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Editorial

Clinical Aerospace Medicine continues to be an exciting challenge for those of us engaged in medical evaluation of aircrew. The tendency to 'play it safe' on the part of the medical examiner, can result in denial of flying license to some aircrew. The real benchmark of aeromedical expertise and experience should be the capability of minimising aircrew rejection due to medical unfitness without significantly compromising flight safety. Due consideration also needs to be given to the aeromedical ambience of the modern cockpit - both civil and military especially when flying is done in the tropics and in very diverse environments as exist in our country. It is not an easy task. Periodic review of our existing standards and laying down newer ones wherever required would be a right step in this direction. Similarly, Indian physiological performance characteristics need to be known for fulfilling design criteria of life support systems.

This issue presents a few papers which address the above aspects. The need to effectively and objectively lay down hearing standards for our population, to review standards in relation to presbyopia vis-a-vis use of current optical devices and to recommend guidelines for retrieving aircrew suffering from clinical conditions such as viral hepatitis, is emphasized in them. Other articles on physiological requirements of aircrew and on basic research are also relevant in the present scenario.

Air Marshal Kuldip Rai, AVSM PHS, Director General Medical Services (Air), is the new President of the Indian Society of Aerospace Medicine. His first message to readers will no doubt serve as a guiding principle for future aeromedical research in the country. He has emphasised the need to direct our research efforts to cater to the needs of the fast emerging aviation industry as well as to the operational requirements of military and civil aviation in India.