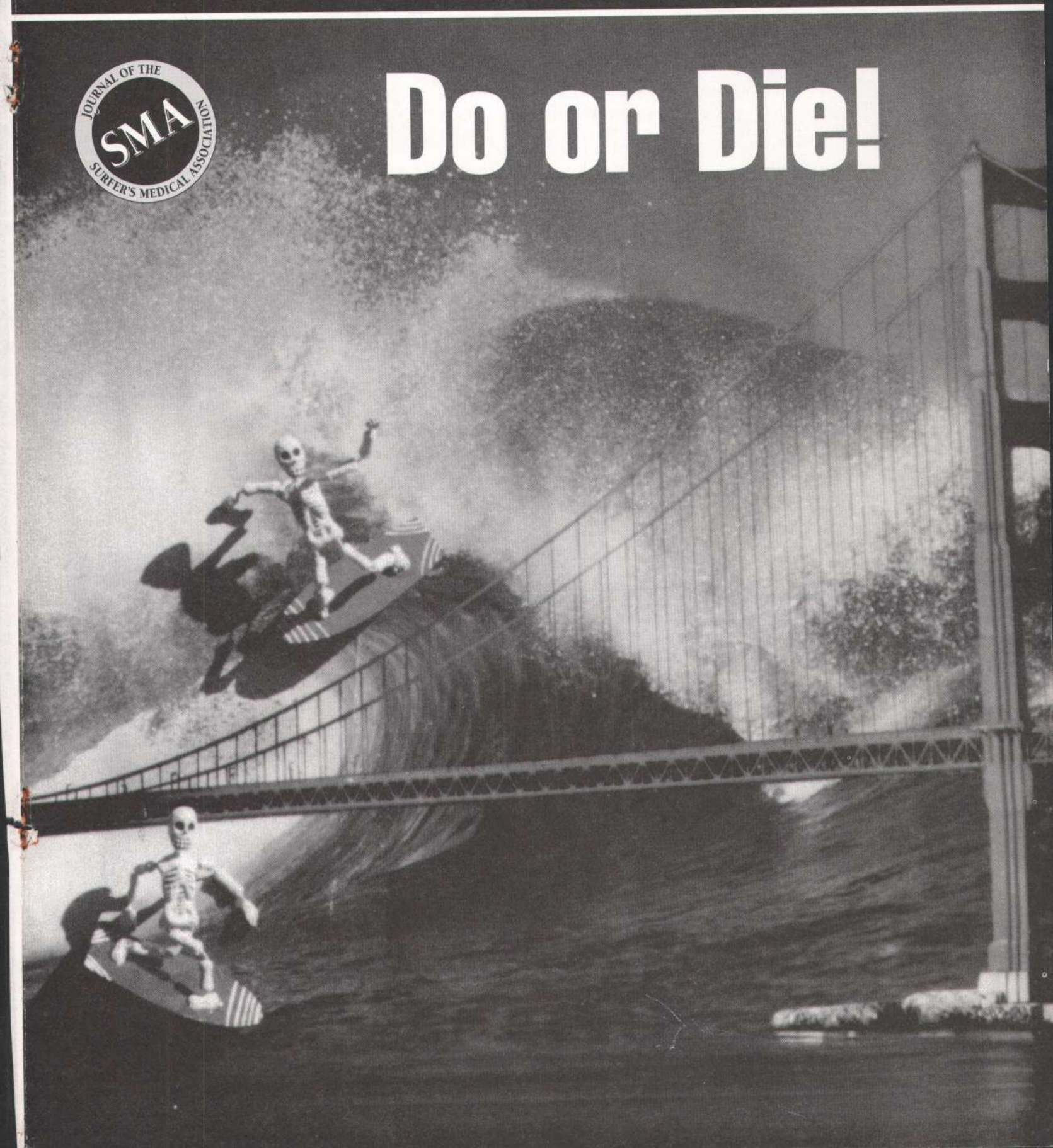


SURFING MEDICINE

ISSUE #13, ~~FALL~~ 1994
WINTER



Do or Die!



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Issue #13, FALL (er, Winter) 1994

The "Do or Die" Issue

Autumn arrives, so do the swells, and at least two SMA editorial kahuna invoke SMA Rule #2 and go surfing. As for me, walking across the street during the first storm of the season, I'm blindsided by an errant junk food delivery van. I leave the earth for a flash and end up on my back, blinking into the rain, with the mantra coming to me out of somewhere: "Do or Die." Soon after, a medicine man in New Mexico, after I casually tell him about this incident, equally casually asks "Do you

know why it happened yet?" Nope. But so far it means quitting a few jobs, looking around some new corners, taking nothing for granted...and hey y'all, I'm suddenly in the market for a nice used board, say a nice all-purpose 7'6" gun...

As for the SMA, I'm supposed to emphasize that there are some very tasty-looking conferences coming up, about which you can find more details in these pages. And send us your words and pictures. We love to hear from you.

Do or Die...Maybe it's just another way to say Life is Short. SH



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SMA CONFERENCE REPORTS



Cuevas and Campsites. Your wave for the taking. Warm water, warm winds, warm people. Photo Mark Renneker

THE ETIOLOGY OF A GREAT SMA CONFERENCE Magdalena Bay, Baja California

by Mark Renneker, M.D.

San Francisco, California

It felt wonderfully familiar. Curled up in the back of a van being driven through the warm summer night in southern Baja. No sense of time. No hurry. Eyes closed. Windows open. Desert air breezing over my shirtless chest. Piles of surf gear underfoot, the scent of surf wax. Wondering if the boards are still on top; the reassuring rapping of a board bag handle against the roof. Dan and Mike sitting upfront. It is late at night. We're the only car on the road. "Don't drive at night in Mexico." It feels incredibly safe. It's the high desert, wilderness, no one lives here, there are no livestock to hit. There are only the warm night winds. We are floating down the road. We are in Baja, again.

The Call

After so many years of so many surfing-related phone calls, I'm still excited by damn near every single one, even if only to hear from a friend about what a great session they'd just had. The best calls, though, are the ones that invite you to go on a surf trip.

This one began with a phone message: "Mark, it's Bill Petersen. Dianne and I have just come back from a surf trip with Baja Airventures to Mag Bay. It was amazing. You won't believe all the fish I caught. [*C'mon, Bill, don't tell me about*

the fishing, how was the surf?] There are incredible surf spots down there. A left and a right. [*Tell me more, how good was it? How big did it get?*] It would be a great place for an SMA conference, and I want to organize it! Want to come? Call me."

I was suspicious. He didn't outright say he had actually gotten good waves, only that he'd caught some fish. Big deal. Plus, this was Bill Petersen calling, a founding SMA member and optometrist from Dana Point who not long ago fried his neck somehow, herniated a disc or something bad like that, and last I'd heard was getting ready to have a neurosurgeon have at his neck. So, how hardcore could he be these days? Ergo, how hardcore could these Mag Bay waves be?

Besides, I'd written Baja off years ago. After 15 years of wonderful surf adventures down there, from the late 60s into the early 80s, I'd come to a realization: no matter when or where you went in Baja, more days were flat than were really breaking, and even when there were waves it rarely was truly great surf; it was mainly a place to go camping with friends (and it always involved hours if not days of driving and high automotive morbidity).

My surf travel passions had changed. I began spending more time on the North Shore, and then switched to Fiji and Tavarua with the Surfer's Medical Association through the mid-and late-80s, finally coming to focus almost exclusively on wilderness surf exploring in Alaska over the past several years. To go back to Baja seemed anticlimactic.

Yes, Mag Bay was the one major Pacific coastal region in Baja I'd never explored. I'd wanted to, though, ever since 1972, when, in a now impossible to find book, the Baja Sea Guide [if anyone has a copy they'd part with, please let me know], I'd seen an aerial photograph of Cabo Lazaros, which is the western end of Isla Magdalena, and recognized it as heavily surf-ripe. I'd driven near Mag Bay on several prior trips, dating back to my first Border-to-the-Tip pre-paved road jeep adventure in 1973, and then on through medical school and residency, mostly with fellow med schoolers Dan Sooy and Mike Rowbotham. But, getting out to Mag Bay had always seemed like too much hassle. An island. No roads. No one living out there. We'd always passed on it, choosing instead the nearby breaks that could be driven to, Punta Pequena (Scorpion Bay) and Punta Conejos.



Willie 210

I called Bill Petersen to get the whole story. Firstly, he'd had the neurosurgery, and it had worked out really well. He was no longer feeling pain and was surfing full on again, he said. Their trip to Mag Bay had been in February. Baja Airventures had flown them down and done a great job. They had a camp in front of the left. Well, no, he hadn't gotten epic surf, but it was good: a long left point, Raglan-like, as good for longboarding as for shortboarding. There just hadn't been an epic north or west swell, which is what it takes to break best. But he'd seen photographs and videos of it breaking bigger and better and said it looked amazing. Plus, there was a similarly long and perfect right point, 8 or so miles across the bay, which was a south swell spot.

He said that on days when there weren't waves [oh-oh, I thought, here it comes: "1001 Things to Do In Baja When It's Flat"], they'd go fishing, and then he blabbed on and on about all the fish they'd caught and eaten. And, he added, there were gray whales breeding everywhere, so they'd also gone whale-watching [that sounded cool; preferable to fishing - doing both seemed contradictory to me]. He said the place was stunningly beautiful and that unlike most Baja surf spots, this one hadn't been trashed out by surfers.

It had been just him and Dianne, and a handful of other people they'd gone with. He said Baja Airventures was way more together than the Tavarua surf camp had been in the beginning, that these folks did everything for you: flew you down there, set up the camp, made all the food (which he raved about,

Willie 210, slotting at Campsites. Photo M. R.

lobster, etc.), and took you all around on boats, just like in Fiji.

The trip he wanted to put together for the SMA would be for a week in the late summer, to the right point, and he'd already worked out most of the details. Most importantly, he'd picked the prime time to go for surf, when the hurricanes and southern hemi swells were most likely: early September. It would cost far less than, say, a trip to Tavarua, and he'd work hard to make it even better than going to Tavarua. It would be a first-rate conference, with really fine presentations.

I told him it sounded terrific, that I thought he should go for it and put it together (after running it by other SMA members for their input), that I'd make sure it got announced in the next SMA journal, and that I was sure many SMA members would want to go. I didn't tell him, though, that I had reservations

about going. After all, this was "Willie 210" I was talking to, a nickname he'd earned at the first SMA Tavarua conference, in 1986. Over the first few days of that conference, Bill had been an insufferably greedy wave hound and everyone had complained about it to me, the conference organizer - and wanted me to do something to get him to tone down. His worst trait was that after every wave, he'd paddle back to the head of the line. Never once would he sit to anyone's right (i.e., at Cloudbreak and Tavarua Lefts), and he'd scramble to catch every wave that came through, rarely taking turns. I told people I didn't think he was doing it on purpose, that he was probably unconscious of it, that it was hard-wired in him from surfing too often at crowded Southern California breaks like Salt Creek, his main spot.

To prove my hypothesis, I announced to everyone but Bill that the next day at Cloudbreak I would sit furthest up the point and not let him paddle above me. If he tried to, I would take more strokes to move beyond him. If he jockeyed past me, I'd do the same, and slowly work him up the point to where he was completely out of position. I bet Geoff Booth I could paddle him at least 100 strokes, and he wouldn't even be aware of it. He went 210 strokes, and probably would have gone further, but New Zealand was the next stop, so I turned around and began paddling back to the lineup. When he looked to see where I was going, he saw everyone laughing - and got the message.



Tom Moss, in command at Campsites. Photo M. R.

My concern now, though, was that I worried Bill might have regained his bad water habits, and since this time he was the conference organizer there would be no stopping him. We'd be like welfare recipients on a camping trip with Newt Gingrich.

On the other hand, I reasoned that since the surf probably wouldn't really be that good, what difference would it make how Bill acted in the water? I'd always liked Bill fine on land and Baja was, after all, a great place to go camping with friends. That got me thinking about other friends. This might be a perfect Baja reunion surf trip for Mike, Dan, and me.

Mike and Dan

We hadn't been on a surf trip together for almost fifteen years, the last trip having been to Baja. We were all three SMA members, but our lives had



Cuevas line-up, Dr. Dan Sooy working the inside. Photo M. R.

changed in some basic ways: professionally (Mike had become a neurologist, Dan an otolaryngologist, and me an inner-city family physician), family-wise (Mike and Dan had both gone the marriage and kids route, I hadn't), and geographically (Dan had effectively moved inland - to Healdsburg, and Mike had moved away from the beach - to Tiburon/Sausalito; I was still living on the beach). We were all still surfers, though, and if they were willing to go, I'd go, happily.

To my delight, when I spoke with Mike and then Dan, they were both stoked to go. The hell with professional, family, and financial considerations - we all three agreed it was time to go on a surf trip together. That this would also be a medical conference only sweetened the deal.

We set about making arrangements. First sending some dough to Bill to hold our spots, then figuring out how best to get down there. Despite all reassurances from Bill about the safety of Baja Airventures' plane and pilot, the fact that it was a small plane made it impossible for us to go with the whole group. In 1986, while Dan was flying on Qantas back from the first SMA conference in Fiji, his father, also an ENT'er and the chancellor of the University of California, San Francisco, died in a small aircraft crash in California. Dan found this out when he was over-head paged while laying over in the Honolulu airport. It was a miracle that Dan ever flew again, but never in small aircraft.



Bank off the whitewater Homeboy. Photo Mike Janich

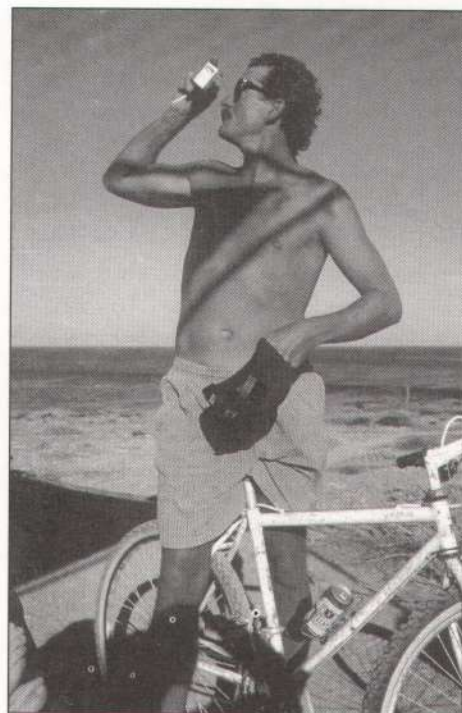
Then another friend signed on: "Homeboy," aka David Bender, a fellow Ocean Beach hardcore and the Art Kahuna for the SMA (who puts these journals together). David, though, was looking forward to flying down in the Baja Airventures plane, for the chance of seeing the entire Baja coastline from low altitude.

Befitting all great surf trips, there were the all important discussions about what board(s) to bring. Mike went back and forth between his 7'4 and 8'0, Dan was content to take the same Becker funboard he'd always ridden, however infrequently - his last surf had been months before. I went back and forth between my various boards, and then, with about two weeks to go, decided that I just had to have a board specially made for where we were going. I called up

We discovered we could fly by commercial jet (AeroCalifornia) direct from San Francisco to La Paz, that it would

be about the same price as if we flew with the group, but that it would be a lot quicker. The one flight a day arrived at night, but we could just hire a cab the next morning to drive us the 3 or 4 hours north to where the group would be landing, at Puerto San Carlos, on Magdalena Bay.

Bill had chosen "the eye" as the theme for the conference - everyone's talks had to somehow relate to the eye. He put in a lot of time talking with or corresponding with each person coming, prodding them (but allowing some to beg out), helping get the talks organized. Although there was no electricity out there, Bill said the camp had a generator, and there would be a slide projector. The talks would be held at night, under the stars.



Donovan Ricketts, in obedience of the Fun God. Photo M. R.

Dave Parmenter (in San Luis Obispo). He had been working on something he called a "Stub Vector" - a relatively short (I went with a 6'11"), wide nosed (14+ inches), thin, low-rockered, thruster design that supposedly worked unreal in down-the-line Baja type point surf. He scrambled to get it done for me; it arrived by train the night before we left. It looked fantastic. This was going to be a great surf trip!

Tripping

We discovered while en route that the plane would be stopping in Loreto, a town on the Sea of Cortez, but much closer to Mag Bay than La Paz. We finagled getting off there, boards and luggage included (anything is possible in Mexico). It was about 8:00 p.m., and we had no real plan for what we would do next. In other words, the trip was getting better and better! Loreto was hot and muggy, the thought of staying there for the night felt constricting - to somehow get up into the mountains or over to the Pacific coast sounded mighty appealing.

We managed to find a taxi-van and a driver willing to drive us, and headed off. We had no knowledge of where we might stay, but the driver assured us that there was a motel in Puerto San Carlos. Before leaving Loreto, we stopped and bought a six-pack of Mexican beer, to formally initiate this as a Baja trip. Just a whiff of the beer Dan was drinking was enough for me. I climbed in back and lay down, taking it all in as we drove through the night. Tripping.

Puerto San Carlos is a sizable coastal town - about five thousand - but by the time we arrived it looked deserted. We managed to find the motel, rouse the manager, and get a room for the night - \$8.00 for the three of us, including a fan - a grinding epileptic Baja masterpiece, convulsing at every turn. Mike was too tired to load it with Dilantin. It rattled us to sleep.

Next morning we roamed the town, killing time like we were in a Sergio Leone movie. The SMA planes landed in the early afternoon at a nearby airfield, and soon we were gathered together at the bay, about 20 of us. I was delighted to see so many old friends from past conferences, especially Paul Georghiou,

who had flown his own plane down. I met all the others, intrigued by what a mix it was of old Baja salts and Baja virgins.

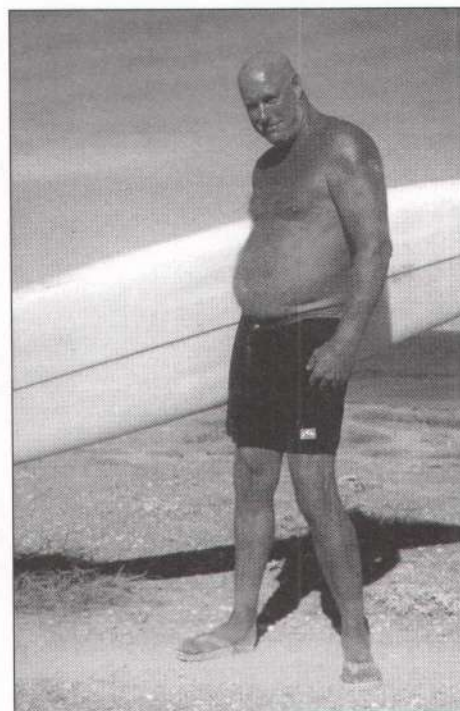
Bill had it all together. A skiff met us, loaded our gear, and ferried us across to the backside of Isla Magdalena. From atop the dunes that straddle the almost 100-mile long island, we could see across to Punta Hughes, where the camp was. There were hard offshores, and spray from the distant waves was visible. A 4-wheel drive truck met us and zoomed us over the sand dunes and miles up the beach to an estero, where we were picked up by yet another skiff, which took us out through the surf to the camp. The camp looked like something out of "The Road Warrior." A post-apocalypse command post. Desert worn silver-tarps stretched over a sprawling pipe-skeleton, various poles jabbing out with colorful rash guards and towels waving from their ends.

Caveman and Surf

We were greeted by a smiling, bald giant: John Parcese, aka "The Caveman," a 6'4," 250-pound, 53-year-old Laguna surfer. He truly lives in a cave, in Laguna, and this is the least eccentric thing about him. He'd driven Bill's van down, towing Bill's Boston Whaler for us to use for fishing and exploring, and been accompanied by wild-eyed Chris, a Dana Point rock musician-surfer, who evermore kept us entertained with his guitar and scatologies. One night's talks were cancelled after he got half the group drunk on Tequila, highlighted by his rendition of Barbara Streisand's "Feelings," retitled (and appropriately reworded) by Chris as "Herpes."

The camp commanders - the founders and owners of Baja Airventures - are the Warren brothers, Steve and Kevin. As casual as they may be in other circumstances, the size of our group had them and their staff working triple-time. It took awhile (only a couple of days - but no one seemed to mind much) to sort out who would be sleeping where, but eventually Mike, Dan, and I had a cool tent to ourselves overlooking one of the two breaks, named "Campsites."

Campsites is a fairly long right, with a somewhat intense takeoff over a shallow



Caveman. Photo M. R.

rock reef. It was breaking from the minute we arrived until the minute we left. It broke all all tides, for the whole week. So much for my premature conclusion that there aren't truly consistent spots in Baja. It averaged shoulder-to-head high, ranging from 3 to 8-foot. At times it was quite hollow, particularly in the afternoons when the offshores blew straight into it. Not quite world-class, but close to it.

Up from Campsites is "Cuevas," an even longer right that jacks up over a series of deep rock reefs, moves across a fully exposed rock (which you have to surf around), then winds into a cove, like Bells Beach. It is an exceptionally fun wave for short or longboarders. Joel, an anesthesiologist from San Luis Obispo and a fledgling surfer, made great strides in his surfing on such long, forgiving waves. By the end of the week he was carving. Despite how many of us there were, and how wave hungry everyone was (it had been a lousy summer surf season in California), there were plenty of waves to go around. When Cuevas gets huge it is said to connect through to Campsites, and then a series of other right points begin breaking further in from Campsites.

Everything Bill Petersen said about the place was true. Poor Bill, though, snapped something in his knee on his first wave, on the first day, and was laid

up for half the trip. We all felt so sorry for him that we promised him that if he got well enough to go out, he could "210" us all he wanted. He finally did get out there, and I was a bit disappointed to see how well-mannered he'd become, like a neutered cat. However, to Bill's credit, when he and I were out one late afternoon and the biggest set we'd seen the whole week roared in, he charged the first wave - a pitching monster - but ate it royally, just as I did on the second wave, doing the full face-plant, coming up equally humbled.

The Conference

I'd heard a few complaints in the past couple of years about some SMA conferences being light on content, that the energy expended in organizing and giving talks at night was lacking compared to the precedence set by the Tavarua conferences, which were usually quite rigorous. Bill held to the Tavarua tradition. The first night included introductions by every member as to who they were, where they were from, the kind of work (or not) they did, and how many years they'd been surfing (the average was over 20 years, and would have been higher but teenage surfing sons along for the trip brought the average down). I followed with an overview talk on surfing medicine, having updated the SMA slide show (available to all members - call me or SMA Central), and threw down the gauntlet for the other talks: What really causes surfer's ear and can anyone prove that earplugs prevent or reverse it? Do sunglasses really prevent pterygia? How can facial and head trauma be prevented



Dr. Paul Georghiou doing an in-water neurological exam on Kent Warren, who'd just slammed his sacrum.

- is there a better helmet than the Gath? Does surfing improve or aggravate lower back and neck syndromes, and what are the most effective approaches to treating spinal disorders in surfers? Can anyone speak to the physiology of surfing and aging? Do knee braces work - what kind? When will someone move beyond anecdotal case histories and do a proper epidemiological study of the effects on surfers from coastal pollution? Besides showing slides of pterygia and pingueculae, my talk's connection to the eye - as Bill demanded - was the old joke about alluding to an eye problem as an excuse for not going into, say, work, and, if pressed further, to say "I just couldn't see going in."

discrepancy between years surfed and degree of exostoses. Bill Petersen presented evidence on ultraviolet exposure causing macular degeneration, and fellow optometrist Jon Morrison discussed UV-protective eyewear, including in-water strategies. It was a segue into a study he'd gerryrigged for the duration of the week, whereby we all tried out and evaluated various goggles, sunglasses, visors, and Sunctacts in the surf. The results will be published in the next issue of this journal.

Mike Salem (family practice) took on travel medicine, a field he's moving more into. Bill McClure (plastic surgeon) used Kevin Starr's last article in "Surfing Medicine," and the work of David Werner, to examine the methods and outcomes of his over 30 trips to Vietnam to train local health workers in plastic and reconstructive surgery (i.e., for the war-disabled). Paul Georghiou (emergency medicine) went into controversies about advanced cardiac life-saving (is it worth doing?) vs. basic cardiopulmonary resuscitation (yes - do it). Mike Rowbotham (neurologist and pain expert) described current research and treatments of chronic pain, an unfortunately common problem in surfers. Eric Trubschenck (radiologist) showed cutting-edge methods of imaging sports injuries, and would have imaged Bill Petersen's knee if he'd had



Again, the simple magic of David Werner's "Where There is No Doctor" - given by the SMA to the Mag Bay camp, health-interested local, Olga, poured through it.

Each night's talks were excellent. Dan (ENT) gave a fascinating presentation on the history of research on surfer's ear, and went into methods of treatment. He examined everyone's ears, and showed, by way of an NYPD-style line-up, the

SURFING INTERNATIONAL 1994: STAYING HEALTHY FAR FROM HOME

Eric L. Weiss, MD, DTM&H
Stanford, California

No one knows exactly how many of the 8 million or so Americans who venture forth each year to the so called "developing world" are surfers. There have been times when it seems that all of Florida is bouncing along the rutted dirt road on the way to your favorite Costa Rican point break. But more often than not it is the relative bliss of breathtaking scenery, warm water, and good surf all to yourself that inspire us to plunk down a fistful of hard earned dollars in exchange for an airline ticket to some exotic tropical surfer's paradise.

The purpose of this article is not to extol the virtues of international travel, or reveal any secret surfing destinations.

Rather it is to alert the would be international surfer that there is more involved in trip planning than buying a ticket, arranging a four wheeled drive rental, and getting together some warm water wax. Travel Medicine is that area of medicine dedicated to keeping travelers of all sorts healthy and happy. Early studies of travelers to the tropics reveal that nearly half of them fall ill with some ailment related to their travel within the first two to four weeks of their trip. What follows are some suggestions for minimizing your risk of illness during your next international surfing adventure.

Malaria

Malaria is a parasitic infectious disease spread by mosquito which annually causes an illness in more than 300 million people. That's more than the population of the USA! Malaria is responsible for more than 3 million deaths per year in sub-Saharan Africa alone. In addition, there has been a four hundred percent increase in malaria in the Americas over the last two decades.

All of this is now coupled with the ever increasing problem of drug resistance in the prevention and treatment of malaria. It should be no surprise that malaria heads the list of medical concerns facing the tropical surfer.

As with any disease which can be prevented, travelers should educate themselves with regards to malaria. Malaria is present in most corners of the

tropical world. African countries are at highest risk followed by those in Central and Southeast Asia. Travelers to South and Central America need also to follow precautions against being infected with malaria.

The best advice is, of course, to prevent infection. Avoiding mosquito bites is essential. The mosquito which transmits malaria is active beginning in the late afternoon/early evening and continues to bite until well after midnight. Travelers should anticipate this by applying an effective (DEET-containing) mosquito repellent in a timely fashion and sleeping in well screened rooms, under bed nets, or while using mosquito coils. Note that some other disease-carrying bugs bite during the daytime so you may wish to have some repellent on hand and body. A new DEET containing repellent called Ulthathon® by 3M is to be recommended for its long duration of action (12 hours). It also only contains 35% DEET so is safe to use, even in children. Travelers with more than two or three days exposure to mosquitoes potentially carrying the malaria parasite should consider taking medication to prevent such infection. Chloroquine (Aralen®) has long been the mainstay of such preventive treatment.

Unfortunately during the past ten to twenty years there has been increasing resistance to this drug. Today chloroquine is only effective in the Middle East and in Central America, north of Panama. A newer drug called mefloquine (Lariam®) is currently recommended for travel to most parts of the malarious world. In the last few years, however, resistance to the newer mefloquine has also been described both in the Amazon Basin and in the border territories of Thailand, Vietnam and Laos. Travelers to these destinations may instead be prescribed daily doxycycline (Vibramycin®). Surfers, and others with significant sun exposure, should note that doxycycline may cause increased



sensitivity to the sun. A good sun block, covering both UVA and UVB radiation, is to be recommended. Weekly mefloquine (the usual dose) is both safe and well tolerated. As with any drug it does have certain contraindications: patients with a history of seizures, psychosis, or depression should not take mefloquine. It is likely that pregnancy will be dropped from this list of contraindications in the coming year.

It is important to understand that despite the best efforts at mosquito repellent use, and even after religiously taking your mefloquine, it is still possible to contract malaria. For this reason, all persons who have traveled to the tropics and fall ill upon their return home need to tell their physicians about their international travel, even if it has been one or two years before! For late breaking news regarding the prevention or treatment of malaria, contact the Centers for Disease Control (CDC) at (404) 332-4555.

Immunizations

The world has witnessed some remarkable success stories regarding immunizations. Paralytic polio and tetanus are virtually unheard of in this country and smallpox has been eradicated from the globe. Because of these successes, and also because immunization programs are often either lacking or deficient in many tropical countries, most Travel Medicine experts will have immunizations to recommend to the potential international traveler.

The first recommendations involve "routine" immunizations. Make sure your measles, polio and tetanus immunizations are up to date.

Choosing your "travel" immunizations requires an educated balance of immunization risk, cost and benefit. A commonly recommended immunization is immune globulin (gamma globulin) for protection against hepatitis A. This product is very safe and generally very inexpensive. The risk of hepatitis A in the unimmunized traveler approaches one in a hundred for a two week trip to the tropics. Immune globulin is considered a "passive" immunization: a shot will give you 2-5 months of

protection against hepatitis A. An "active" hepatitis vaccine, one which gives long term immunity, is currently available in Europe. It should be available in the USA by the end of 1994.

Typhoid fever causes significantly less illness in travelers and is therefore not routinely recommended for short trips. If you consider yourself an "adventurous eater" or are traveling for greater than two to four weeks, you should consider the typhoid fever vaccine. The newer oral vaccine comes as a four dose series; one capsule is taken every other day over a week. You should not take any antibiotics, including your malaria medication, during this time. This is a great improvement over the older injectable vaccine which left you with quite a sore arm, perhaps some fever, and no shortage of adjectives to describe the person who gave it to you.

Yellow fever, another viral illness spread by mosquito, can be found in central and southern Africa, and in the northern half of South America. Travelers to these areas should consider a yellow fever vaccine. Note that there is no yellow fever in Asia. Yellow fever remains the only vaccine which may be required in the international traveler. The rules are complicated so check with the CDC or your local Travel Medicine expert for the most recent requirements. The vaccine is good for 10 years, but you must have received it 10 days in advance of your arrival for the vaccine to be considered valid by the border authorities.

For the fortunate soul planning a Surf Safari for greater than one to two months, several other immunizations should be considered. The first of these is the hepatitis B vaccine. Acute and chronic hepatitis are an enormous health problem in much of the developing world, particularly in South East Asia. Anyone traveling for more than a few months, or who will be working closely with the native population and/or native blood products, and anyone considering being sexually active overseas should think about this three dose immunization series. Because the hepatitis B series takes 6 months to complete, an early appointment at your Travel Medicine Clinic is essential.

The second immunization to consider is the rabies vaccine. In many developing countries up to 10 to 20 percent of the local dog population may be rabid! At a minimum carry a big stick and don't pet the local canines.

For completeness sake, a few words on the new Japanese encephalitis vaccine. Although Japanese encephalitis is the most common cause of viral encephalitis (a viral inflammation of the brain) in the world, the risk to the average traveler is exceedingly low. For this reason only travelers spending significant amounts of time (greater than two months), particularly with rural exposure, should be immunized. As the name suggests, Japanese encephalitis is found primarily in South and East Asia.

The Plague

There has been a recent outbreak of "the plague" in India. Colorfully known as the "black death" in the middle ages, epidemics of the plague swept through Europe during the 1300s, killing off nearly a quarter of the local population. It is thus no surprise that this recent outbreak has grabbed the attention of travelers and the World Health Organization alike.

The good news is that, if recent trends continue, the plague in India will be coming under control by the time you read this. A disease carried by rats and spread by fleas, the plague is primarily a threat to impoverished people living in terribly unsanitary conditions. A vaccine exists but is not available in the USA, and it takes months to complete the series of shots. The more conservative traveler may elect to bring along a treatment course of tetracycline in case of suspicious symptoms arising where no healthcare is available. Anyway, India is not particularly known for surf.

To emphasize again: as with malaria, prevention is the best approach to most infectious diseases. Vaccine research has enabled Travel Medicine practitioners to safely, and relatively inexpensively, recommend a veritable arsenal of immunizations to help keep you healthy during your international adventures. Being educated as to where the diseases

are, and how they are spread, will help you choose from this immunization arsenal more wisely. Remember also the other group of infectious diseases for which there is no effective vaccine: sexually transmitted diseases including AIDS. Be smart. Condoms may be unavailable, or of poor quality, in many tropical countries.

Traveler's Diarrhea

Traveler's diarrhea (TD) is the least serious but most likely ailment to befall the international traveler. Known by a number of colorful names (Dehli belly, the Tijuana two-step, Montezuma's revenge) the risk of traveler's diarrhea is about 10 to 20% per week of travel. Why so high? "If feces were fluorescent, the whole world would glow" suggested a local travel expert. As traveler's diarrhea is usually caused by bacteria, and as these bacteria are usually spread by human feces, it should be no surprise that traveler's diarrhea can be prevented. Most important is using common sense in the selection of safe food and water. Drink only water which has been purified (boiled, filtered appropriately, or chemically treated), or come to you in a bottle. Carbonated beverages are somewhat safer than non-carbonated. Ice cubes, even in strong tequila, cannot be considered safe unless made with purified water. Foods should be served to you piping hot. Avoid vegetables washed in local water. Avoid foods which have been kept lukewarm for any period of time. Seek out those fruits and vegetables which you can peel. Beware of the old trick of filling watermelon with tap water to increase its weight and hence sale price!

What to do should you feel the urge despite having carefully followed these suggestions? Taking an appropriate antibiotic, along with an anti-motility drug such as Imodium AD® (available over the counter), will reduce the typical five day unpleasantness of traveler's diarrhea down to an only inconvenient 12 to 24 hours. Again, drug resistance is a problem around the world, so most Travel Medicine experts currently recommend an antibiotic called ciprofloxacin (Cipro®). This antibiotic is taken twice a day for only one or two days. Problems with side effects and

increasing bacterial resistance worldwide are reasons why Travel Medicine experts recommend antibiotics for TD treatment instead of continually taking them for TD prevention.

As with anyone with diarrhea, travelers with TD should drink lots of fluids with electrolytes. Most persons with TD do not risk significant dehydration so simply encouraging whatever safe fluids are available, perhaps with some saltine crackers or chips, should be more than sufficient. Because many travelers have not had the foresight to seek out this good advice and an antibiotic prescription from their local Travel Medicine doc, Cipro® and Imodium AD® may attain a significant barter value when you are on the road!

Other Thoughts

The above medical concerns are only the beginning of the things the seasoned international surfer should consider before his or her departure. Attention to stocking up on or other medical supplies which may be needed is important. Any prescription items, or other critical medications, should be carried with your carry-on luggage. The only thing worse than your surfboard not showing up at your destination is the simultaneous loss of your insulin or other life saving medication. Consider also bringing along some medications for pain, allergy, and cold symptoms. Careful sunscreen selection (waterproof, UVA and UVB blocking) is essential.

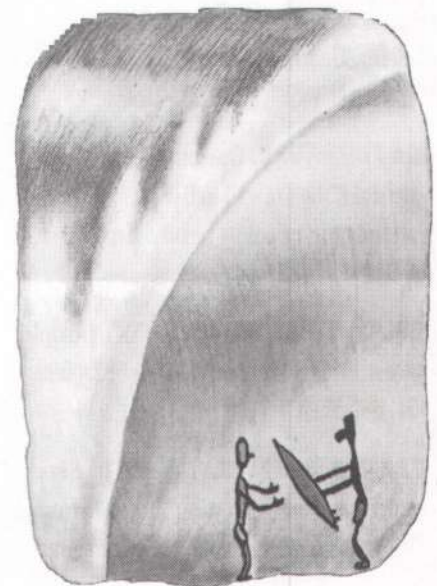
Accidental injury causes more death and disability in travelers than all of the infectious diseases combined. Being on vacation doesn't make drinking and driving or not wearing a motorcycle helmet (or both) safe. The wise traveler will also check out travel insurance as many domestic policies will not cover you overseas.

The true adventurer may need to consider a water purification device. Simply bringing water to a boil will make most any water safe to drink, but boiling water is both time and fuel consuming. For back country travel in the United States a simple ceramic filter is adequate to filter Giardia cysts, but for international travel such filters are

inadequate to cover most viruses and some small bacteria. Travelers should therefore consider either filters in conjunction with iodine resin, or one of the various chemical (chlorine or iodine) water treatment programs.

Most importantly, do not forget that the purpose of your trip is to catch some good waves, enjoy and learn from the local culture, and be a thoughtful and considerate ambassador of your home country. The above Travel Medicine advice is not designed to discourage international travel but rather foster it by increasing the likelihood that the well educated (and well immunized) international traveler will travel well, wisely, and in good health. Happy adventuring!

Travel Medicine Equipment
Chinook Medical Gear, Inc. publishes a pretty fine catalog of stuff ranging from first aid kits of all description and intensity to high altitude gear (for Winter at Waimea?) and all kinds of things you never knew you needed and hopefully won't. Check it out: 1-800-766-1365.



And now, a message from our sponsors:

HEY YOU! TREAT YOURSELF TO AN SMA CONFERENCE/SURF TRIP BEFORE IT'S TOO LATE!!!

SURF-RELATED DENTAL TRAUMA

Randy Douglas, DDS

San Diego, CA

You've heard the stories, you've seen their faces; and no doubt you've wondered "what happened to them?" I'm referring, of course, to people who have had their front teeth broken or knocked out, either by running into a stationary object (e.g. telephone pole, pier piling, reef etc.) or as a result of colliding with a moving object (surfboard, rock, fist?). Without trying to cover every conceivable situation, a few trends emerge especially with regards to surfing. First, however, let me introduce myself by way of my qualifications: I've surfed for about 26 years now, from Hawaii to Mexico to South Africa. I usually get in the water about 3-4 days a week and like to surf Blacks. Oh, I've also been a practicing dentist for the last ten years, having graduated from the University of Southern California in 1983. My office is in Pacific Beach.



Gary Sorota SMA MD getting stitched up after having some G-lands reef for lunch. Photo: David Bender

Bloody Gums = Bait

Since this is an article for the Surfers Medical Association, I'll limit my discussion to surf-related dental traumas, which fall into the same basic categories as other sports-related dental injuries. The first is soft tissue injuries; lacerations of the skin without underlying damage to the bone or teeth. The main problem with these injuries is the bleeding which usually accompanies them. If you are in the water, this blood can look a lot worse than it is, but you should still go ashore if only out of consideration for your bros. They may be the ones stuck with the job of explaining to a shark that the "bait" has already left the scene of the crime. Sharks are incredibly sensitive to the smell of blood, being able to detect a few drops from as much as a mile away. Additionally, as long as you are in the water, it is more difficult to stop the bleeding. So, get out of the water and

apply continuous pressure on the wound until you can seek medical assistance.

Chipped, Cracked

The second broad category is hard tissue injuries — damage to bone or teeth. Often teeth will chip when contacted by a hard object (such as your buddy's fin when he dropped in on your head). If the fracture did not penetrate the enamel (the hard outer shell of your teeth) it can usually be repaired by bonding or simply smoothing it off (analogous to fixing a ding). If the underlying dentin is compromised, the tooth most likely should be filled to avoid decay, sensitivity or discoloration. If the tooth or teeth feel loose, seek professional assistance as soon as possible. Traumatized teeth often tighten up again, but a fractured root, visible only on an x-ray, can lead to the eventual loss of the tooth/teeth. Early treatment

maximizes your chances of not looking like a hockey player.

Looth Tooth

Finally, a tooth can be fully or partially avulsed (comes out of the socket). One study estimates that up to 2 million teeth a year are knocked out. Best bet is to replant it right away, handling the tooth only by the crown. Ninety percent of avulsed teeth can be saved if they are replanted within 30 minutes.

If this is not possible, placing the tooth in saliva or fresh whole milk are acceptable alternatives for a short time. DO NOT wrap the tooth in gauze or tissue paper unless you never liked it anyway. A "Save-a-Tooth" kit is available for extended surf safaris and contains a pH balanced formulation in a break proof container.

Bone fractures fall into a number of categories, but a basic rule of thumb would be to seek medical attention early. Numerous complications can arise from delay, including, but not limited to, permanent disfigurement.

Avoiding That Leon Spinks Look

Prevention is always preferable to treatment and so I'd like to offer the following suggestions:

- wear a leash
- use a nose-guard on your board
- wear a mouth guard or a helmet in extremely heavy situations
- surface with your face protected by your hands
- surf courteously

Respect the ocean and your fellow surfers and you minimize your chances of getting hurt while maximizing your fun. Ride on!

AN UPDATE ON THE HARMFUL EFFECTS OF ULTRAVIOLET LIGHT TO THE EYE

JON D. MORRISON, OD

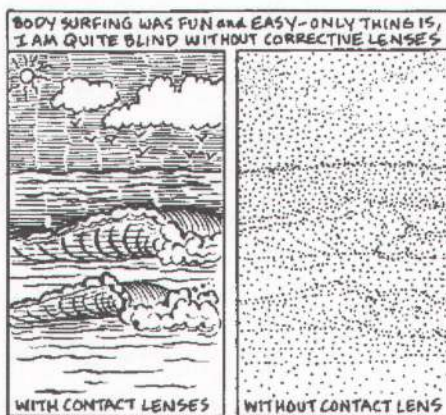
Introduction

There continues to be growing evidence that ultraviolet light from the sun causes damage to extraocular and intraocular structures. More and more the government and manufacturers of eyewear and contact lenses are addressing blockage of ultraviolet light and its harmful effects. There is even a proposal for making sunglasses with a code of Environmental Protection Factor (EPF) akin to the sun protection factors of sunscreens.

The light considered to be in the ultraviolet range is comprised of wavelengths of 315 - 400nm (UVA), 280 - 315nm (UVB), and 100 - 280nm (UVC). Some of the sunlight-related eye diseases include age-related cataract (clouding of the crystalline lens inside the eye), age related macular degeneration (breakdown of the retinal nerve layer resulting in central vision loss), pterygium (a benign growth of tissue across the front of the cornea usually starting from the nasal side), aging and cancer of the eyelid and photokeratitis. Other diseases may soon be added to the list.

The Cornea

The cornea is the first to be contacted by ultraviolet rays from the sun and receives the UV rays from the maximum exposure and therefore is the most likely to sustain damage. The cornea absorbs all UVC and some UVB. Recently, biochemical studies have demonstrated that there are soluble proteins in the cornea that absorb the harmful UV radiation and may play a major role in the protection of the eye. One study shows that the effects of UVB light on enzyme activities in the cornea were not immediate, but seem to occur after almost 24 hours. After this initial period these enzyme activities significantly decreased and continued to decrease dramatically, until by day 6 following exposure, these enzymes were reduced to about 15% of pre-exposure levels. Hence, this dramatic reduction in enzyme activity following ultraviolet



radiation exposure may serve to reduce the level of protection against ultraviolet light provided by the cornea.

It has been observed that at wavelengths of <290nm, the ocular response is restricted almost entirely to the corneal epithelium (the outermost cell layer of the cornea), indicating that almost total absorption of the radiation is provided by this cell layer. Swelling of the deeper layers of the cornea increases significantly at wavelengths >290nm and this is thought to result from endothelial cell layer (the innermost layer of the cornea) damage, by radiation not fully absorbed by the epithelium. Recent studies have also indicated that the protective soluble proteins are predominantly localized in the epithelial and endothelial layers in the cornea. Permanent corneal clouding causing significant decrease in visual acuity is currently treated by keratoplasty (surgical replacement of the cornea with a donor cornea).

The Crystalline Lens

The intraocular lens is the next structure that is in line to receive UV radiation that passes through the corneal tissue. A current study shows lens opacities occurring within 4-6 days of UVR exposure. The crystalline lens preferentially absorbs some UVB and some UVA. Lens damage was not accompanied by a major reduction in the protective soluble protein activities. Treatment for lens opacification (cataract) is lens extraction and replacement by a synthetic intraocular lens.

The Retina

The retina is the final layer to be struck by UV radiation passing through the eye. The retina absorbs some UVB and the remaining UVA. Due to the lack of treatment available and the finality of retinal nerve damage, UV radiation exposure is of the utmost concern. Cystoid macular edema (fluid buildup between the layers of retina at the macula), and macular degeneration (scarring of the macula) have been related to ultraviolet exposure. The retina shows a higher degree of sensitivity as compared with the lens to UV radiation. It has been hypothesized that retinal damage by UVB due to increased rhodopsin levels. However, tests so far suggest that the rhodopsin content does not affect the damaging process induced by UVB.

Forms of Protection

While more and more is being learned about the biochemistry of the eye layers and UV radiation effects on them, evidence is mounting about the beneficial role of micronutrient vitamins and minerals. However, the most widely used forms of UV radiation protection currently are sunglasses and hats. In a study of UV protection made by the manufacturers of commercially available sunglasses, over 45% were not justified. This type of testing deals only with UV rays going through the sunglass lens and ignores the peripheral UV rays coming in around the sides of the sunglass frame. More and more sunglass manufacturers are dealing with this issue. Also, ignored until recently, is protection while participating in outdoor water sports. With the increasing number of people wearing contact lenses for sports, especially outdoor water sports, protection against UV radiation by these visual aides is increasingly important. Contact lenses provide peripheral vision superior to most sunglass frames and most athletes feel their depth perception is better without sunglasses on. Contact lenses are now being manufactured with UV protection in the material.

SAND RASH HEAD/SPINAL INJURIES

Robert Grenfell, MB
Melbourne, Australia

Spinal trauma is one of those injuries that all water users fear. The familiar scenario, you've been wiped out and are left to flail about submerged, worrying about those rocks you saw before.

As a coastal Family physician I recall many cases of "Sand Rash Head"; where a body surfer's head is driven into the sand, leaving the characteristic "ring of unconfidence" on their forehead. How much importance should be placed on neck symptoms? Here's two cases that illustrate the problem.

CASE 1:

WAVE TYPE: 3 foot dumper style, shore break.

HISTORY: 30 year old male body surfing, dumped, hitting head onto sandy floor. Able to stagger to shore, notices blood coming out of ear.

EXAMINATION: Grazes on forehead and face, clear fluid and blood flowing from left ear canal.

X-RAY: Fractured base of skull.

COMMENTS: Wow! No loss of consciousness, so he lives to tell the tale. Pretty obvious diagnosis, but how many less severe cases have we missed?

CASE 2:

WAVE TYPE: 6 foot spilling wave shore break.

HISTORY: 20 year old male surfer. Going out at start of session, in chest high water. Lets board go, on leg rope, and duck-dives under wave. Hits head on sandbar. Heads into shore, as has loose teeth, cut lip and blood over face. Heads for home. Later that night thinks he should see a doctor to have his face looked at.

EXAMINATION: Superficial lacerations and grazes about face. Neck noticed to

be slightly stiff on rotation.

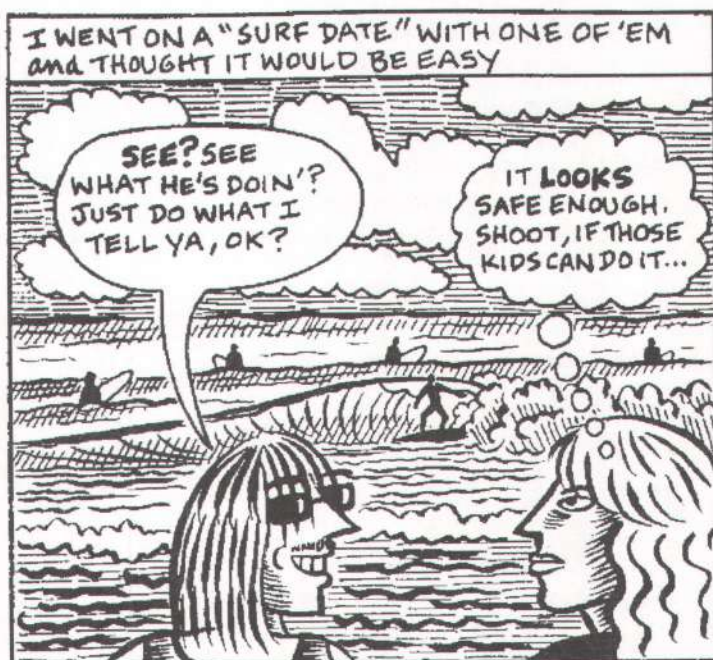
X-RAY: Crush fracture of C5.

COMMENTS: The treatment involved 3 months in an upper body brace. He now has a total loss of confidence in regard to surf. Only uses a body-board, and goes out only in waves less than 3 foot.

I'll leave everyone to ponder these cases. Although not common, spinal injuries need to be considered with all head injuries in the water.

PS: ENVIRONMENTAL TIP:

Want to find that sewerage outlet on your favorite beach? Well look no further. Nature has its own watchdog. The Giant Petrel (similar to an albatross I'm told) is an absolute scavenger. I have been told by bird watchers that it will actually eat raw sewage. So if the big birds are feasting get out of the water!



Artwork on this page and previous page by MaryFleener.

As killer tidal wave roars ashore . . .

I rode a 40-ft. wall of water to cheat death in a raging sea

By TOM MULHOLLAND

I had to be an amazing sight to villagers on dry land — a big 6-foot-4 foreigner, stark naked, surfing toward them on top of a tidal wave four stories high!

"If my friends could see me now," I thought.

I was riding a wave surfers only dream about, but I prayed my wild journey would end before I died horribly.

I struggled to keep my balance. One wrong move and I'd plunge into a frightening abyss of churning water and be a goner for sure.

The monstrous wave struck while I was on a working vacation to the easternmost tip of Java, a surfer's paradise.

I'm a doctor in New Zealand and a surfer. By volunteering to work for a couple of weeks in Java clinics, I can stay in a surfing community of huts by the beach. For me it's wonderful being able to help the poor fishing communities and indulge my passion.

On the night of June 3, I was standing in my hut in the alto-gether, just gazing out to sea. Suddenly, in the distance, I heard a rumble like a jumbo jet coming in to land.

The sound got louder and louder and then, outlined against the moonlit darkness, I saw it — a wave 40 feet high, stretching as far as the eye could see and speeding right toward me!

The words, "TIDAL WAVE," had barely roared through my mind when the huge wall of water swept over the beach with the speed and force of a freight train.

In an instant, my hut was underwater and I was tossed by the raging sea with no idea of how far below the surface I was.

I remember thinking, "This hut will be my coffin if I don't get out." Items inside were smashing against me as I slammed all of my 230 pounds against a wall.

Man, it was like something you see in the movies. I felt the hut tear apart under the force of my body and the racing water.

Now I was propelling myself upward as fast as I could. My lungs were



— *Surfer's own story*

STILL SURFING: Despite his ride of a lifetime, Tom Mulholland climbed right back on his surfboard after returning home to New Zealand.

Tom Mulholland survived a 40-foot-high killer tidal wave — by surfboarding high atop the deadly surge of water! The 32-year-old New Zealand doctor was on a surfing vacation when the 100-mile-

bursting and I prayed, "God, let me reach the top. Let me breathe air." Suddenly, gasping, I surfaced — into a nightmare.

All around me was water. Ahead in the moonlight, I could see jungle and then it dawned on me. I was above the level of the trees — riding the crest of the 40-foot wave!

Debris and the tops of palms raced past me. If something didn't slam into me and kill me, I thought, I'd surely be tossed over the crest into the raging sea below.

But a miracle happened. A surfboard, gleaming white appeared next to me. It must have been swept away with the dozens of boards at the surfing village I was staying at.

Without thinking I grabbed the

wide wave slammed into the Indonesian island of Java on June 3, killing hundreds. Said a spokesman for the Indonesian government: "Dr. Mulholland is extremely lucky to have survived." Here, exclusively for ENQUIRER readers, Mulholland relives his surfboard ride of a lifetime.

I struggled to keep my balance — one wrong move and I'd plunge into a frightening abyss of churning water and be a goner for sure!

board and slipped my foot through the leg rope attached to it. At least I was firmly attached to a piece of equipment that might just save my life.

As I struggled to get on the board, I was jerked under many times by the swirling water. But I kept on trying. Getting on the board and riding the

wave was the only way to make it to dry land safely.

Finally, I clambered up belly down and clutched tightly to the surfboard's sides. I couldn't believe it. I was actually surfing on a tidal wave!

The ride was smoother on the board and I got the courage to get up on my knees.

Amazingly, less than a minute later, the wave started to lose steam and I topped off the board when it hit a submerged object.

I stood up to see that I was about 300 yards inland. Villagers I knew ran up to me and one said, "We watched you coming, just you on top of the wave."

Then I realized I was still naked when another villager handed me a pair of shorts.

I was unharmed but later I learned that more than 1,000 homes were destroyed and 254 people were killed by the tidal wave. At that moment, I wept, knowing how lucky I am to be alive and able to tell my story.

Conflict: When a fortune cookie contradicts a horoscope.

— Sam Ewing

Double Exclusive: The Real Scoop

To set the story straight, it was 80 feet, a top-to-bottom barrel, and glassy. I switch-footed, took off my leg rope to make it interesting, before burying the

rail, smacking the lip, and pulling off a hundred-foot floater. I then saved hundreds of lives single-handed, in a compassionate way of course, including several very difficult organ transplant

procedures using coconut shells....

In real life, I was awakened by a very loud noise, sat up and was swept into the jungle by 20 feet of white water.

Tom Mulholland, MD

LIGHTNING - "A CURRENT AFFAIR"

Over the past couple issues of *Surfer* magazine we ran updated columns on In-Water Rescue and Beach CPR, which also appeared in *Sick Surfers, Ask the Surf Docs* and *Dr. Geoff*. The following column will be run in the upcoming issue of *Surfer*, although in an abbreviated and sanitized form. This is the X-rated version.

Dear Surf Docs,

I was out surfing with a friend during some serious lightning, but he said "Not to worry," because we were wearing wetsuits. Is this correct? There are going to be tons more lightning storms this summer so I'd really like to know.

Thanx, Gulf Coast Guy

Dear Guy,

Lightning is a formidable meteorological phenomenon; something all surfers should learn about, especially you and your friend (who is hopelessly misinformed). We get reams of freaked-out-by-sharks letters, but yours is the first to ask about lightning, despite how few people are killed or maimed by sharks compared to lightning. In fact, the average annual number of deaths in the U.S. from lightning is greater than the combined death tolls from tornadoes, hurricanes, earthquakes, and shark attacks.

That old saw about a person's remote chance of being struck by lightning is just plain wrong when it comes to surfers. Why are surfers at high risk for lightning injury? Most people spend their lives avoiding intense weather situations; surfers look for them. Radical weather produces radical surf, hence the standard CNN shot of surfers flocking towards an oncoming hurricane while the masses head inland. Many surf spots only break during storm conditions. If the surf is happening, the risk of lightning will keep very few surfers out of the water, so they'd better know what they're dealing with.

Just as static electricity results from rubbing your hands together, electrical charges (ions) are created by the friction

of warm air rising quickly, as often happens at the leading edge of a storm, usually within the belly of cumulonimbus clouds (your basic black, anvil-shaped thunderclouds). The usual ionic charge of the earth (including the ocean) relative to the atmosphere is negative, but thunderclouds can collect so many negative charges that the earth becomes comparatively positive.

Opposites attract, and the greater the difference, the stronger the attraction. The normally genteel courtship of earth and clouds becomes pure passion with the arrival of a charged, hot babe thundercloud. The earth's charges grow suddenly erect, and begin leaping and dancing upwards, clamoring atop the tallest places: hills, tree tops, poles, buildings, or perhaps you, if you are on a beach or out on the ocean and are the highest thing around. As the earth and cloud charges begin electrically groping for each other, discharge becomes eminent.

The babe usually goes first, giving a slow but firm (about 50,000,000 volts) downward stroke. She is aiming for the most erect thing she can find, which, if you're innocently sitting on your board, is, appropriately enough, your head. Typically, though, before her stroke actually touches down, the charged and erect earth ions (again, perhaps those crowning your wet head; face it, you're getting screwed) thrust upwards with a faster and more powerful stroke. They climax in the sky, as lightning.

If you are hit directly by lightning, there is about a 70% chance you will survive, even if you technically "die," with no brain waves or heartbeat. The electrical power of lightning is so tremendous that every cell in the body is instantaneously paralyzed - you have no metabolism - so your brain cells, for instance, can survive long beyond the usually critical four-minute limit of not receiving oxygen. Therefore, if you come upon a lightning strike victim, no matter how "dead" they may appear or how long they have been down (say, underwater), immediately begin CPR and pursue aggressive and sustained resuscitation efforts. Correspondingly, if you come upon a

group of lightning strike victims, direct your attention to those that seem dead; anyone conscious or moving will usually improve on their own. Don't be afraid to touch someone who has been struck by lightning - it is an old wives' tale that you too will be electrocuted.

Side-bolts, called lightning splashes, may have claimed victims at some distance from where the bolt struck, the electricity having leaped to a secondary tall or metal-containing object (i.e., a necklace, watch, or metal zipper). A favorable conduction medium, such as the ocean, will facilitate such electrical transfer. It is a myth that rubber - whether car tires or your wetsuit, titanium-lined or otherwise - provides insulation from lightning.

Unlike with sharks, there is no "safety in numbers" with lightning. A group of people represents a large, composite charge, and a single bolt of lightning may branch to hit multiple persons. This is the likely mechanism when, in 1987, a lightning storm at Ikumi Beach, Japan, killed six surfers and injured five more (out of 50 surfers out in the water at the time).

If you understand the above electro-physical principles, then it should be obvious what to do in a lightning storm: (1) get out of the water as quickly as possible; (2) failing that, and if the lightning is striking all around you, get as far away from other surfers as possible, and get off and away from your board and try to stay underwater; (3) if on the beach, get off by yourself, rolled into a ball in as low a spot as possible; (4) stay away from trees and lone tall objects (i.e., lifeguard towers), and seek shelter in a substantial building, or, failing that, in a car (not a convertible). Avoid tents or small sheds; do not seek shelter under the spectators' stand at a surf contest.

Timing is everything in surfing, particularly when faced with an approaching thunderstorm and wondering when to head for shore. Remember the old lightning-thunder rule: the time in seconds between the flash of light and the sound heard divided by 5 gives the approximate distance of the lightning from you in miles.



CUT OUT AND MAIL IN The easy way to get the just published

SICK SURFERS, Ask the Surf Docs and Dr. Geoff

Essential reading for all SMA members, health professional and barefoot doctor members alike. Sick Surfers is the essence of the SMA, the realization of our goals, methods, philosophies (and irreverence).

Here's the best of our Surf Docs columns from Surfer magazine and Dr. Geoff's Tracks articles, covering virtually the entire field of surf medicine - everything you should know as an SMA member: CPR and rescue techniques for surfers, the latest on Surfer's ear, identifying and treating skin cancers and other common dermatologic problems of surfers, comprehensive sections on back problems, up-to-date surf travel medicine - the latest on malaria prophylaxis, prescribing nutrition to surfers, dental health for surfers, what the SMA is and how to join.

Buy a stack of 'em, to give to friends or have in your office. It's a cool, inexpensive gift for friends who are surfers (non-surfers find the book fascinating, too). And, it's a for-real practice pleaser, especially for coastal primary care physicians, dentists, chiropractors, physical therapists, orthopedists, ENT'ers, ER docs. Prescribe it, sell it, or give it away to your patients. Or if you are in surf club or coach a team, get copies for everyone.

The publisher is radically discounting the books to SMA members in the U.S. (Oz and Kiwi members contact the NSW distributor; other countries write/call Bull Pub. for info). The book normally sells for \$12.95 (U.S.), which with tax and shipping costs would regularly come to \$17.02 per copy. Bull Publishing will sell it to SMA members for \$12 per copy, tax and shipping included. And if you buy 10 or more, it will be \$10 per copy, tax and shipping included. So, for \$100, you can have a stack of 10 copies to use as you please.

Remember, the largest share of royalties go to the SMA's Steve Baser Memorial Fund (for the health of village children), and the rest of the dough goes to Kevin, Geoff, and Mark to keep them from bumming wax from everyone else.

(Xerox, cut, or tear here you choice)

To Bull Publishing. I'm a member of the Surfer's Medical Association and would like to order "Sick Surfers, Ask the Surf Docs and Dr. Geoff. As per the special discount you are offering to SMA members in the U.S., my order is as follows:

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GREEN ROOM HELP THE KELP AT TODOS!

Kelp is the fastest growing plant on the planet (2-3 feet a day) and the highest oxygenator (repairs the ozone, fixes carbon, prevents greenhouse). And of course, one of kelp's greatest tributes is that it keeps the ocean clean and the line-ups glassy.

Surfers have long benefited from kelp, but over the past decade there has been a drastic decline in kelp forests due to both human and natural causes. Since kelp is the basis of a healthy marine ecosystem (similar to the rainforests) loss of beds can lead to complete ecosystem collapse!

A California nonprofit organization called Eco Soul was formed this year to benefit the Earth through ecosystem restoration and environmental education. Eco Soul is currently working on two projects, a marine restoration project at Todos Santos Island involving

kelp restoration (replanting) and an associated Eco-Camp project to teach about the fragile ecology of the island.

The goal of the kelp project is to plant five acres of kelp as "proof of concept" resulting in a small underwater rainforest. The project will result in cleaner water, healthier marine life, and glassier conditions. Eco Soul has obtained all the necessary permits from Mexico, and has many different volunteers willing to offer time and energy to see the kelp planted. Our list of consultants and advisors is continually growing and the scientific and practical expertise of those involved is extensive. The Surfrider Foundation has shown some monetary and logistic support and has offered us much of their time and energy. But Eco Soul's biggest problem right now is incomplete funding.

Eco Soul is in the process of approaching many large foundations for funding, but large foundations more often than not have large red tape waiting periods and

Eco Soul doesn't have time. The spring is the best time for juvenile kelp plants to take hold and in order for our efforts to be 100% effective kelp needs to get planted soon.

Not only will Eco Soul repair the collapsed marine ecosystem of Todos Santos and increase the general public's awareness, but through the kelp planting project Eco Soul will also benefit rather than exploit the surrounding community in Ensenada. Eco Soul will provide a new marine fishery, cleaner water, and a stewardable resource for all to enjoy — surfers, divers, fishers, and boaters of all nationalities. The local aquaculture projects will benefit from the kelp presence, and most of all, Killers reef will be glassy.

Eco Soul needs help! We need a portable compressor for diving work, a fully committed dive boat, volunteers, and MONEY. Please help the kelp at Todos. For more information please contact Eco Soul, P.O. Box 2873, Newport Beach CA 92659, or call (714) 721-8747 ext 2.



LETTERS

FRED'S PEAK: SURFING FOR LIFE

Dear SMA:

I am writing to let you know about "Surfing for Life," a film depicting many of the pioneers of surfing and emphasizing the positive aspects of aging.

Doc Ball, at age 87, rides a skateboard when he's not surfing the cold waters of Northern California, while Rabbit Kekai and other senior citizens continue to surf Hawaii. The film does for older surfers what "The Civil War" did for that era. It will be the first documentary on older surfers to be aired on national American and international television. The subjects have been chosen, after intensive research, to represent the best ideals and philosophy of surfing, not just as a sport, but as a way of life. It is inspirational to all, especially to millions of baby boomers growing older.

"Surfing for Life" is co-produced and co-directed by award-winning film maker David Brown, who has produced over 30 films and five documentaries for public television. His work has been shown in 12 countries, winning numerous prizes. Roy Earnest is a gerontologist who has specialized in healthy aging and co-directed the film.

There is a magnificent 10-minute sample film which I recommend without reservation: It says about surfing what I have put forth for all my surfing years. I am proud to be associated with such a film and hope that you too will lend your support with a monetary contribution to allow the project to be completed.

Please send a check to Film Arts Foundation, c/o David Brown, 274 Santa Clara St., Brisbane, CA 94005. All donations will be tax-deductible. By requests to David or Roy you can view the ten-minute sample tape as well.

Fred Van Dyke
Hawaii

[Ed: The sample film is very cool!]

GREETINGS TO NABILA

To the Wonderful Village of Nabila:

We haven't seen each other for some time, so I wanted to write to you to say how much I miss visiting and working with you, and to better explain why I and the Surfer's Medical Association haven't been back for so long.

As for me, the last four or so years my back has become more of a problem, and despite (and because of) being a doctor myself I have had to begin taking better care of it - just as the "Where There Is No Doctor" book would say. That has included not traveling so much, surfing less often (which has made me very unhappy), and doing less physically demanding work in the hospital. My back problem is the major reason I have not returned to Nabila and Tavarua. Jessica and I terribly missed being there for last year's conference, and would not have been there for this year's conference either, had it been held.

I was disappointed that the conference this year had to be cancelled. I'm not sure of all the reasons - SMA members having harder financial times, etc. - but I don't think it reflects a lack of interest on the part of the SMA. I think we are all as committed as ever to continuing working with and helping in Nabila. I know that Bill Jones is working with Paula and Ward Smith on putting together another conference in 1995. One thing you - the elders and village health committee and all concerned - could do to help make sure that meeting takes place and that much good happens there is to let us know the specific health work that we can help you with. For instance, you did let us know you needed cleaner water, so we helped you build the water tank; and you let us know that you needed a community center where you could all gather, and we helped you build that. So what are your needs now? We can't promise to meet those needs, but if we hear about them well enough in advance, there's a chance we can help. We hope to hear back from you about this, ideally by the end of this year.

Meanwhile, I want to say that I may return next year. I still do a lot of work with the SMA. Gary Groth-Marnet, Simon Leslie, and I are writing a paper for a medical journal about Nabila and the excellent health work and advances you have made. I am very proud to be associated with you, and hold our bonds and Tabua-kinship to be sacred. I look forward to hearing back from you and perhaps seeing you next year. Meanwhile, may the Village Health Committee and all Nabilans continue to work towards improving the health of all.

Your friend,

Dr. Mark Renneker
San Francisco, CA

JUST THE SURFAX: SPECIAL SMA OFFER!

Dear SMA:

Due to the loss of yet another bet to Mark Renneker, I am now obligated to offer to all SMA members a free 2-week subscription to SURFAX, with no further obligation. We produce a daily, detailed surf report covering the entire Pacific Ocean, delivered automatically via Fax machine seven days a week. Simply call us with your name, phone, and fax number, tell us you are an SMA member, and we'll hook you up. Phone 1-800-4SURFAX or fax us at 805-684-5266. (I'll get you, Doc!).

Steve Decile
Big Kahuna Communications
Carpinteria, CA

OVERSEAS ELECTIVES?

Dear SMA:

I am writing on behalf of my colleagues Ed Eisenberg MD, Brandon Lew Do, Gary Triebswetter MD, and myself. The four of us are currently Senior (fourth year) Emergency Medicine residents at the Los Angeles County-University of Southern California Medical Center. As fourth year residents, we are able to schedule electives as part of our curriculum. One of the electives we can do is one called "Third World Medicine." Since the four of us have become good friends, we felt that this

sounded like a good opportunity to spend some time together before our paths diverge at the end of our residencies. I guess before I go any further I should also mention that we are all avid surfers.

Would you happen to know of a place - preferably tropical with excellent surf - that could use a group of well-trained emergency physicians for a month? As far as I know, there are no fixed guidelines for this type of rotation. I do not even think the place we go to even necessarily has to be "Third World." The dates we hope to schedule this elective for are April 24 through May 21, 1995. Perhaps you could direct me to somebody who could help?

Sincerely,

Bill Showalter, MD
2945 Valmere Drive
Malibu, CA 90265

SURF WAX MUNCHIES

Dear Surf Docs:

I just read the book "Sick Surfers" by Renneker et al and would like to comment on the section "Surf Wax Munchies." Something that might be added in this section is PICA - an unnatural craving for substances that are not food. In chronic, severe iron deficiency a person may crave dirt, sand, paint, and even surf wax! If I were Dr. Jekyll (the person who wrote you first about this), I would check my hemoglobin or hematocrit.

Aloha,

Al Jimenez, MD
Family Medicine Resident
University of Hawaii, Manoa

EAR PLUGS REDUX

Editor:

It was with great interest that I read the review of the silicon ear plugs called "Physicians Choice" (see case reports, issue #12). It sounds like they are similar to a product available here in Australia called "Swimmer's Putty." If this is the case, I have grave concerns

with the conclusions reached by the author of the SMA case study.

Swimmers Putty is a great way of stopping water from entering the ear. Great for baths and showers, and for still water, that is. It is when there is any force involved that it becomes a DANGER. That includes diving, water skiing, and surfing.

When I was Emergency Medical Officer in Melbourne's Eye and Ear Hospital, I saw many examples of the problems with silicon putty. It can get stuck past the narrowing of the external ear canal, and it ain't easy to remove with suction or dental brouches. When it gets old it becomes brittle and can get lodged next to the ear drum. A number of times it was found firmly wedged against the ear drum in the anterior recess, and needed a general anaesthetic to be removed.

Then there is the problem of pressure. Barotrauma is a real problem. If there is any change in the external pressure outside the ear, the drum will not be able to equalize it, and so will be damaged, even ruptured. It is this issue that "Doc's Pro-Plugs" addresses very well by having the small perforation. Silicon putty has too tight a seal to allow for any pressure changes.

Silicon putty would only be a choice for physicians because it could make you money when you are called upon to extract it. My advice is just like that for the human breast - keep silicon out of the body.

Robert Grenfell, MB, BS
Melbourne, Australia

NABAU PREVISITED

Dear SMA:

I was looking at the picture of Nabau in the SMA journal #11. Thought the kid looked familiar. Then I dug out a gag of old photos from my SMA Fiji trip in July, 1990. The photos matched up and, as Paul Harvey would say, "and now for the rest of the story."

During one of the SMA barefoot clinics in Nabila village there were lines

outside to see the visiting doctors for daytime outpatient consultation. One barefoot doctor (BD) had more business than he could handle, but out of the corner of his eye he saw a young boy standing by the sidelines under a breadfruit tree, looking too scared and shy to stand in line. But his face and body obviously were different from the other kids - he wore no smile. The BD went over to him and invited him to sit down. After looking through the entire David Warner book, the BD still couldn't find out what was wrong, but clearly something was. But time was up and the boat was leaving back to Tavarua. The BD told the boy he couldn't help, for he was missing some pages from his doctor book. They made a deal that if the boy would come back to the next clinic, the next doctor would have the missing pages and could help. The boy's name was Nabau, and a year later he met Dr. Paul Georghiou, the doctor with the missing pages to the book.

Adios,

Ron Bockhold

PS: I couldn't quite get the diagnosis of Ebsteins's Anomaly on my first try, but practice, practice, practice!

THE UNIVERSAL FLOW

Hello:

This is Paul McKerr from Australia, back from the outback, recently arrived in Utah. What's happening? How are the waves? Did write to you in '92. Did receive a letter back in '93. Now it's '94. Maybe this time The Universal Flow will bring us together. Have been running a Naturalpathic clinic working full time on detoxification programs, lecturing and writing on many subjects. How can I still support the SMA? Drop me a line. Have a wave for me. May all ever dream it off. Become your reality. Walk in beauty and peace. Love and blessings. Namaste.

Paul McKerr
General Delivery
Park City, Utah 84060

SMA UPDATES

SMA MEMBERS MISSING IN ACTION!

It's coming time for a new SMA Directory, so let us know if you have moved, and if you know where any of the following folks are, please tell them to get in touch!

Garth Alpenstein
Michael Arvanitis
Stan Asarch
Ron Barke
Jerry Berland
R. Charles Brownlow
Daniel Buch
Jeffrey Cheskin
Jeff Corah
Pete Coulston
George Cromack
Mark Cunningham
Peter Curtin
Bryan Edgington
Dave Elpern
Paul Faringer
Harris Feinstein
David E. Fish

Bill Fornaciari
Randy Fulton
Matt Gadow
Thomas A.
Gallagher III
Joe Glorioso
Mike Godin
Tom Goglio
Ed Gresick
Gordon Haas
Philip A. Haynes
Carol Hogan
Dave Holtzman
Fred Holzmer
Cathy Inouye
Philip Jones
D&J&C&B&C&L
Jongeward

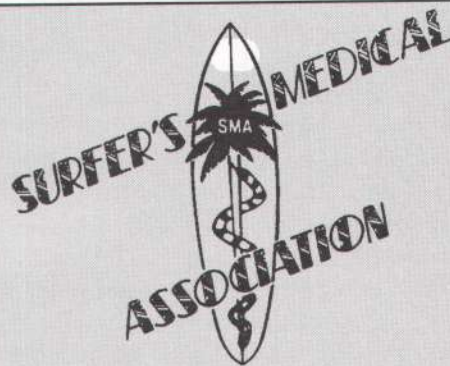
Timothy Kale
Suzette Kale
Michael Kelleher
Gregg Khalsa
Eric Larsen
Barry LaVette
Randy Leger
Mark Levy
Benjamin Lubert
Paula Lubert
Bob Ludovise
Jeffrey Lundeen
Brenda Marshall
Phil Martin
Keith Merrill
Keith Myers
Michael L. Nichols
Dave Oates

Kirk Ohanian
Calvin Okey
Anne Pazier
Rick Peters
Felipe Pomar
Jay Prvzansky
Ian Rothwell
Frank Ruiz
Jay & Jane Sailer
Harry "Spongeman"
Shin
Michael Shutt
Jane Stanser
Dean Stroud
Christian Sunoo
Bill Takashima
Steve Vitarius
Leo Westcott

Claire (Ginger)
Wilson
Randall D. Winchell
James Wright
Dennis Zafran

NON USA

Anton Gracey
David S. Reeves
Sharon L. Kalina
Frank Habermann
Edda Jessen
Pierre Vincent
William G. Tomson



Surfing Medicine: A Pier-Reviewed Journal

Here's your chance to add a significant publication to your resume: consider making a submission to the Journal of the Surfer's Medical Association. Send us your surfing related case reports, research, proposals for upcoming trips or projects, stories, pictures, and anything else you feel is relevant to surfing and medicine.

Rules for Submission:

1. Send material in early — next deadline March 1st.
2. Include pertinent references.
3. We'll love you forever if you put your material on a Mac disc, using Microsoft Word.
4. Include any graphics and photos (especially surf pics, particularly if they are of you).
5. Proof-read your stuff a couple of times — have your kids correct your spelling and punctuation.
6. We'll publish anything sent in that looks good and passes peer-pier review (we pass it around to SMA members and other derelicts hanging out under the pier; if it meets their rigorous standards, it's in).
7. Mail to: Editor Surfing Medicine, 2396 48th Ave., San Francisco CA 94116

CONFERENCES

NEW ZEALAND MARCH 12-15, 1995

The fifth World SMA Conference will be held in New Plymouth, New Zealand. The SMA conference will consist of three evening sessions on Sunday, Monday and Tuesday evenings, with field trips to surf spots during the day. Depending on numbers and desires, road or plane trips can be organized following the conference.

The SMA conference fee is \$NZ50, to cover administration and some transport. Accommodations has been arranged at \$NZ82 per night per room at the Plymouth Hotel, the conference venue and a five-star hotel. Additional costs will be up to you.

Contact Tom Mulholland via FAX: (6) 7580847 or Phone: (6) 753101 (home) or (6)6 7585015 (work), and I will send a registration pack. There has been much interest in this meeting and I want to limit the numbers, so first in, first served.

Besides the surfing, there is good fishing, scuba diving, golf, sailing, Bunji jumping, whitewater rafting, etc., and I will organized other activities for those who want to bring families and so on. The theme of the conference is flexible and relaxed; we have enough speakers for our Sports Medicine conference, which runs March 10-12 (and all SMA members are welcome to attend that meeting as well), but let me know if you wish to present something at the SMA meeting, in a twenty-minute talk with slides or videos.

Tom Mulholland, MD
56 Vivian Street
New Plymouth, NZ

TAVARUA, JULY 1995?

Tavarua has changed owners, and the SMA has been in negotiations with the new owners for a mutually agreeable rental rate that would allow the SMA to continue to hold conferences there. Those negotiations have not been easy,



Come on down and get it: Raglan, New Zealand

however, and unfortunately we have no solid news as of press time. We'll keep you posted, and if anybody out there has good connections with the new owners, let us know!

PESCADERO, BAJA CALIFORNIA SUR, MEXICO

See Bill Jones' report in this issue on the previous visit to Pescadero, and then call Bill at 408-373-2209 for the details.

MAGDALENA BAY Late February, 1995

See Mark Renneker's report of the first SMA Mag Bay trip, and then sign up for what looks like it will become a SMA tradition. Contact: Bill Petersen, (714)661-1181

THE MALDIVES April 15-22, 1995

Why the Maldives? SMA member Ian Price just returned, found the surf to be consistent with a choice of easily accessible lefts and rights, good resort accommodations, excellent diving, no malaria, and a good airport four hours from Singapore. "It's less of a risk than G-Land and probably more consistent than Tavarua," he says. More details will be available from Paula at SMA Central, or contact Ian Price at PO Box 51, Iluka 2466, Australia. FAX: 066 466 816.

SANTA CATARINA, BRAZIL?

Interested? SMA member Bill Maher, DDS is eager to put together an SMA trip there, say in March or April of 1995. Why not? Call Bill at 609-884-4225.



Mag Bay Line-up waiting for you.

GIFT SHOP

THE HOLIDAYS ARE COMING!

Give YOURSELF and others SMA GIFTS!!
(And be donating to the SMA at the same time!!!)

SMA Memberships

A fantastic gift - join someone up to the SMA (or renew or upgrade your membership). See the listing of membership categories on the reverse of this page, and complete the membership form. Indicate if a gift membership on the membership form (don't worry if you don't have all the relevant information; just put the name, address, and type of membership - we'll have them fill in the rest later).

T-Shirts

High-quality (Hanes), colorful SMA logo on back and front pocket, short-sleeve in bone color only. Medium - Large - Extra Large, include self-addressed, stamped(include weight of envelope!) envelope (they weigh about 8 oz. each, and one will easily fit into a 9 x 12 in. envelope). Classic gifts. The medium is fairly small, and reasonably fits children and smaller adults. \$15.00.
Number of shirts: _____ Size(s): _____
\$ Enclosed: _____
Must include SASE.

Decals

Turquoise-blue SMA logo on white mylar, about 5 x 6 in., perfect for surfboards, car bumpers, windows, notebooks, and office doors. Include self-addressed, stamped envelope (1/2 oz. each, 7 x 10 in. envelope so they won't have to be folded). \$2.00 each.

Number of decals: _____
\$ Enclosed: _____

Must include SASE

Wall Diplomas

To place alongside your other diplomas, whether from high school or medical school, this signed, slightly surf-motified diploma officially confers upon whom-ever you indicate "the rights and privileges thereto pertaining to membership" in the Surfer's Medical Association. Get it framed, and give it as a gift! Include self-addressed, stamped envelope (1/2 oz., 9 x 12 inch envelope, so they won't have to be folded). \$5.00 per diploma.
Diploma in what name(s): _____

Number of diplomas: _____
\$ enclosed: _____

Must include SASE

Books: The Collected Surf Medicine Works Volumes 1, 2, and 3

Each volume is about 300 pages, in a 3-ring binder with Collected Surf Medicine Works on the spine. They will look handsome on any bookshelf, and be a powerful reference and educational tool. Each volume costs \$35.00, plus \$2.40 postage (first class, U.S.), or \$18.00 foreign (if air mail) or calculate sea-mail foreign postage costs for two pounds per volume. Or, order all three volumes for \$100 and the SMA will throw in the postage for free (if U.S.). Vols. 1 & 2 ready for delivery. Vol. 3 still in press.

Volume 1: World Literature on Surfing and Medicine \$35 each # _____
Volume 2: The Complete Dr. Geoff and Dear Surf Docs \$35 each # _____
Volume 3: Handbook of Surf Medicine - \$35 each # _____

Complete set of all 3 volumes

\$100 # sets _____
Postage amt. \$ _____
Total amount \$ _____

Steve Baser Memorial Fund

To memorialize SMA member Steve Baser, who died May 3, 1993, the fund is devoted to supporting sustainable disease prevention and health education programs for village children in Fiji, and elsewhere. Independent of the SMA, but a cause that the SMA fully supports, overseeing the fund will be his twin-brother, Mike, and a small group of village-experienced SMA members who knew and admired Steve. Regular reports on the Fund's work will be in this journal. Make your (tax-deductible!) check payable to "Steve Baser Memorial Fund" and send care of the SMA.

Instructions

Follow the above instructions per item ordered, and make your check out to the SMA.

Mail to:
Surfer's Medical Association
P.O. Box 1210
Aptos, CA 95001-1210

These items are only available to SMA members.

Total amount enclosed
(all of above) \$ _____

MEMBERSHIPS

Memberships are for one year unless otherwise specified, and include a decal, membership directory, a journal every 6-8 months, and invites to all SMA conferences. Membership is a way of both joining and contributing to the SMA. Choose your category accordingly.

Life Member: Totally Committed and has some bucks — pay once and you belong forever. \$500

Charter Member: Wants to be a Heavy Local in the organization. \$100

Health Professional Member: the Surf Doc Membership — for those who spent too much time going to school and now want to surf more. \$50

Professional Member: for non-health professionals with real jobs. \$50

Barefoot Doctor Member: Nonmedical members — for surfers interested in learning how to take better care of themselves and others. \$20

Corporate Guilt Member: for those who have exploited surfing for personal gain — you know who you are, now pay up. \$1000

Gremmies Member: for beginning or young surfers. \$10

Silver Surfer Member: for the elders of our sport (over 60) No charge, but donations welcome.

Corporate Sponsor: philanthropy has its costs...\$500 and up.

The John Cherry "I Won't Join Anything" Membership: for the truly hard-core non-joiner. \$109.95

Life's A Beach Member: for wealthy patrons who believe the surfer's life-style should be supported to the max. \$100

Illegal Member: \$100 cash or equivalent. Anonymity guaranteed (unless Nancy Reagan wants to know).

Surf Parent Member: for those who want to see Johnny come home in one piece. \$30

Surf Family Membership: the family that surfs together, stays together. \$30 (\$60 if any family member puts a degree down after their name).

Surf Widow Membership: for spousal equivalents of surfers — the SMA can help! \$10

I'll Join Anything Member: for non-surfers who think it would be cool to join a surfing medical association. \$19.95

Join Now, Pay Later Member: send us your hard-luck story. \$0

Organizational Member: let's trade memberships to keep each other up-to-date. \$0

Surf Professional Member: for career surfers — you endorse us, we endorse you. (the SMA supports pro surfing). \$0, and maybe an occasional favor.

Hodad: interested in joining, hasn't paddled out yet.

Shoulder-hopper: those who drop-in on the SMA without paying their dues.

Snake: a flagrant, chronic shoulder-hopper (always promising to pay their dues)

After-Life Membership: for Life Members, a chance to surf in the hereafter — the SMA will do everything possible to see that your organs are donated to surfers, and we'll provide a lovely surfboard tombstone for your grave. \$1000

TO RENEW: When did you first join, or last renew? Was it a one-year membership? Figure it out (reminders abound). Consider Life Membership to simplify things in the future.

TO JOIN: Choose your membership category, fill out this form, make out a check payable to the Surfer's Medical Association (in U.S. dollars), and mail to: Surfer's Medical Association, P.O. Box 1210, Aptos, CA 95001-1210. Phone/FAX (408) 684-0916. Be patient if you don't hear back from us right away (especially if the surf is good).

PLEASE SEND US THIS INFORMATION

Copy or Xerox if you don't want to disfigure your journal

Date _____

New Member Renewal

Name _____

Address _____

City/State _____

Zip _____ Country _____

Work phone _____

Home phone _____

Membership Category _____

Amount [Non-USA members, please add \$10] \$ _____

Type of surfer (stand-up, boogie, etc.) _____

Years surfing experience _____

Present number of go-outs per month _____

Your worst surfing injury _____

Type of work/specialty _____

Job title/Academic position _____

What about the SMA stokes you the most _____

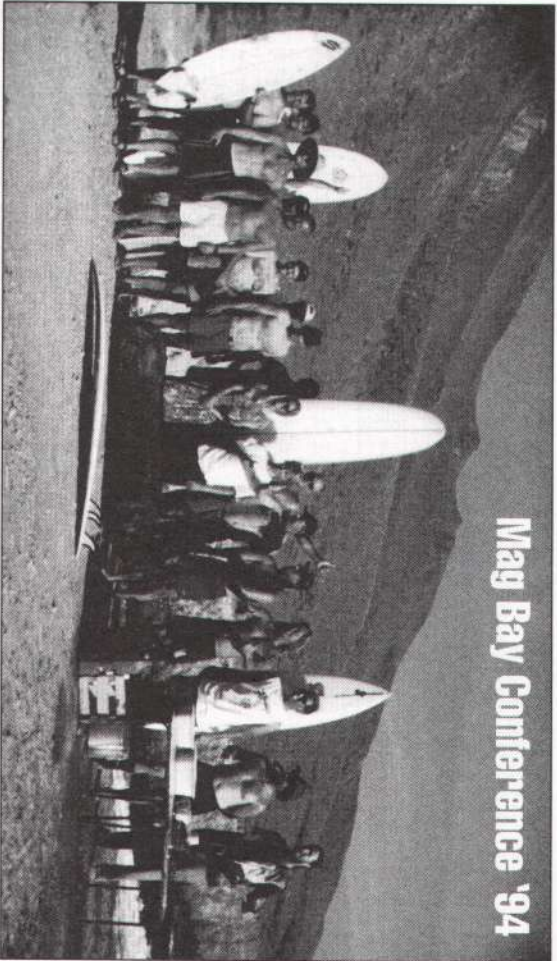
Name/address of a surfing buddy(s) who you think would appreciate being invited to join the Surfer's Medical

Association:



P.O. Box 12110
Aptos, CA 95001-12110 USA

BULK RATE
U.S. POSTAGE
PAID
So. San Francisco, CA
Permit No. 655



May Bay Conference '94

Don't Die: Get Yourself to an SMA Conference!

