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Another kind of flying doctor

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My first reaction was disappointment, particularly as the hints from the family had suggested that the Christmas present was to be different that year, and somehow special. It was certainly smaller than usual. My family looked pleased with it, expectant, waiting for my reaction as I unwrapped . . . a cheap toy aeroplane mounted on a card! Which unthoughtful act had merited this snub? Disappointment turned to pleasure, then curiosity when the card proved to be a voucher for a flying lesson. Then excitement . . . a pilot—the imagination took flight; this was the stuff of schoolboy daydreams . . . but back to earth: this was only a 30 minute trial flight. Would the reality be like anaesthetics was supposed to be—95% boredom and 5% panic? Well I was going to find out—but not just yet. Enthusiasm waned as a I experienced the first (although in reality about the only) frustration of this pastime—the British weather. I'd almost forgotten about the Christmas present by the time the weather seemed good enough for me to enjoy it, some five months later in May. Excitement returned as I drove into the airfield. Then came more disappointment—the aeroplane was tiny, flimsy, much older and, well, scruffier than I'd expected (we've since become good friends and I hope she'll forgive this confession—as with so many serious relationships first impressions aren't necessarily reliable).

These cosmetic considerations were soon forgotten as we taxied out to the first of a series of surprises—you steer with the rudder pedals, the car driver's instinctive turning of the control column being contemptuously ignored by the aeroplane. Speeding down the runway is like driving at speed on a deserted motorway—only more slowly. That was the next surprise. We took off at only 60 mph and cruised at 85. The next half hour was a condensed mixture of powerful, at times conflicting, sensations and emotions: freedom and claustrophobia; elation and fear; the sinking abdomen and exhilarating stimulation of the semicircular canals; happily though, no nausea.

That first half hour is make or break—you either hate the experience or feel the first stirrings of an addiction. The next surprise shouldn't have been a surprise at all. Every addiction is expensive. Perhaps I could have kicked the habit before it really took hold and set me back a four figure sum for a private pilot's licence. Well I couldn't, and it did. The syllabus looked onerous. Yet anyone involved in teaching medical undergraduates or training postgraduates could usefully look at the logic and clarity of the programme for the private pilot's licence laid out by the Civil Aviation Authority. (As in medicine, acronyms, abbreviations, and mnemonics abound.) Lessons on the ground as well as in the air mean that knowledge and skills are acquired concurrently. These were taught and examined in an orderly sequence. But the first hurdle is the medical—fail this and you'll have to find another pastime. It is not too rigorous, although it was a relief to see that my first serious electrocardiogram was normal. The Civil Aviation Authority's medical examiner was a local general practitioner and former colleague, so throughout our half hour consultation I heard about the heartaches of fundholding between reading letters on the Snellen charts and numbers on the Ishihara's plates.

Next came the choice of club and type of aircraft. A high wing plane affords a good view of the scenery, and the Cessna 152, ubiquitous and readily rentable in Britain and around the world, is a very forgiving trainer. The Edinburgh Air Centre, which has a small fleet of these, proved a good choice of flying school. Four of the five ground examinations comprise multiple choice questions, with a pass mark of 70%. The other is an oral. The textbooks available for each area of study are friendly, clearly written, and well illustrated. (Authors of medical textbooks could usefully browse them.) The Trevor Thom series of

A chance to enjoy the scenery (here, the Forth bridges as seen from a Cessna 152 (inset) at 2000 feet)

texts imparted information with less drudgery and more sparkle than their medical equivalents.

First came air law—learning the rules of the air seemed an appropriate prelude to serious flying and certainly to solo flying. Doctors are no strangers to studying for exams, but as with medical studies enthusiasm often waned. A throwaway comment that “a lawyer failed the air law exam last year” helped concentrate the mind. I didn’t question the veracity of this—it had the desired effect. Then came circuits—relentlessly, repeatedly, taking off; rounding the airfield circuit; and landing. Flying began to take on that spectre of anaesthetics—until, with no warning and without ceremony, my instructor announced that it was time for my first solo and got out. As I had no time to ponder the wisdom of this action, no chance to question it, and no time for fear to develop, the by now ingrained actions for those 10 hours of circuits took over. That first solo circuit lasted only minutes, but the high lasted for days. A high from a sense of achievement, from conquering an innate fear, from meeting and overcoming one of the most daunting challenges (certainly of my life) . . . and now the possibility of that pilot’s licence. Thoughts at this stage of overcoming the addiction can be dismissed.

The euphoria persisted through more solo circuits. No cajoling needed now for the next ground studies—navigation and meteorology. Passes in these were a prerequisite for a cross country solo, which involved landing at two different airports. Six months earlier it had seemed unrealistic, unattainable, even frightening, but now—well, it was almost within reach.

I had resisted until then the pilot’s case. It seemed altogether too professional, risking poseur status. The necessary flying impedimenta outgrew the battered attaché case I’d started out with and poseur status was forced upon me. Like doctors’ bags, the contents of the pilot’s case generate curiosity. Most have a clipboard with flight plan, checklists, maps, navigator’s ruler and protractor, and flight computer (surprisingly not electronic but a sort of circular, plastic slide rule that calculates wind drift on one side and anything a pilot could conceivably want to calculate on the other).

The cross country solo now became a challenge—with an attainable goal. On the leg to Glasgow I had time to contemplate the rationale of my actions. “Why am I doing this? Do I really need this challenge in my life? Who wants a hobby in which you can’t enjoy the scenery because you’re too busy working out where you are?” Glasgow seemed uncharacteristically unwelcoming, imposing a series of delaying orbits while a stream of commercial jets landed. Dundee by contrast was quiet, almost lonely, the solitary air traffic controller cheerfully signing my proof of landing

certificate. Returning home to Edinburgh on the final leg there was time at last to enjoy the scenery and a breathtaking view across all of central Scotland from Ailsa Craig in the west to the Bass Rock in the east—the setting sun a red orb throwing long shadows downstream from the Forth Bridges, tiny, neat models 2000 feet (600 m) below. Euphoria, tempered at first by fatigue, gave way to elation and then to satisfaction. The human performance exam, mainly physiology with a hint of psychology, proved to be familiar territory. Then came an exam on radio procedures, which left two final hurdles—the flight test and an oral on technical aspects of the aircraft.

The flight test, rather like a prolonged driving test, examined every skill learned to date: straight and level flight, turns, climbs, practice forced landing (in case the engine quits), the basics of instrument flying (in case visibility is unexpectedly lost), and stall recovery. Two hours of that would be tiring enough, but knowing that your every move is being assessed by the examiner is exhausting—hardly ideal preparation for the oral that followed (after landing) all about the aeroplane. Any statistic was fair game: from the simple (such as tyre pressures or engine oil capacity) to complex (weight and balance around the centre of gravity), how the engine functioned, how the avionics (navigational aids and radios) worked, what all the controls did. Then suddenly a congratulatory handshake, smiles all round, a complimentary bottle of champagne (certainly the most costly I’ve ever been given). Ten days later, after nine months of training involving 60 hours of flying, the hard earned licence arrived from the Civil Aviation Authority—with none of the ceremony that accompanied that other qualification almost 25 years earlier but just as satisfying to this 47 year old “graduate.”

Well—now what? The reward for all the hours of effort and study was (and is) the opportunity to slip away for a summer evening or Sunday lunch with family or friends to previously unattainable venues—in my case to the islands of Islay or Gigha or to Kintyre or Oban; for others to Ireland, Jersey, or France; for the more adventurous a flying holiday round Europe or further afield. For those in need of further challenges there are, as in medicine, a series of “postgraduate” diplomas (called “ratings” in aviation)—for flying at night or on twin engines, instrument ratings, and instructing others.

If flying appeals and is affordable it is difficult to beat as a means of getting away (literally and metaphorically) from the pressures of clinical practice. Oh, and that disappointing Christmas present, the cheap toy aeroplane, now sits happily on my desk—it was indeed special after all.

They all want a piece of the action (see pp 1691-5)