



**THE ASSOCIATION
OF
AVIATION MEDICAL
EXAMINERS**

A HISTORY

By

**Dr Victor B Maxwell MB ChB MRCP
Vice President AAME 1999
Edited by T G Nash Chairman AAME 2008**

AAME HISTORY

INTRODUCTION

It is my intention to record as accurately as possible the history of the Association of Aviation Medical Examiners. It will inevitably be culled from several sources and acknowledgement will be made at the appropriate place. However, three major sources must be recognised at the outset.

Dr James Alexander, who at the time of writing is enjoying a well deserved retirement in Australia, has provided a great deal of detail about the history of the Civil Aviation Authority Medical Branch and this history is of vital importance for an understanding of the rationale for the formation of AAME. James spent very many years working with the CAA and its fore-runners and his detailed account of this history has been invaluable.

Dr Geoffrey Bennett, past Chief Medical Officer to the CAA, kindly corrected some errors and misconceptions in my original text. He had been involved in the old Ministry of Aviation when it was formed from the Ministry of Supply and was involved in the process of delegation of examinations which resulted in the establishment of the AME network.

Dr Alfred Bonnici, a past Chairman, has been a Member of AAME since just after its inception. Alfred is a historian as well as an AME and with a historian's sense of what is important he has retained an almost complete set of all the Newsletters, information sheets and programmes for all of our Scientific Meetings. This has been a veritable treasure trove and without it many inaccuracies would have crept in to this report. If anyone has proof that, despite a great deal of care, some information given is inaccurate, I will be pleased to receive it and incorporate it in any future printing.

Victor B Maxwell.

Vice President, AAME. London. 1999

FOREWORD

I have read Victor's account of the early history of how AAME was founded with great interest and discovered that at the time I knew very little about what was going on. However, I certainly recall the deep suspicion that was felt by the CAA medical branch and the feeling that this was just some sort of rebellious groups of AMEs seeking higher fees and probably an interfering influence in the business of medical certification. So when Victor approached me with the suggestion that I might like to chair the first scientific meeting and outlined the proposed subject and speakers I was first surprised at the sheer quality of the content and very soon enthusiastic at the prospect. Its clear success ensured the firm establishment of the AAME. Since those early days the enthusiastic support of members and a succession of able chairmen, secretaries and committee members have guaranteed that the standards and interest of the meetings have never flagged whilst co-operation with the CAA has grown to give great mutual benefit from the interchange. I have absolutely no doubt that the successful progress of this most agreeable of medical associations will continue.

John Cooke

ONE

BACKGROUND

Pre-World War One, aviation, like Topsy, just grew. The Aero Club, subsequently The Royal Aeroclub, just issued Licence numbers. The late Lord Brabazon frequently reminded Parliament during Aviation debates that he held licence number 5. In 1922 the League of Nations attempted to set up world aviation standards but failed. About this time, the Government Department responsible for Civil Aviation was the Air Ministry through MA2. James Alexander reports that the earliest medical report he ever came across was dated 1927 and the adjudicating Medical Officers were Royal Air Force.

The impact on aviation of World War Two was enormous. Political thinking was propelled ahead by the urgent need to have a non-military body to be responsible for

Civil Aviation. In late 1944 the provisional International Civil Aviation Organisation (ICAO) came into being prior to The United Nations Organisation. In the United Kingdom (UK) the Minister of Aviation was Lord Swinton although the Air Ministry was in control. 1947 saw the establishment of the Ministry of Civil Aviation (MCA). The Board of Trade, the oldest Department in the Civil Service, continued to have an involvement with aviation in addition to the marine world.

The Medical Department and Ops of MCA were housed in Berkeley Square facing across the Park to Hill Street which was still paved with wood blocks. James Alexander joined MCA in November 1951 and went to the Medical Department, where the Senior Medical Officer (SMO) was the late James D Leahy M.C. who had only recently retired as an Air Commodore from the Royal Air Force (RAF). He had spent his entire medical career with the Royal Flying Corp (RFC), later the Royal Air Force, and flew. His deputy was Charles Lindup, also recently retired as a Group Captain. He, too, had spent most of his life with the RAF. In 1960 Leahy retired and Lindup declined to be SMO and a non medical person was appointed. Drs Leahy and Lindup had dealt with civil aviation medical licensing and John Chambers, the ex Ministry of Supply SMO was acting until the appointment of Dr Bennett in 1964.

In 1955 MCA moved to a new building in High Holborn, but this did not last long and a further move was made to Shell Mex House in the Strand where they remained until the Civil Aviation Authority (CAA) was formed in 1972 (via the Ministry of Technology and the Board of Trade) and CAA House in Kingsway was acquired. The Authority left the Civil Service and Lord Boyd Carpenter was appointed first Chairman.

THE AUTHORISED MEDICAL EXAMINER (AME)

In 1964, when Dr Bennett started, there was no such thing as an AME. It had not been possible for the Licensing Authority to delegate the medical examination of pilots, although a number of other countries had done so. Dr Bennett imported the system, but there was much opposition from the government of the day to the delegation of any of the CAA's statutory functions. Eventually, Dr Bennett was able to overcome this opposition and established a network of approved doctors to whom

some of the routine work could be delegated. They became known as Authorised Medical Examiners or AMEs. This took place in 1964 or 5, shortly after he had introduced medical certificates to keep doctors in control of the process. Little is known about the selection of the early AMEs but during the post war period, in the late forties and early fifties, many doctors were leaving the armed forces with considerable expertise in aviation medicine and quite a large number of these became AMEs in conjunction with their general or specialist practice. They rarely met each other until Dr Bennett introduced fairly regular meetings in London which included both clinical aviation medicine and administration as, to quote Dr Bennett himself, "early AME's took a few years to appreciate the legal requirements of examination recording and certificate issue".

By the 1970's, morale amongst AME's was low. Many AME's felt that they had little input into what they were doing and they could not come to terms with the fact that scales of charges were set by the Authority. They resented the fact that these charges did not compare with comparable rates in other areas of the AME's work. Then, as now, they found it difficult to appreciate that the CAA's scale of fees were those charged 'in house' and were for guidance only, the Authority acting within guidelines set from above. There appeared to be little dialogue. The response to this was an angry meeting convened by Dr Brenig James from Marlow at a CAA symposium being held in London in the middle 1970's. It was attended by some 50 AMEs and an Association was founded with Dr James as its Chairman with a small Committee of AMEs. Its remit was purely political, to do battle with CAA to right perceived wrongs and, like so many other such organisations, it was too small and too divided both with regard to its objectives and its tactics. It had no educational aims and rapidly fell into disrepute and it folded within a very short time.

TWO

THE FORMATION OF THE ASSOCIATION

In 1978, at an Aviation Medicine meeting being held at the Royal College of Surgeons in Lincoln's Inn Fields, a casual conversation between the author and one Richard Smith took place during a stroll through one of the Inns of Court during the lunch break. Richard was a Loss Adjuster for Insurance Companies underwriting various types of business in the aviation field, including Loss of Licence Insurance for

professional pilots. He had a deep interest in matters' medical although he was, of course, not medically qualified and he attended many of the CAA's medical symposia. He also knew a great deal about the aviation scene on both sides of the Atlantic. At this time, there was no U.K. organisation comparable to the Aerospace Medical Association or even the Civil Aviation Medical Association in the USA each of which, within its own specialised sphere, brought together doctors practising Aviation Medicine for their mutual benefit, professional, educational and social. Richard, who had known of the previous, abortive, attempt to set up a similar organisation in the U.K., felt that the time was right for another attempt but on a different basis. We agreed that this was to be an educational and not a political body and that the whole idea was to provide a forum for the interchange of ideas and information amongst like-minded people interested in Aviation Medicine.

In April 1980 a meeting was convened by me in Manchester with invitations being sent to about 300 AMEs in the U.K. to attend to discuss the setting up of such an organisation. The weather tried its best to kill us off at the outset. April in Manchester is usually fairly mild-wet maybe, but mild. That April it snowed hard and at least half of those who had indicated that they would attend could not even get their cars out of their garages! Twenty-five of us actually made the meeting and founded the Association of Aviation Medical Examiners.

If you suggest setting up anything you find yourself running it and I was elected the Chairman of the Steering Committee with Dr Suniel Minocha as Secretary, Dr John Furguson as Treasurer and Dr 'Paddy' Wilson and Dr Hugh Pentney as the other members. John Furguson later became ill and handed over the Treasurer's post to Paddy but remained on the committee.

Twenty-five members and a name and a steering committee-what next?

A Constitution was formulated setting out a responsible scientific attitude and a widely publicised initial general meeting was held in London later in the year before the CAA's annual seminar - <http://www.aame.co.uk/aa/files/AAME%20Constitution.pdf>.

About 50 AMEs attended and approved the Constitution and confirmed the membership of the Steering Committee, which thus became the first formal Committee of AAME. I remained Chairman, not without some trepidation. One very important decision was made at the outset. This was to be a professional educational body and would not get involved in politics, medical or otherwise and would remain

clear of union-type activities.

Two precedents were set that evening. Once the business was out of the way, one of our own members was invited to address those present on some aspect of his work. Dr Alan Roscoe, who at that time was working for the Royal Aircraft Establishment at Bedford, spoke of his work on flying under adverse weather conditions and showed us the results of his most interesting telemetry experiments with recordings of heart rate as a measure of stress.

The other precedent was that we invited spouses to attend our meeting and provided entertainment for them during the business meeting. On this occasion it took the form of a beauty demonstration by a leading cosmetic house. Afterwards we all adjourned for dinner.

We now had to settle down and prove our worth by arranging our first Scientific Conference. We needed to erase the slightly unfortunate memories left behind by the earlier group which had resulted in a guarded attitude to us on the part of the CAA. We had to arrange a really good meeting of high scientific input. The City of York was chosen for the venue as we knew that there was plenty to attract both delegates and their spouses because we intended always to involve wives in what we did. The choice of Chairman for the meeting was easy. I had served under John Cooke in my Royal Air Force days, when he was visiting Medical Specialist to the RAF hospital where I ran the Medical Division. By now he had reached the exalted rank of Air Vice Marshal, was Professor of Aviation Medicine and Senior Consultant Physician to the Royal Air Force, but he immediately accepted my invitation, saying "York is one of my favourite cities"! The subject chosen for the meeting was very topical. Beta blockers had just been approved by the CAA for use in professional pilots for the control of hypertension and an in-depth study of this area was thought to be appropriate as A.V.M.Cooke was intimately concerned with this subject. We were very fortunate to get ICI (Imperial Chemical Industries) to accept total financial responsibility for the expenses and recording and publication of the proceedings (published as a supplement to the Journal of The Aerospace Medical Association in November 1981). They did have a vested interest as they manufactured two beta-blockers of significance, but it must be placed on record that they in no way influenced our choice of speakers or edited the proceedings.

The First Scientific Meeting of AAME was held in April 1981 and was attended by 90 delegates and spouses. Important things about the use of beta blockers in pilots were said, and these had a direct influence on the Licensing Authorities on both sides of the Atlantic in enabling more pilots to remain fit to fly with controlled hypertension. One of the most important results of the York meeting was that our credibility was assured. We had proved our point-we did fill a void and we did it successfully. We had shown that AMEs were responsible, committed doctors who wanted to learn more about their chosen area of expertise and were prepared to pay to do so provided the quality of the meeting was high enough.

Our next task was to increase membership and this we did by making ourselves known wherever and whenever possible. By the time of the next Annual General Meeting in November 1981 we had increased our numbers to over 100 out of a possible total AME list of only 300 in the U.K. Our membership included military doctors, professional pilots and our Loss Adjustor friend, Richard Smith. The Constitution had been written with non-medical members in mind and in the early years we always had a few.

It should be noted that, initially, the annual Scientific Meeting was held in the spring and this continues to the present day. An early decision was that, on principle, all our meetings would be held outside the Capital and we would move around the country to the various Regions. The Annual General (or Business) Meeting was held in November and this was held in London. It was deliberately held as a separate event in order to give members two opportunities a year to gather and talk. This continued for some years very successfully, but the AGM was later amalgamated with the Scientific Meeting by general demand as one meeting a year was considered to be enough.

The AGM in 1981 was attended by 40 members and the address at the close of the business meeting was given by the much respected Geoff Purnell from British Aerospace at Warton, Lancashire. Geoff had been a Founder Member of AAME and sadly, died the following year. On this occasion he spoke of his work on hearing problems amongst staff at the plant, not only pilots but ground staff and construction workers too. He showed the importance of routine audiometry amongst the whole work force. Wives, too, were not forgotten and this time were offered a flower arrangement demonstration.

To reflect our growing International stature, in 1982 we were invited to apply for affiliation to the Aerospace Medical Association and this was granted. We remain in

this relationship to this day.

The 1982 Scientific Meeting was held in the Spring in Cambridge. Turning to another old friend from RAF days, an approach was made to AV.M. 'Paddy' O'Connor to Chair the meeting and he, too, accepted with alacrity. He had recently retired from his post as Consultant in Neuro-Psychiatry to the RAF but was still active as Adviser to the C.AA. Psychiatric disorders being the second most common cause for loss of flying status amongst pilots in the U.K., it seemed appropriate to devote this meeting to 'Psychiatric Disorders as they relate to Aviation'. This time, we were able to attract three speakers from North America - Dr. 'Dick' Harper of United Airlines, Dr. 'Hal' Conwell from Texas and Captain Pat Palmer from Air Canada. They joined four British speakers and between them they dealt with psychiatric disorders in civilian pilots, military aircrew, in general aviation, return to flying after head injury and alcoholism with particular reference to the employer's rehabilitation programmes. The AGM in November 1982 saw one important item of business. This was the change in our Constitution necessitated by our wish to be recognised as an educational charity with the tax advantages this produces. Both the original and the revised Constitution are reproduced in the Annex. Our post-business speaker was another member of AAME, Ken Edgington, currently at the Civil Aviation Authority but at that time a Lt.Colonel in the Army Air Corps. He spoke of his work, mainly with helicopters, and gave an entertaining account to members and their wives. Earlier in the evening the ladies had been entertained by Grainne Cronin, who was a line pilot with Air Lingus. She spoke of some of her problems of recognition as a woman in a man's world. She even told of the man who wanted to get off the aeroplane in flight when he learned that the pilot was a woman! One small item which was considered during this time was a 'logo' and the current one came into being as a result of the handiwork of the author's artistic daughter, Karen. So far, it has stood the test of time.

THREE

RELATIONSHIP WITH THE CIVIL AVIATION AUTHORITY

Although it was not the prime objective, the Founder Members of AAME always had at the forefront of their minds the thought that, if the organisation could prove its

value and its credibility, the C.A.A might change its attitude to AMEs. This, in fact, is what has happened. From the early days when there was still some residual distrust on the part of the Authority there has been a steady improvement in the relationship. The first real sign of this was in 1984 when a joint meeting was first held and has now become the norm. The C.A.A. has used this opportunity to put its points across but has also begun to welcome comment and criticism from members. A very recent development has been the establishment of the Civil Aviation Medicine Forum, which meets twice a year at Gatwick and which has on it the Chairman of AAME. The C.A.A. now includes AAME in the discussion loop and appears to take notice of comment - a far cry from the early 70s! The Authority encourages us in what we do and sponsors our meetings. We have shown that our Scientific input to the Aviation Medicine scene is of significance and the C.A.A. now recognises our meetings as part of their accreditation programme.

SPONSORSHIP

Mounting a scientific meeting of the type the Committee wanted is a costly business and a considerable financial risk, particularly in the early days when we did not have a reputation and could not be assured of a large enough attendance to make the event financially viable. The first meeting was underwritten entirely by ICI and they arranged for payments for speakers as well as recording for publication of the proceedings. Their interest was, of course, not philanthropic, as has already been mentioned but we, too, benefited greatly by their involvement as we were able to attract speakers of the highest calibre. Our meeting was an outstanding success at both a professional and social level and helped us get on our feet.

Since then sponsorship has come from other directions. By 1983 the list included Guardian Royal Exchange Assurance, the company which underwrote Loss of Licence Insurance for professional pilots. It is worth noting that fourteen years later, their successors, The British Aviation Insurance Group, was still sponsoring our meetings. Also involved in 1983 was Shell International, Stuart Pharmaceuticals, Allen and Hanbury, British Aerospace, WB Pharmaceuticals, The Rose Foundation and Cardiologic (UK) Ltd. The number of sponsors has fallen since then, with recent changes away from drug firms towards the aviation industry, with Airtours now

contributing.

Lack of substantial sponsorship means that we have to be self funding out of income and this in turn reflects on the opportunity to invite speakers whose expenses we can not afford. Recently we were able to afford to invite a speaker from abroad to contribute to our programme which is to everyone's advantage.

THE JOURNAL

Early in the eighties, Dr Suniel Minocha began to produce a Newsletter which became the British Journal of Aviation Medicine, edited by Suniel. None of these seem to have survived. They were informal with little scientific input but were enjoyed by the members. In 1987 the first issue of Aviation Medicine Quarterly appeared. This was published by a professional publisher, was a scientific journal with an Editorial Board and peer review of its articles. The Editorial Board comprised the Editor (the author of this History), Air Commodore (later Professor) J Ernsting and Dr A H Roscoe. Its aims were high and it attracted encouraging comment, particularly in the United States and elsewhere abroad. Indeed we soon appointed an American Overseas Editor, David H Jones who was Editor of Aviation, Space and Environmental Medicine. He was a very good friend and tried throughout our short history to encourage circulation. He even published reviews of some of the articles published in AMQ in his journal.

Despite pestering of all and sundry by the Editor, it was difficult to attract material or subscribers and in September 1991 the final edition appeared. It cost the Association quite a lot of money but it is still spoken of by some of its supporters as having been a very good idea. The articles were clinical rather than research orientated and relevant to the civilian scene, which those in Aviation Space and Environmental Medicine rarely were. There is still no adequate replacement designed for Worldwide reading. Many of the articles published were by internationally known authors and some of the ideas published were ahead of their time.

The Newsletter was relaunched in 1996 under the Editorship of The President, Professor Douglas Chamberlain.

THE FUTURE

During the past few years there have been many changes in the aviation world and this has affected Aviation Medicine too. The most important in Europe is the implementation of JAR-Medical regulations which came into force on July 1st 1999. Some of the changes have not been well received, particularly the requirement that AME's stop working at age 70. Some decisions appear to be the result of compromise rather than evidence based medicine. It is, perhaps, too early to be able, to assess the long term effect of European harmonisation. It is to be hoped that an analysis of results of the new requirements will be carried out so that a true cost-benefit analysis can be made.

The need for education continues and it is believed by the Committee that the Association has an important part to play in this field. Recently, a sub-committee was set up to consider the whole topic of the future of AAME and it reported back with strong recommendations for the next 5 years. These include the importance of a high level of scientific input into the Annual Scientific meeting, maintaining close links with the CAA, creating new links with other likeminded bodies and continuing with the publication of a significant Newsletter. The change in the working AME body may throw up other important areas which should be addressed by the Association, and it is considered that there is a need for AAME to be able to respond promptly to change in demand.

APPENDIX

a. THE ORIGINAL CONSTITUTION -1980

The original Constitution drawn up at the inaugural meeting in February 1980 is given below.

ARTICLE ONE The Association will be known as the Association of Aviation Medical Examiners.

ARTICLE TWO The Association will have an unlimited life.

ARTICLE THREE

The aim of the Association is:-

(a) to promote interest in aviation medicine

(b) to provide a forum for the exchange of views, ideas and problems and to facilitate research in aviation medicine.

- ARTICLE FOUR Terms of reference are:-
- (a) to organise regular meetings, one in the Autumn to coincide with the Civil Aviation Authority Annual Symposium and to be held wherever this is being held. This meeting to be the Annual General Meeting. Another Scientific meeting to be held in the Spring in the periphery. The venue to be variable, and
 - (b) to publish a Newsletter.
- ARTICLE FIVE Composition.
- (a) Full members to be doctors involved in Aviation Medicine, full or part time, civil or military and
 - (b) Associate members, who would have no voting rights in the organisation, would be members of other approved disciplines.
- ARTICLE SIX Finance. There would be a joining fee of £10 and an annual subscription of £10. This figure to be reviewed by the Committee.
- ARTICLE SEVEN The Association will be administered by a Committee comprising a Chairman, Secretary, Treasurer and two others. The Committee will be elected from fully paid-up members. In order to provide continuity on the Committee initially the Chairman should serve for three years, two members to retire after the first year and two members to retire after the second year. The Committee members should be eligible for reselection and to subsequently serve a term of three years.
- ARTICLE EIGHT Dissolution of the Association. This should be by the vote of two thirds of full members. Non-attending members to be entitled to vote by proxy. Committee to decide as to how to dispose of remaining assets.
- THE CONSTITUTION was modified in 1982 to allow AAME to become a Registered Charity.
- ARTICLE ONE The Association will be known as The Association of Aviation Medical Examiners.
- ARTICLE TWO The objects for which the Association is established are to advance for the public benefit education and research in aviation medicine and to publish the useful results of such research. In furtherance of the above objects but not further or otherwise, the Association shall have the following powers:-
- a) to organise regular meetings, one in the Autumn to coincide with the Civil Aviation Authority Annual Symposium and to be held wherever this is being held. This meeting to be the Annual General Meeting. Another meeting to be held in the Spring in the periphery. The venue to be variable and
 - b) to publish a Newsletter and
 - c) to do all such other lawful things as shall further the above

objects.

ARTICLE THREE

Composition:

- a) Full membership shall be open to all doctors involved in Aviation Medicine, full or part-time, civil or military, and
- b) Associate membership shall be open to members of other approved disciplines. Associate membership would carry no voting rights within the organisation.

ARTICLE FOUR

Finance:

There shall be a joining fee of £10 and an annual subscription of £10. This latter figure to be reviewed by the Committee from time to time. A banking account shall be opened in the name of the Association and all cheques issued must bear the signature of two members of the committee.

ARTICLE FIVE

The Association will be administered by a Committee comprising a Chairman, a Secretary, a Treasurer and two others. The Committee will be elected from fully paid up members. In order to provide continuity on the Committee initially the Chairman should serve for three years, two members to retire after the first year and two members to retire after the second year. The Committee members should be eligible for reselection and subsequently serve a term of three years. The committee to meet as required.

ARTICLE SIX

Dissolution.

This shall be by the vote of two thirds of full members. Non attending members shall be entitled to vote by proxy. In the event of the dissolution of the Association, all assets remaining after the satisfaction of all debts and liabilities shall be given or transferred to some other charitable institution or institutions having objects the same or similar to those of the Association as the Committee shall with the approval of the Charity Commissioners determine.

ARTICLE SEVEN

Amendments

This constitution may be amended by a special resolution passed at a meeting of the Association and receiving the assent of two thirds of the members present and voting provided that no alteration shall be made which would cause the Association to cease to be a charity at law.

The amended Constitution was put before the Annual General Meeting of the Association on 5th. November 1982 and approved by an overwhelming majority. The old Association was dissolved and immediately reconstituted with the new Constitution. It was approved by the Charity Commissioners in November 1982 and the number allocated was 285927.

b. OFFICERS

PRESIDENT

Air Vice Marshal J N C Cooke C.B. from 1986 to 1994

Professor Douglas Chamberlain CBE from 1994

VICE PRESIDENT Dr V B Maxwell from 1996

CHAIRMEN	1980-83	Dr Victor B Maxwell
	1983-84	Dr Ben Butler
	1984-85	Dr WP Wilson
	1985-88	Dr Suniel Minocha
	1988-90	Dr John Charles Jones
	1990-92	Dr Douglas Bain
	1992-94	Dr Lewis Scott-White
	1994-96	Dr Brian Wallace
	1996-98	Dr Alfred Bonnici
	1998-2000	Dr Andrew Zsigmond

SECRETARY	1980-5 &	
	1988-94	Dr Suniel Minocha
	1994	Dr John Charles-Jones
	1995	Dr B Ireland

TREASURER	1980	Dr 'Paddy' Wilson
	1984	Dr A Yardley-Jones
	1986	Dr John Charles-Jones
	1988	Dr Andrew Zsigmond
	1990	Dr John Busby

COMMITTEE MEMBERS

1980-81	Dr Hugh Pentney
1980-81	Dr Furguson
1981	Dr Ben Butler
	Dr A Yardley-Jones
1986	Dr D Bain
1987	Dr R Liddell
	Dr Brian Wallace
1986	Dr Lewis Scott-White
1989	Dr A Bonnici
1989	Dr F Marshall
1993	Dr M Bagshaw
1995	Dr D Morgan
1995	Dr B Ireland
1996	Dr Brian Pickard
1997	Dr Alexander Beck

Dr Alan Roscoe was a co-opted member of the Committee from the outset in order that his expertise could be made available. He felt it was inappropriate that he should

be a full member.

c. SCIENTIFIC MEETINGS

ONE

1981 YORK The Abbey Park Hotel

BETA BLOCKERS IN HYPERTENSION

Chairman- Air Vice-Marshal J N C Cooke
Dean of Air Force Medicine, R.A.F. Hospital, Halton

Historical perspective. –

Dr P C Chapman,
British Caledonian Airways

Clinical use of beta blockers in hypertension –
Prof. Peter Sleight,
Professor of Cardiovascular Medicine, University of Oxford

CSF/Brian concentrations of beta blockers in man.
Mr GN Dwyer, cons. Neurosurgeon, London

Beta blockers and the effects of stress on the normal and ischaemic heart.
Prof. BNC Prichard, Univ. Coll. Hosp. London

Visual reaction times during beta blockade.
Dr D Harms,
The German Inst. Of Av. Med. Fursten Feldbruck.

Effects of beta blockade on driving.
Dr T Betts Cons. Psych.
Queen Elizabeth Hospital, Birmingham

Effect of beta blockade on psychomotor performance.
Wg, Cdr. D H Glaister, RAF I.A.M. Farnborough

The proceedings were published in full as a supplement to Aviation Space and Environmental Medicine. 1981. Vol 52. Sect. 11 S1-S48

TWO.

1982 CAMBRIDGE – University Arms Hotel.

PSYCHIATRIC DISORDERS IN AVIATION

The problem in perspective. Loss of Licence figures.
Richard Smith. Loss of Licence Insurance Adjuster.

Recognition of psychiatric disorders during the annual medical.
A.V.M 'Paddy' O'Connor, Cons. Neuropsychiatrist. RAF.

Incidence of psychiatric disorders in civilian pilots.
Dr G Bennett, C.C.O. C.A.A.

Behavioural disorders including alcoholism in general aviation.
Dr H R Conwell. Texas

The Air Canada programme for rehabilitation of the alcoholic pilot
Capt. P Palmer, Air Canada

Psychiatric illness in Military Aircrew
Gp. Capt. Black, Consultant Psychiatrist R.A.F.

Return to flying after head injury
Mr J Firth, Consultant Neurosurgeon
Queens Medical Centre, Nottingham

Sleep disturbance fatigue and performance.
Dr C R Harper, United Airlines

The proceedings were published in full in Aviation space and Environmental
Medicine. 1983 Vol. 54 No 7. 564-611.

THREE

1983 BATH The Beaufort Hotel
Reception in the Roman Baths followed by banquet in the Georgian Pump Room.

RESPIRATORY AND ALLERGIC DISORDERS AS THEY RELATE TO AVIATION

Mild hypoxia and the use of oxygen in flight.
GP. Capt. J Ernsting.
RAF IAM Farnborough

Hyperventilation in flight
Sqn. Ldr. T M Gibson, RAF

Early lung disease and small airways
Dr Malcolm Green
Brompton Hospital, London

Natural History of Asthma
Wg. Cdr. J C Hopkirk, RAF Midhurst

Nasal Allergy

Dr A W Frankland, London

Nasal disorders in relation to aviation

Mr B H Pickard,
St George's Hospital, London

Dangerous Asthma

Prof. A Dornhorst, Civilian Consultant, RAF

The Proceedings were published in full in Aviation Space and Environmental
Medicine. 1984 Vol 55. No 5. 405-432.

FOUR

1984 OXFORD

Two day meeting organised by the AAME and The CAA Saturday. AAME Scientific
Meeting.

STRESS IN AVIATION

Chairman

Prof. C L Cooper, UMIST

An overview of occupational stress.

Prof. C L Cooper

The role of the pilots advisory group

Capt. Neil Johnston, Air Lingus

Stress and Accidents.

Mr R G Green RAF IAM Farnborough

The Endocrinology of Stress

F. John Mills
Janssen Pharmaceuticals Ltd. U.K.

Stress, Catecholamine and Sleep

G. Ainsworth Harrison
University of Oxford

Chairman.

Dr P G F Nixon, Charing Cross Hospital

Cholesterol, Stress, Lifestyle and Coronary Heart Disease.

Col. R G Troxler, USA FSAM

Factors predictive of stress, organisational effectiveness and coronary heart disease
potential

Professor Herlie Hendrix
Clemson University, South Carolina

Coping ability, stress and coronary heart disease
Dr P Nixon

The proceedings were published in full in Aviation, Space and Environmental
Medicine. 1985 Vol 56. No.7. 635-665

SUNDAY. CAA SEMINAR

Chairman Dr G Bennett C.M.O. CAA

Cardiac Factors to be assessed for fitness to fly.
Dr Michael Joy
Consultant Cardiologist CAA

Examination of the eye and visual implications on fitness to fly.
Gp. Capt. J Cloherty
Consultant Advr. in Ophthalmology, RAF

The pilots view of stress
Capt. J EC Mayes, Dan Air

Medical aspects of aircraft accidents
Dr G Bennett

Medical considerations in assessing fitness to fly.
Dr John Lemon SMO CAA

FIVE

1985 Royal Air Force Aviation Medicine Training Centre, North Luffenham

Chairman Dr B Butler

The philosophy of Aviation Medicine Training of aircrew.
Air Cdr. J Ersting
Consultant Adv. In Aviation Medicine RAF

History and Work of RAF Aviation Medicine Centre
D Reader, OC AMTC

Review specific areas by staff of AMTC
Demonstration of 8 aspects of the work of AMTC

SIX

1986 West Cheshire Postgraduate Medical Centre, Chester

The New ICAO Medical Manual
Dr Roy Stewart

Consultant, Civil Aviation Medicine, Ottawa. Canada

The in-flight medical care situation

Dr G Bennett, CMO, CAA

Drug enhancement of pilot performance.

Dr Susan Carr and Mr John Firth
Queen's Medical Centre, Nottingham

Neurological limitations of the external visual scan.

Dr Alistair Gale and Mr John Firth

Training of Aircrew in Human Factors.

Capt. Mike Stonehewer
BALPA & Fleet Training Captain, Dan Air

The Aeroplane in the treatment of tic douloureux

Dr Gordon Taylor
Consultant Neuroanaesthetist, Nottingham

The evaluation of theory versus practice in major aircraft disasters on airport site.

Dr Hal Conwell, Texas

The Boeing 757 flight deck. A safer way to fly.

Capt. G A C Gray

Medical Aspects of the Airbus

Dr Horst Renemann, C.M.O.
Lufthansa, Germany

Comparison of HGV/PSV and ATPL medical standards.

Dr Phillip Norris, Dept. of Transport, Swansea

Aircrew Medical Examinations in Switzerland-to compare-to contrast-to learn.

Dr Graeme Cameron, Basle

SEVEN

1987 EASTBOURNE – The Cavendish Hotel

PERFORMANCE

Introduction Dr Alan Roscoe, Britannia Airways

Distraction Dr D Bain

Effect of minor illness on performance
AV JNC Cooke

Natural ability, training, currency & recency

Capt. C Norman
Flight Training Manager, Britannia Airways

Fatigue and its relation to performance
Dr H Wegmann
DFVLR, Germany

Behavioural disorders and performance
Dr L Goldie
Consultant Psychiatrist, London

Effects of circadian rhythms on performance
Dr J Waterhouse. Manchester

Arousal
Mr J Firth
Queens Medical Centre, Nottingham

Human factors in maximising human potential
Dr P Rambout, U.S.A.

EIGHT

1988 The Abbey Hotel, GREAT MALVERN

“Have we got it right”

Present medical standards
Prof. Stan Mohler
Wright State University, Dayton, Ohio

The age 60 rule
Dr G Bennett CMO, CAA

Routine Chest x-rays
The case for: Dr Andrew Hopkirk
Edward VII Hospital, Midhurst
The case against: Dr Robert Liddell
Dan Air

The place of biomedical tests in aircrew medical examinations
Gp Capt S A Cullen
RAF Inst. Of Pathology, Halton

The pilot's view point
Capt John Blanch
BALPA

Pilot factors in aircraft accidents

Mr D A Cooper
Chief Inspector of Air Accidents, AIB, Farnborough

Human factor aspects of army aircraft accident investigation

Amanda Feggetter
Human Factors Unit, Army Air Corps, Middle Wallop

THE GLANVILL JEWEL

It was at this meeting that Dr Terry Glanvill presented to the Association a Chairman's Jewel to be worn by the current incumbent on any occasion when he was in his official capacity. It was intended that clips bearing the names of the Chairmen would be affixed to the ribbon. Public thanks was given by the Chairman, Dr Suniel Minocha, to Dr Glanvill.

NINE

1989 HARROGATE Moat House Hotel

PILOT IN-FLIGHT INCAPACITATION

Chairman Dr R Liddell

Pilot Inflight Incapacitation-an overview
Dr R Liddell

Inflight incapacitation of cardiac origin
Dr Douglas Chamberlain
Consultant Cardiologist, CAA

Inflight incapacitation-gastroenteritis
Dr F Preston
CMO, British Airways

Training multicrew in pilot incapacitation
Capt J Mayes

Neurological causes of pilot incapacitation
Mr John Firth
Queen's Medical Centre, Nottingham

Inflight incapacitation-visual
Dr J Colvin

Inflight incapacitation of psychiatric origin
Dr Roger Green

Inflight incapacitation-respiratory
Dr J Hopkirk

Inflight incapacitation-surgical
Dr M Glanfield

TEN

1990 JERSEY The Grand Hotel

10TH ANNUAL SCIENTIFIC MEETING – a Review of the past 10 Years

Gastro-Intestinal Disorders
AVM J N C Cooke

Canadian Aspects of Aviation Medicine
Dr David Ahmed

Advances in otic surgery and antihistamines in Aviation Medicine
AVM Peter King

Licencing problems – past and present
Dr G Bennett CAA

Cockpit resource management
Dr Hal Conwell

Ten years of cardiology
Dr Michael Joy

Spatial Disorientation and the civilian pilot
Dr Alan Benson
RAF IAM, Farnborough

Surgery fro the one eyed pilot
Air Cdr J Cloherty

ELEVEN

1991 STRATFORD ON AVON
Joint Meeting with CAA

THE FLIGHT DECK ENVIRONMENT AND PILOT HEALTH

Introduction by Dr Alan Roscoe

Ultra-violet radiation
Dr Brian Diffey

Skin diseased and solar radiation
Dr Keith Liddell

Radiation exposure of aircrew
Dr Kenneth Shaw

Questions and answers
CAA Medical Department

Effects of tobacco smoke in cabin air
Dr Ashley Woodcock

The Boeing 747-400 flight deck
Captain Alan Robinson

Panel discussion

TWELVE

1992 CANTERBURY The County Hotel

IN FLIGHT EMERGENCIES

Incidence and legal ramifications
Dr Peter Chapman

Role of the medically qualified passenger
Dr John Busby

Aircraft medical kits
Dr R MacLaren

The disabled passenger
Dr Jim Dunlop

Panel discussion

CABIN SAFETY

Cabin safety
Mr R Ablett CAA

Cabin Evacuation trials
Dr Helen Muir, Cranfield

Flight attendant fitness
Dr V Maxwell

Address by Dr K Edgington CMO, CAA

THIRTEEN

1993 NOTTINGHAM The Moat House Hotel

CAA UPDATE FOR AMEs

European Matters

Dr R Pearson CAA

Refractive surgery

Dr A D B Evans CAA

Age 60-v-age 65

Dr S Janvrin CAA

HIV/AIDS

Dr M Fisher CAA

Open Forum

Dr K Edgington CMO CAA

AVIATION MEDICINE LESSONS FROM KEGWORTH

Introduction

Dr M Bagshaw, SMO British Airways

The human factor

Mr Roger Green, Farnborough

Crash-worthiness and survival aspects

Dr D Anton

Clinical aspects

Mr C Colton, Nottingham

Lessons learnt

Dr R Barnes. CAA

FOURTEEN

1994 AMSTERDAM

KEYNOTE ADDRESS

MR RONALD ASHFORD CBE

European harmonisation – Will it ever happen?

Dr R Pearson

Permanent unfitness – an outdated concept?

Dr A D B Evans

State of the Nation address

Dr K Edgington, CMO CAA

How do we all do it?

Dr M Bagshaw, BA

How do we do it?

Dr T Sverrisson, AME Iceland

How do we do it?

Dr Graham Cameron, AME Switzerland

Memories of Denmark and the view from Montreal

Dr Claus Curdt-Christiansen, CMO ICAO

Summing up

Dr A N Roodenberg

FIFTEEN

1995 BLACKPOOL The Village Hotel

Presidential address

Dr Douglas Chamberlain

Introduction

Dr Mike Bagshaw, British Airways

Update for AMEs

Dr Ken Edgington, CMO CAA

Update ctd,

Dr A D B Evans, Head Medical Standards, CAA

Questions and Answers

Introduction to offshore operations

Dr M Bagshaw

The helicopter operators vies

Capt Steve Stubbs, Operations Director
British International Helicopters

Flight Crew fatigue and human factors

Immersion protection

Wg Cdr Peter Sowood
DRA Centre for Human Sciences, Farnborough

The RAF SAR helicopter operation

Speaker from C Flight,
No. 22 squadron, RAF Valley

SIXTEEN

1996 MALTA The Cavalieri Hotel

Introduction

Dr A Bonnici

The Lockerbie Incident and the pathological investigations that followed

Prof A Busuttill
Regius Prof of Forensic Medicine,
University of Edinburgh

The Cholesterol debate

Prof Frederick Fenech,
Prof of Medicine, University of Malta

Medical and psychological problems in wartime Malta

Wg Cdr 'Laddie' Lucas

ECG interpretations

Dr Douglas Chamberlain

Update for AMEs

Dr K Edgington, CMO, CAA with
Dr A D Evans and Dr S Janvrin

Travelling after eye operations

Mr Thomas Fenech, Cons. Ophth
St Lukes Hospital, Malta

Update on interventional cardiology

Dr Albert Fenech
Cons Cardiologist, St Lukes Hospital, Malta

SEVENTEEN

1997 CHELTENHAM The Cheltenham Park Hotel

In flight medical incidents and telemedicine
Dr Michael Bagshaw
Head of Medical Services, British Airways

Asthma and fitness to fly
Prof Anthony Newman-Taylor
Royal Brompton Hospital

Malignant melanoma
Mr Chris T K Khoo
Consultant Plastic Surgeon, Windsor

Confidential Human Factors Incident Reporting
Capt Peter Tait
Director, CHIRP, Farnborough

Squint, eye movements and licensing
Mr Roger Wilson
Consultant Ophthalmologist, CAA

CAA Update for AMEs (included alcohol and gamma GT, proteinuria)

EIGHTEEN

1998 BELFAST Stormont Hotel

The Pathology of Terrorist Violence
Dr Derek Carson
Deputy State Pathologist, Northern Ireland

Breast Cancer in Aircrew
Mr R A Spence, Belfast

Gene-Environmental Interactions
Prof A Evans
Queens University, Belfast

The Cardiologist's Crystal Ball
Dr D McC Boyle, Belfast

Resuscitation and Acute Management
Mr J B Martin, Dundonald

Operative Management and Post Operative Complications
Mr P Blair, Belfast

Refractive Surgery and the Aviator
Wg Cdr S J Vardy, RAF

CAA Update

NINETEEN

1999 LIVEPOOL Liverpool Medical Institute

Recent Accidents to General Aviation Aircraft

Mr Ken Smart
Chief Inspector of Accidents, AAIB

Aviation Suicide

Dr Tony Cullen
Consultant Aviation Pathologist

Alcohol and Drug use in Aviation, The FAA Experience

Dr Melchor Antunano
Civil Aeromedical Institute, FAA

Passenger Behaviour under Stress

Prof John Moyle
Cranfield University

Respiratory Disease at Altitude

Dr C C Evans
Cons Physician, Royal Liverpool University Hospital

CAA Update for AMEs

Dr Ken Edgington, Dr Tony Evans,
Dr Sally Clifford

d. IN MEMORIUM

1982 Dr Geoff Purnell, British Aerospace,
Warton Founder Member

1987 Dr P Cassidy

1989 “Ginger” Lacey

1991 Dr “Paddy” Wilson. Past Chairman

1993 Dr K Guy

1994 Dr William (Liam) Conlon

1995 Dr Jim Crammond

Dr Douglas Bain. Past Chairman

1996 Dr A T H (Terry) Glanville

Presenter of the Chairman’s Jewel 1988

Dr David Langford

1997 Dr Leopold (Leo) Capaldi

Dr M B (Ben) M Butler. Past Chairman

Dr Jack O'Sullivan
1998 Dr Jeffrey Sherliker
1999 Dr Lewis Scott-White. Past Chairman

e. GENERAL SECRETARY

Almost from its inception, the Association was fortunate to have the services of Jim Ruff as General Secretary. His role was general factotum, with responsibility for circularising members. He also played a very large part in arranging venues for conferences and negotiating terms. He came to us when he was made redundant by Ciba Geigy Pharmaceuticals where he had been Conference Officer, so he had the ideal background and experience and he fulfilled his role well. His very modest remuneration did not really represent an adequate reward for his efforts on our behalf.

He retired from the post in 1988.

f. SCIENTIFIC ADVISER

One of the problems experienced by many AME's is that enthusiasm is not enough. You also need to be an active part of the world of aviation medicine if you are to be aware of just what is going on in the wider world and to know what research is being done and what changes and developments are imminent. We thus needed a Scientific Adviser who could meet these needs.

Dr Alan Roscoe became Scientific Adviser to AAME from its inception and was co-opted onto the Committee specifically to advise on our Annual Scientific Meetings. His breadth of knowledge of Aviation Medicine and his status in the field allowed him to select the most appropriate of subjects and speakers during the years he held this post. He had been a F.P. and worked first for R.A.E. at Bedford and later as Medical Adviser to Britannia Airways. He thus knew the scientific and the aviation worlds and also flew himself.

He was followed in 1994 by Dr Michael Bagshaw of British Airways, who brought the same strengths to the job. He, too, had very wide knowledge of the international scene and was aware of what was important in Aviation Medicine world wide. His knowledge and contact have remained at the service of The Association to the present day.

g. MEMBERSHIP

The majority of members have been General Practitioners but there have always been some Consultants who were AMEs. These included an anaesthetist and an ENT surgeon as well as Occupational Physicians working in the aviation environment or for the airlines. We have had two non-medical pilots as Associate Members as well as Richard Smith referred to above. The one thing they all shared was enthusiasm and interest in the subject and many of them also flew as pilots. Recently, membership has been approximately 50% of the total U.K. list of CAA AMEs.

Membership enquiries should be addressed to:

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