

Message from the President of the Society

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It is indeed a unique honour and a privilege to head the Indian Society of Aerospace Medicine. We have seen tremendous growth in our membership and scientific activities in the last 43 years of the Society's existence. The International Congress held in Sept 94 was a watershed and brought our Society into focus nationally as well as internationally. The Society has a regular presence at most of the International meetings on Aerospace Medicine and our members have been making significant contributions in these meetings. I am specially proud of our achievements as a society to have printed the proceedings of the 42nd ICASM in quick time and having made them available as a bound volume for use by libraries and interested scientists, all over the world. This information was communicated during the 43rd ICASM in London by us and it was received with a lot of interest and acclaim, since no other Organising Society had published such proceedings in the past. As you are aware these proceedings are now available for sale.

The Indian aviation industry has been making rapid progress and is now about to complete a major project, in the form of Advanced Light Helicopter. The IAM and members of our society have been directly involved in the design and human engineering assessment of this helicopter. Since a number of variants of this machine are now being planned and will reach a stage of fruition, very soon, involvement of our members in this project is definitely going to be of a higher order.

Our members have contributed significantly to the development of the Light Combat Aircraft, which was rolled out recently in an impressive ceremony. Our contribution to various stages of design and development of this very large maiden venture of the Indian Aviation R&D is well known. The technology demonstrator and the prototypes which are still to be developed, require a larger and regular interaction by the Human Engineering experts with the designers, to ensure a safe, comfortable and optimally-effective man-machine interface for this aircraft. I will like to exhort scientists working in the field of Human Engineering to rise to the occasion and provide timely and adequate information

to the designers and the test pilots who are going to fly these prototypes very soon. The responsibility on us is very large and I feel we have to work hard as a team to contribute effectively to this prestigious project of our country.

The society and its members can rightly take credit for having achieved high standards of training in aerospace medicine within the country for our aircrew, both military and civil, and for our doctors. The standard of training at IAM has gone up and is today being valued by military and civil aircrew to an extent that we are getting requests for larger number of training courses to be provided every year. Our attempts at improving our training in effects of high levels of acceleration and disorientation in flight, are already making an impact within the country and abroad. The Institute requires modern training simulators for which the authorities are in agreement but delays have been due to financial constraints.

Members of the Society have been providing excellent services to the DGCA and civil aircrew, in the form of updated and prompt medical evaluations at our Centres in many places in India. These services are being re-organised and will be available at large number of stations to help all aircrew located at far-flung areas of the country.

Though the Society's 36th Annual Conference in December 1995 was held under certain constraints, even then the meeting was a success and provided enough opportunities to our members to exchange views, ideas and information. We look forward to a larger and well-planned meeting in 1996 with participation from abroad in larger numbers. The financial results of 42nd ICASM are now available to the Society and the savings have been merged with the Society's funds, thus helping us to have a reasonable corpus which can enable us to support some new ventures. Those of you who attended the last annual meeting in 1995 are well aware that we have decided to publish a book on aerospace medicine, provide financial assistance to young members presenting papers in conferences abroad and also support some small research projects which do not find support from any other source. We would welcome our members to participate and make these schemes a success in the years to come. The Executive Committee will be deciding on the details of all these proposals and we hope to communicate these guidelines in our next issue.

I would like to request all esteemed members of the Society to contribute in any manner or form to improve the working and output of our Society. I would welcome constructive criticism and your valuable suggestions to improve our function and effectiveness.

Idiopathic disease of the retina: a review of the clinical diagnosis and management. The details and the incidence of such disease are discussed.

Keywords: idiopathic disease of the retina, ophthalmology

Idiopathic disease of the retina [1,2] has been known clinically for many years. It is a relatively common disease and may be regarded as a late stage of the disease. The patient is usually of middle age and has a long history of experience. The disease is characterized by a gradual loss of acuity and is usually associated with a shallow retinal detachment which is usually bilateral. Subretinal fluid is usually present and foveal reflex is usually absent.

Fluorescein angiography [1,3] has been used to study the disease.