

**APRIL 1990**

*Can acupressure help with motion sickness? (Institute of Naval Medicine, Alverstoke, Gosport, Hants, England):* “The effectiveness of the ‘Sea Band’ acupressure band compared with placebo and hyoscine (0.6 mg), also known as scopolamine, to increase tolerance to a laboratory nauseogenic cross-coupled motion challenge was assessed using 18 subjects. The results showed that the subjects had a significant increase in tolerance with hyoscine but had no increase in tolerance with the ‘Sea Band’ or placebo. Possible reasons for the failure to show any significant protection from the use of these acupressure bands are insufficient movement of the wrist to provide continuous stimulation, and/or the likelihood that only a minority of the population would show non-negligible benefit as experience with medical acupressure would suggest. The application of transcutaneous electrical nerve stimulation may be worthy of study.”<sup>2</sup>

**APRIL 1965**

*Those magnificent men and their flying habits (Department of Aerospace Medicine, USAF School of Aerospace Medicine, Aerospace Medical Division, Brooks AFB, TX):* “A survey was conducted among 1,960 flying personnel at 98 United States Air Force bases to obtain information on certain personal habits. One-half of the questionnaires were anonymous and the remainder required identification. The response rate was equal in the two groups (55.5 per cent) and no significant differences were found in the habits reported by them. 1.0 per cent of the men took unacceptable self-medication while on flying status but only one man took a potentially hazardous drug while flying. 51.5 per cent of the men are cigaret [sic] smokers. On the average day 74.8 per cent of the men had either no alcohol intake or the equivalent of two drinks or less. Of 125 pilots 16.8 per cent ate no breakfast and 32 per cent had a coffee, juice and roll breakfast only on a day when they were flying.”<sup>3</sup>

**APRIL 1940**

*Means of delivering emergency oxygen on parachute descent (The Mayo Clinic, Rochester, MN):* “The physiologic problems of flight have become more extensive and complex because of the great advances being made in aeronautic engineering and the corresponding progress in development of airplane power plants. The ceiling of aircraft now undergoing test is about 37,000 feet with the ability to maintain normal flight at slightly lower altitudes...



**Fig. 1.** Emergency oxygen unit shown with associated tubing and possible masks.

“Strughold has discussed some of the medical problems of flight in the stratosphere and believes that a member of an airplane crew could not leave his plane at an altitude of 20,520 to 32,800 feet and descend by parachute without risk of death due to oxygen deficiency. James has also expressed similar views...

“[In this article, a] small, compact, individual emergency oxygen unit for use in parachute escape or failure of the regular oxygen supply of the aircraft at high altitude has been described [see Fig. 1]. A simple and rapid method for refilling the emergency oxygen cylinders has been shown. A special emergency oral oxygen inhalation apparatus for use in parachute jumps at high altitudes has been briefly described. Simulated parachute ‘jumps’ in the low pressure chamber have been carried out and it has been shown that an essentially normal alveolar oxygen tension can be maintained throughout descent, at the rates of fall stipulated, using the emergency oxygen unit and either the B.L.B. mask or oral inhalation apparatus. The necessity of training aviation personnel in the proper use of oxygen equipment is stressed. The necessity of always using dry oxygen in aviation is emphasized.”<sup>1</sup>

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This column is prepared each month by Walter Dalitsch III, M.D., M.P.H. Most of the articles mentioned here were printed over the years in the official journal of the Aerospace Medical Association. These and other articles are available for download from Mira LibrarySmart via <https://submissions.miracdm.com/asmaarchive/Login.aspx>.

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