

OCTOBER 1995

Flight surgeons for medevac (USAF, Ramstein Air Base, Germany): "Physicians were involved in the development of aeromedical evacuation (medevac) and flight surgeons flew as crewmembers on the first U.S. military medevac flights. However, since World War II flight surgeons have not been routinely assigned to operational medevac units. The aeromedical literature addressing the role of physicians in medevac is controversial. Recent contingencies involving the U.S. Air Force (USAF) have required the augmentation of medevac units with flight surgeons... Beginning in 1992, the United States Air Forces Europe (USAFE) assigned three flight surgeons to the medevac squadron. Between 2 February 1993 and 24 March 1994 USAFE moved 241 patients on 29 missions out of the former Yugoslavia—most of these missions had a flight surgeon on the crew. Because advance medical information on the status of these patients is often nonexistent, the presence of a physician on the crew proved lifesaving in some instances. In peacetime operations, there has been a recent trend in the European theater for the USAF to move more unstable patients... Dedicated medevac flight surgeons have proven to have the specific experience and training to perform effectively in the role of in-flight medical attendant. In addition, they are effective in negotiating with referring physicians about the urgency of movement, required equipment, the need for medical attendants, etc. These flight surgeons also provide medical coverage of transiting patients in the Aeromedical Staging Flight (ASF), thus providing needed continuity in the medevac system... Dedicated medevac flight surgeons fill a unique and valuable role in medevac systems. Agencies with medevac units should consider assigning flight surgeons to these units."²

OCTOBER 1970

Anti-G suit and thromboembolism (University of Oregon Medical School, Portland, OR; NASA Flight Research Center, Edwards, CA; Department of Medicine, UCLA and the Long Beach Memorial Hospital, Long Beach, CA): "Trauma is widely accepted as an etiologic factor in venous thrombosis and thrombophlebitis of the lower extremities. Because of the frequent participation of military pilots and test pilots in athletic activities, the incidence of venous thrombosis of the extremities may be expected to be significant in this population. This group is likely to fly high performance vehicles and, therefore, likely to use the g-suit. On theoretical grounds, use of the g-suit in the face of recent venous thrombosis in the lower extremities should be hazardous. This problem is considered in this paper..."

"The occurrence of pulmonary embolization in close temporal relationship to flight involving substantial g [sic] loadings suggests consideration of the g-suit as an etiologic factor. On theoretical grounds as well, use of a g-suit in the face of recent venous thrombosis should significantly increase the risk of pulmonary embolization."

"It is recommended..."

"That g-suits not be worn for a period of three months following significant leg trauma, periods of bed rest exceeding three days, or operative procedures involving general anesthesia."³

OCTOBER 1945

Fear of substandard pilot exams (Editorial comment): "We have commented in this column before... on the recent changes in regulations governing the physical examination of private and student pilots."

"We could not help but feel that the action in reducing the standard of the examination and permitting it to be made by any physician regardless of his knowledge of flying or of aviation medicine was bound to be deleterious to aeronautics in the long run and certain to increase the hazards of flying..."

"Now, however, comes the announcement that these examinations of private and student pilots may be made by osteopaths. Regardless of what school of therapy one may believe in, the fact remains that there are only two osteopathic schools which even approach unrecognized medical schools in their standards of training or teaching. Graduates of these inferior schools entirely untrained in the subject will now be allowed to examine these classes of pilots. This of course, makes the whole matter of physical examination of these men an utter farce. In fact, it is worse than a farce, for the public, thinking that examinations are required, and not knowing all the circumstances, acquires a false sense of security. It would be far better entirely to abolish physical examinations of private and student pilots than to permit such a completely ridiculous situation to exist."

"We invite attention to the item... appearing in the *Journal of the American Medical Association* on September 1, 1945, which deals with this same subject. We quote the final sentence in this item."

'By this backward step a federal agency is apparently permitting selfish and political pressures to force upon them a disregard of the high obligation committed to them by the Congress."¹

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