

JUNE 1992

Lipids in pilots (American Airlines Medical Department, Fort Worth, TX): "Cardiovascular disease represents the single largest cause of premature career termination for airline pilots – an entity approximately equal to all other medical causes combined. It is obviously essential to assess risk factors for the development of cardiovascular disease among airline pilots. For that reason, we obtained lipid levels for 14,448 pilot applicants examined during the period from March 1984 through December 1988..."

"Airline pilot applicants have favorable lipid profiles which suggest that they will experience a lower incidence of cardiovascular disease during their professional careers. Moreover, their rate of cholesterol increase flattens out in their fifth decade, as opposed to that of the general population which does not exhibit this trend until the seventh decade. The reasons for this difference include their initial selection process, continued self-selection, and periodic health examinations. The result for an air carrier means a lower probability of pilot incapacitation during flight, and less expense for the company which employs the applicant."³

JUNE 1967

A possible new aeromedical drug? (Former CAMA president and 20-yr FAA-designated AME): "The unique biologic and pharmacodynamic properties of dimethyl sulfoxide, apparent when it is applied topically in a variety of physical problems affecting man, stimulated this investigation into its therapeutic value in aerotitis and aerosinusitis. This report considers a small number of cases because of halting of this type of clinical testing by our Food and Drug Administration in November, 1965. Resultantly, there was interruption in what was intended as a larger case series. DMSO has recently been released by the F.D.A. for clinical investigation in rheumatoid arthritis, scleroderma, and herpes zoster. This gives hope that its undeniable therapeutic value in a much larger spectrum of common clinical disorders...to include effective double blind evaluation of its efficacy in the treatment of aerotitis and aerosinusitis..."

"A total of eight cases of aerotitis were treated..."

"It is obvious that the cases treated are few in number, clinical investigation having been halted in the United States. This preliminary report is intended to stimulate thought as to the therapeutic potentials of DMSO in the prophylaxis and correction of cavitation air entrapment following changes in barometric pressure. Therapeutic effectiveness could only occur by resolution or lessening of edema within the eustachian tube, at the eustachian orifice, and at the maxillary ostium. The unique property to push or carry through other medications which may be dissolved in DMSO, this occurring through intact skin or mucous membrane, gives conjectural stimulation to the probability that the anti-inflammatory and edema lessening effect of DMSO when applied

topically and intranasally, can be implemented by vehicularized medications such as antibiotics. The hope is raised that a true picture of the potential value of DMSO in topical application to skin and mucous membranes in the treatment of physiologic problems of barometric etiology, will be explored more effectively, in a prophylactic and therapeutic sense, in double blind testing by altitude chamber runs on volunteer patients."²

JUNE 1942

Establishment of Fellows (Journal editorial): "Hereafter all those entering the Association will do so in the grade of member. They may remain in such grade indefinitely, or if they can demonstrate the necessary qualifications they may look forward after a suitable time to being designated as associate fellows. This will set such an individual apart as being a specialist in aviation medicine.

"In addition there will be a special class of Fellows, but this grade will be reserved for those who have demonstrated outstanding qualifications and who have made unusual contributions to the advancement of aviation medicine. In order to avoid any favoritism which comes into play if any small group were to pick the original fellows, the original group of ten are to be chosen by nomination and election from the floor. In other words, they will be the ten considered the most outstanding in aviation medicine who are members of the Association and who are selected as such by the entire membership. After they are chosen, they will select all additions to the group. No applications will be received, and it will be a case of pure selection by men who have already been selected themselves. The group will naturally be small in proportion to the entire membership. To be a Fellow will be an outstanding mark of distinction in aviation medicine.

"In the future all applicants for membership and associate fellowship will be carefully investigated before election and only those with the proper qualifications can hope for election."¹

REFERENCES

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