In view of the scientific and political environment in which Skylab was flown it is remarkable but not as surprising as one might expect, that the most significant achievement is the accumulation of a large volumme of negative data. These data allowed us to reach the conclusion that man is capable of adapting himself physiologically and psychologically to, Og or weightless envir ment and that he can change that adaptation, after a period as long as 84 days, and re-adapt himself to a normal Ig, earth environment. The significance of this finding to the future of man in space is truly monumental. Not only did the crewmen show themselves capable of readapting to 1g but they readapted in increasingly shorter periods with increasing flight durations.—The opposite of what one might expect. They were able to egress the spacecraft 🖅 under their own power as most of you probably saw on TV and this was in marked contrast to some of the findings of our Russian colleagues. Happily we continued to be impressed with the marked individual variations shown by human beings in their physiologic and psychologic responses. This is one of the greatest qualities and attributes of humans-as all physicians know. It does lead to difficulty to interpretation of data at times but we feel that the data base obtained in Skylab allows the above conclusions without question. All of the crewmen on recovery had a mixture of signs and symptoms relating principally to the cardiovascular, the central nervous system, the vestibular system and the hematologic systems. They showed a remarkable ability to overcome these signs and symptoms in responding to normal activity within the lg environment. There was some loss of muscle mass, even with increasing exercise loads, and there was a continuing and progressive small loss of calcium from the skeleton with increasing

obtained which may be studied for years and which has led us to the development of hypothess for the mechanisms of these changes.

As we look ahead at future flight programs there are three significant things to consider. Of all of the physiologic changes noted above certain ones appear to require for counter measures for future longer duration flights. The first of these is the loss of calcium. Bedrest studies may add further data here and certainly therapeutic regimens must be developed based on sound data to prevent this continuing loss with increased flight duration. Four of the nine crewmen developed motion sickness which though self-limited due to adaptation to the Og environment is debilitating for periods up to seven days. Methods of training and/or medication must be used to solve this problem. Further detailed study of the etiology is also important, whether it is shifting of blood or changes in the otolith. Finally all of the detailed data concerning these various systems must be carefully studied and considered as selection criteria for future passengers and crews are developed.

The qualification of man for spaceflight or proving that he can live and work in space is a medical event equal to the advances that heart surgery of the past century. It may indeed have greater effect on his future on this planet of the is not confined to earth and the growth doom on this planet predictions of the club of Rome are proven false. Our future may indeed lie in the space colonies envisioned by Jerry O'Neall and man may be given new life in a new artificial "planet" as he can be given a new heart. Houston is indeed an important place in medical history for it has been the center of the

development of both of these medical milestones. Perhaps the greatest legacy of all from Skylab will be the fallout to ground medicine, rather than many its contribu-

tions, monumental as they were to the future of manned spaceflight.

We have had an unusual opportunity to observe adaptation or climatization of the human to a very particular stress or, weightlessness, available to us only in space. The study in adaptational physiology and biochemistry has great import in many fields of medicine on the ground. The ability to physiologically dissect the vestibular system in the unique way provided by weightlessness has allowed us to examine our thoughts about the function and dysfunction of this system. The responses of the cardiovascular system involving pressure and volume changes has offered us a unique model to study the possible relationships to hypertension and other cardiac disease. The 15% loss of blood cell mass noted after the 28-day flight-and not progressive with increased flight duration-leads us to some intense studies concerning the governing of red blood cell mass and this can have great implications to hematology and the control of red blood cell production and loss here on earth. The calcium loss, which appears to parellel that seen in bedrest studies in spite of adequate intakes and which must be solved, will lead us toward solutions of the osteoporsis problem suffered by millions here on earth. We must not merely find therapeutic means but in dealing with osteoporosis we must find adequate preventive mechanisms, and institute them at an early age.

In looking ahead at the next 200 years of medicine, I think one of the greatest changes which will be noted, is an emphasis on the healthy rather than on the ill. Health is already rapidly being considered a right of every individual and indeed has been so declared. This will become a reality within the next when hundred years and it calls for great attention to the development of preventive medicine. Careful scrutiny of preventive techniques must be made and then must be applied. It has become increasingly

obvious that the application of effective preventive medicine techniques for the conditions of greatest import to man's health today will require nore action on the part of the individual perhaps moreso than on the part of
the health team This mast experience with infectious disease. the health team, This means that health education will come into its own in the next century and that great emphasis will be placed on health education of individuals and groups and the problems faced by the health professionals will be clearly understanding that this is not a simple educational process but indeed a complex one and must be carefully done if it is not to be wasteful and ineffective. The tremendous advances in technology for the use of medicine, many of which were brought about by the needs of the space program, will continue at an ever increasing pace and with more input from the entire health team and basic scientists so that technology can better and more accurately serve the medical needs. It will provide us with better scientific information to assist in diagnosis and in therapy. Data will be more accurate and more detailed. There will be capability to look for substancesxhithmertox previously considered unimportant in both urine and blood or even unknown We will also continue to develop the capability to determine changes in the body's biochemistry and homeostasis by the use of smaller and smaller, even lamdas of blood in the use of breath, saliva, hair and nails for diagnostic purposes. Thus better diagnosis will be aided by continuing development of noninvasive techniques for looking at, not only parts of the body, but the entire body by various imaging techniques. Ultrasound will continue to develop for the use with moving, functioning organs such as the heart and become ever more commonplace. Computers, while they have grown in the last few years in use, will expand dramatically over the next 200 years They will be and to remarkable sophistication, used as aids or memory banks for screening

and diagnosis and increasingly used in the analysis of research data.

These developments will not be without problems not the least of which is balancing what the health care system individuals and even institutions can afford with what technology can offer. I feel that the technological advances will become cheaper in cost but we must always try and determine the cost effectiveness of the use of such technology. We must also learn to analyze and cope with the accuracy, and not be caught on the thorn of data which may be meaningless in determining the condition of the patient. I think we are capable of doing this and we must develop and enhance this capability as the technology becomes available. Transfer of technology to the medical field has not been as rapid as I would have envisioned 10 years ago but I feel that this transfer will proceed at ever increasing rates over the next 200 years for it can save time for busy health professionals and immeasurably add to the capabilties of the health care team whose task will grow with our population.

Population growth in the world and the remoteness of some individuals, even in our own country, as well as in some of the less developed parts of the world, will require the development of techniques for remote medicine for we will never see the time when every hamlet is capable of having a medical team immediately available on site. I am convinced that the use of remote medicine through either fixed or traveling facilities with the help of various members of the health team, the use of TV, analysis of breath sounds, and transmission of same, the transmission of electrocardiograms and x-ray and the capability to converse at a distance through communications and TV with the patient, will produce control centers in large medical centers that can reach huge areas of a state or a country. Thus, specialty consultation can be provided to even the most remote area and good

medicine leading to good health can be made available. This is within the realm of our technology today, and We pioneered it in the space program and it is now being pioneered in pilot programs here on earth.

It is evident that if we are to make medicine or health available to the large numbers of people in the world we must work at redefining the roles of people who will be members of the growing health team. As physicians we will learn to work with and utilize these teams and help in the redefinition of roles to reduce strife and friction. There has already been evidence of a need for someone, and/likely the physician,

to assume a key role in being concerned about the individual patient, and helping them to determine the care they need and then to follow them through the maze and help to intrepret the information they receive from the various information providers in the health care system. It may indeed to the physician who is treating the individual but someone who works with those physicians as a medical "broker" and follows the patient to a secure end result directly related to that individual. In this definition of roles we must also be aware that there is much that occurs to patients which we can do nothing about or little to alter. As we admit this, we must do all in our power to obtain any type of help for this patient through the use of other members on the health team.

While basic research is being daily attacked, as is science and technology today, I expect to see the pendulum swing for I feel that research is essential to medical progress. It is obviously vital to provide immediate care for the patient but that can best be done only if we know the cause of a particular illness or defect and can hopefully develop preventive measures which can be

invoked at an early period in life. Basic research offers us the capability for such control and prevention and will continue to be out front at the cutting edge of the development of science and technology in our society, and provide the tools for the health team to more competently accomplish their task. | Being now in a Health Science Center or Health University setting, I find myself interfacing with an exciting group of members of the health care team, health educators and researchers. Medicine is under severe challenge today and this challenge, I predict, will become no less but indeed more severe within the next hundred years. I sincerely hope and predict that medicine and all those engaged in health care will develop a team organization to meet the severe challenges to the current views and practices of care. We must not merely maintain the old because it is there but be willing to This must bedone however by answer the challenges and to review our practices. but to do it with knowledgable people who are engaged in the professions in the health field, rather than by political decision makers. from RESEARCH

With all the science and technology available, information on causation from research, new diagnostic and treatment methods, certainly much of benefit to the patient can accrue in this next before our tri or quadcentennial. It is most important however to realize that perhaps more important than all of these predicted developments is a re-emph asis on humanism. A continuing realization that the patient is a person with particular individual needs, who wants love and consideration as a human being and the treatment, however scientifically based, and accurately administered will fail, if we fail to recognize and respond to these humanistic needs. This requires great awareness and concern on the part of all members of the health team and I am

convinced that we are capable and will—show ourselves—so of utilizing the time given by the use of technology to administer to the human needs and thus never have patients trying to converse with machines or laboratories but with physicians and others on the health care team. The advances before our next tricentennial will be awesome indeed but will be to little avail if we do not heed the humanistic needs of those we serve.