

Correspondence

SPACE MEDICINE BRANCH

To the Editor:

In recent months the subject of space medicine has assumed a position of importance in the press and in the thinking of a great number of people in this country and abroad who previously had thought of it as a form of science fiction—if they thought of it at all. Most of them are unaware of the fact that there has been a sizable group of people interested in, and working in, this particular field for a number of years. The Space Medicine Branch of the Aero Medical Association last year had a membership of 160 and has recently added twenty-three new members. New applications for membership are piling up at an unprecedented rate.

Numerous scientific societies are featuring papers on space medicine at annual meetings. These include the American Rocket Society, the Institute of the Aeronautical Sciences, the American Astronautical Society and, of course, the Aero Medical Association. This year's scientific program of the Aero Medical Association will have more papers on space medicine than ever before. One session on Monday afternoon, March 24, will feature eight papers on "Man's Progress Towards Space" under the chairmanship of Colonel Paul Campbell. The final symposium on Wednesday afternoon, March 26, will be on "Simulated Atmospheres and Foreign Environments in Space Operations" under the chairmanship of Dr. Strughold. The Space Medicine Branch luncheon on March 24 is expected to attract more interest than it has in past years. It will be under the chairmanship of Al Mayo, president of the Branch.

I call these matters to your attention in the hope of attracting other candidates for membership in the Space Medicine Branch. Information about the group and its members, as well as application forms for prospective new members, can be obtained from the membership committee who, besides myself, include: Brigadier General Don

Flickinger, Air Research and Development Command, Andrews Air Force Base 25, D. C.; Captain Philip B. Phillips, U. S. Naval School of Aviation Medicine, Pensacola, Florida; Dr. John R. Poppen, 9000 Amestoy Avenue, Northridge, California; Dr. E. J. Baldes, Mayo Clinic, Rochester, Minnesota; Dr. M. G. Whillans, Department of National Defence, Ottawa, Canada.

Inquiries addressed to any of these members will be promptly answered in furtherance of our objective of building the strong Space Medicine Branch of the Aero Medical Association which current events indicate will be required in the future.

CLIFFORD P. PHOEBUS
Captain, MC, USN
Chairman, Membership Committee
Space Medicine Branch

C.A.M.A. CHANGES

To the Editor:

The Aero Medical Association was founded in October, 1929, in Detroit, Michigan, less than two years after the enactment of the Civil Aeronautics law. At that time, the interest in aviation was not too great but Dr. Louis H. Bauer, the first medical director and founder of the Aero Medical Association, had appointed medical examiners for the Department of Commerce at strategic points in the United States and Hawaii. The main objective of the Association was to instruct and enlighten all designated examiners in the performance of a flight physical examination. For the first few years of its existence, the annual meeting consisted principally of such instruction.

Each year our meetings became more and more scientific and exploratory. Soon the majority of the presentations were over the heads of the majority of the designated examiners in the field. In November, 1947, there was organized in New York City the Airline Medical Examiners Association and the preamble of its constitution stated:

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"It shall be the purpose of the Airline Medical Examiners Association to promote acquaintance and fellowship among its members, to increase education and research in the examination of airmen engaged in civil aviation; to establish a uniform performance of designated procedures; to study and stimulate the progress of aviation medicine and greater safety in civil aviation." Thus the organization was born with the prime purpose of increasing the efficiency of all the examiners in the field. The name was later changed to the Civil Aviation Medical Association.

In October, 1957, the president of the Civil Aviation Medical Association held a meeting of his board of trustees in Chicago, and at that time many changes were made. Heretofore, there were several classes of members. The board of trustees changed this so that all members would be on the same level and the dues were reduced to \$10.00 a year for all. Not being a large enough organization to stand on its own feet, we then voted to align ourselves with the parent body, the Aero Medical Association, similar to the Air Force, Navy, Airline Medical Directors Association and Space Medicine Branch. To do this we voted that to be a member of the Civil Aviation Medical Association, one must first be a member of the Aero Medical Association.

The Civil Aviation Medical Association will hold its annual business meeting and election of officers at a luncheon Monday noon, January 23, followed by its own scientific program during the entire afternoon.

Captain Ashton Graybiel, president of the Aero Medical Association, was notified of these changes. He then kindly invited the president of the Civil Aviation Medical Association to attend his executive council meeting in Pensacola, Florida, December 6 and 7, 1957. I gladly and gratefully accepted his invitation. He presented all the above facts to the executive council and we were accepted with open arms. We have maintained an attorney in Washington to represent the men in the field and to promote desirable legislation. It was problematical whether we could still retain such counsel. The secretary of the

Aero Medical Association was instructed to facilitate in every way possible the needs of the C.A.M.A.

I have had many letters from older members of the Aero Medical Association congratulating the Civil Aviation Medical Association for making this move, and all indicated that they were going to become members of the Civil Aviation Medical Association, something that had never been done before. Personally, I look for great progress and a substantial increase in membership. THE JOURNAL, which now comes out monthly, is ready and willing to accept suitable non-scientific papers from designated examiners. This has not been possible in the past because of lack of space. Such reports can present problems that a designated examiner may run into in his daily work. These articles will interest all members of Civil Aviation Medical Association.

JOHN A. TAMISIEA, M.D., President
Civil Aviation Medical Association