

JANUARY 1995

Flight surgeons! Get out of the office! (USAF School of Aerospace Medicine, Brooks AFB, TX): "Flight surgeons establish a unique rapport with pilots which promotes effective communication between doctor and patient. Social contacts between pilots and flight surgeon occur in many different settings, both formal and informal. Actively flying pilots were surveyed to investigate which interactions between the flight surgeon and the pilot most effectively establish rapport. Increased patient satisfaction and increased time spent with pilots, considered together and independently, were associated with improved rapport. The informal associations that occur in the pilot's work areas, and the formal interactions that occur at safety briefings, are the most important encounters for establishing good rapport. The contacts in the flight surgeon's office are the least important encounters in establishing rapport."⁴

Attitudes toward a smoke-free aircraft carrier (Naval Health Research Center, San Diego, CA; Commander, Naval Air Forces, U.S. Atlantic Fleet, Norfolk, VA): "Prior to implementing a ship-wide no-smoking policy, the crew of U.S.S. *Theodore Roosevelt* (CVN 71) participated in a voluntary survey on tobacco-related matters. The survey queried participants on their tobacco-use history, subjective exposure to environmental tobacco smoke (ETS), and attitudes related to smoking policy prior to the cessation of all smoking activities aboard ship. Of the 2,221 crewmembers who participated (74% response rate), 36% classified themselves as current cigarette smokers. Nonsmokers estimated their general exposure to ETS between 'low' to 'moderate.' Of all participants, 57% were in favor of the current restricted smoking policy, including 18% of currently smoking personnel. Follow-up research is being conducted to assess the long-term impact of the no-smoking policy on changes in attitudes regarding policy, tobacco-use rates, and ETS exposure."³

JANUARY 1970

Effects of oxygen in flight on smokers and nonsmokers (Naval Air Test Center, Patuxent River, MD): "Comparative vital capacity measurements were made preflight and postflight on jet fighter aircrew breathing 100% oxygen during one hour missions involving brief periods of practice air combat maneuvering at G_z forces from +0.5 to +6.5. During high G_z profiles, there was a 7% average loss of vital capacity in flight, with a range from 0 to 37%. Half of the subjects had not recovered the lost volume 30 minutes after landing. Smokers had an in-flight volume loss that was 3 1/2 times that noted among nonsmokers under high G conditions. Nonsmokers had no in-flight loss under low G conditions. Control runs on 20% oxygen- 80% air showed no in-flight volume loss. It was concluded that 100% oxygen has a deleterious effect on aircrew members in the air combat environment. This effect is grossly aggravated among cigarette smokers."¹

JANUARY 1945

Impact of the new anti-G suit (U.S. Army Air Surgeon): "Thoroughly tested and approved, the G suit has been in action for

several months in the European Theater. Although theoretically it offers an extra tolerance of 1.9 G, fighter pilots wearing the suit have never reported a complete blackout, regardless of the violence of any combat maneuver experienced. Unlike many so-called extra items of equipment pilots are required to wear or use, the popularity of the suit in fighter squadrons is directly proportional to the number of aerial combats on a squadron's records. Many pilots have contributed enthusiastic case histories of kills directly attributable to the extra margin of clear-headedness the suit gave them. It has reduced the effect of fatigue from aerobatics, and, like the oxygen mask and the electrically heated suit, it has enabled man to match his performance again with that of his aircraft."⁵

New cover for the journal (Journal Editor): "We start the new year with a new cover, which we hope will please our readers.

"This begins our sixteenth volume. It will have been noted that Volume 15 contained 441 pages without the index, the largest volume yet issued. The style and scientific content of THE JOURNAL have steadily improved and we feel certain that this improvement will continue."²

U.S. Department of Defense decision impact on meeting attendance (Journal Editor): "The Business Manager, Dr. James C. Braswell, had completed preliminary arrangements for the 17th annual meeting, and was about to recommend to the Executive Council that the meeting be held at the Palmer House in Chicago on September 24, 25, and 26, 1945. Now in view of the edict of the Office of Defense Transportation, we are not certain that the meeting can be held. It would seem to us that if any meeting is contributory to the war effort, ours is, as it is entirely devoted to a subject which is one of outstanding importance to the Air Forces. We hope that the Office of Defense Transportation will recognize that fact and grant an exemption. As the Office of Defense Transportation does not accept applications more than six months in advance, application will not be made until later."²

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