

DECEMBER 1998

Psychological aptitude for space (University of California, San Francisco and Department of Veterans Affairs Medical Center, San Francisco, CA): "As we move into the next Millennium, increasing numbers of people will travel into space. Psychological screening methods will be relaxed on near-Earth missions, such as might occur on a space station or a lunar colony. Crewmembers on interplanetary missions such as a trip to Mars will have to deal with psychiatric problems themselves with no possibility of evacuating an affected individual. For these reasons, it is important for support personnel on Earth and crewmembers in space to be knowledgeable about psychiatric difficulties that might occur and their appropriate treatments. Methods: Anecdotal reports from long duration manned space missions and studies from space analog environments on Earth were reviewed for information concerning these issues. Results: Psychiatric problems pertinent to the space environment include adjustment and psychosomatic reactions, asthenia, mood and thought disorders, and post-mission personality changes and family problems. Counter-measures to ameliorate these difficulties involve prelaunch selection and training; monitoring, support, and counseling/psychotherapy during the mission; and post-return debriefings with crew members and their families. Psychoactive medications have been useful during space missions, although unclear pharmacokinetic issues related to microgravity need to be taken into account. Conclusion: Although much is known about psychiatric issues related to long duration manned space travel, more empirical work needs to be done during actual space missions."³

DECEMBER 1973

Journal critiques (President's page): "A cadre of some of our most respected members has registered genuine concern over the image and quality of our journal. ... Constructive criticisms and suggestions by this group, as well as thoughtful rebuttals by others, have highlighted some clear areas of contention. Some basic decisions should be made by your Executive Council in response to the above. We would very much like to hear from the membership on certain issues I shall now describe.

"First there is the issue of the section known as 'News of Members.' Some feel this is totally inappropriate for a truly scientific journal which should not be a news magazine. Others express definite interest in continuing this section, as is, feeling it is useful and proper. One compromise solution could be the printing of a separate newsletter. However, a separate newsletter in any form would be quite costly. Making it part of our journal permits us to have a news section at minimal cost. At present, we simply can't afford a separate newsletter because of current economic difficulties ...

"We have also received criticism on the quality of paper used in our journal. Some feel we should return to the heavier glossy type paper. Well, the problem again is economics. Those of you who attend the annual business meeting and read our financial reports in the journal know that our assets have dwindled steadily over the last several years. Our solvency depends upon our forgoing certain luxuries ...

"Finally, we receive occasional criticisms of the calibre of the scientific articles. ... Unfortunately, these comments are often so nonspecific that they cannot be used as a basis for action. Our editor, Dr. John Marbarger, would welcome specific exemplifications [sic] from any member offering constructive criticisms relative to scientific quality. Each and every manuscript submitted is reviewed by qualified persons and is not published if rejected by a reviewer."²

DECEMBER 1948

Editorial comment: "This year of 1948, which is now at a close, marks the completion of thirty years of progress in aviation medicine in the United States. Born of wartime necessity at Hazelhurst Field on Long Island and nourished at the Air Medical Research Laboratory at Issoudun, France, and elsewhere, this new specialty nearly became an infantile victim of the country's desire for immediate demobilization and rapid return to peacetime pursuits which followed the Armistice of 1918. But gradually, during the nineteen-twenties, the airplane was recognized not only as a potent instrument of war but also as a revolutionary adjunct to modern transportation. The union which was formed during World War I between aviation and medicine was revived and has grown in strength through the years.

"The development of the air arm of the Army, Navy, Marine Corps and Coast Guard, the organization of the Civil Aeronautics Authority, the rapid growth of the commercial airlines, and – most recently – the establishment of a separate United States Air Force have all contributed to the unprecedented rise of aviation medicine to its present position. The remarkable advances in aeronautical engineering, which have been so ably supported by aeromedical scientists, have surely exceeded the most ambitious dreams of those pioneer flight surgeons of 1918 ...

"The greatest era of aeronautics is yet to come. No one, not even the most accomplished aeromedical scientist, can predict what another thirty years of progress will bring to aviation medicine, but until man is replaced in the airplane by a robot, 'the indissoluble linking of medical science and the art of flying' will remain indestructible. Of that we can be certain."¹

REFERENCES

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This column is prepared each month by Walter Dalitsch III, M.D., M.P.H. Most of the articles mentioned here were printed over the years in the official journal of the Aerospace Medical Association. These and other articles are available for download from Mira LibrarySmart via <https://submissions.miraed.com/asmaarchive/Login.aspx>.

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DOI: <https://doi.org/10.3357/AMHP.6384.2024>