

AMMA PRESIDENT'S MESSAGE

An association is the sum of its constituent parts. I, and the rest of the interim council are extremely pleased that you have decided to join the Australian Military Medicine Association. For our group to flourish, it needs to develop a momentum that makes it self sustaining. We have the basis for an active and exciting society, but much still needs to be done. You will see elsewhere that regional and special interest groups are being formed. This newsletter offers a forum for original research, review articles, news and views. Whilst the association welcomes with open arms passive members, the more active you are I'm sure the more you will get out of it, and the more the association can grow, thus providing greater benefits to members. I have great hopes for the association and will be working hard to achieve them.

You will find a notice of elections with this newsletter. The process requires the proposal of members to specific positions within the council. If more than one nomination is received for a position, voting slips will be sent out. Those who nominate and miss out on being elected

may be co-opted onto the council. The first annual general meeting will be held later this year the official notice will go out shortly. This will be very important, for it will provide an opportunity to get more feedback on the direction to be taken by the association. Of particular interest will be the organisation of the first annual conference.

This is your association. Please let council members know what you would like to see the AMMA doing; even better, contribute copy to the newsletter or become involved in the organisation of some aspect of the association.

The potential is enormous I hope we can do Military Medicine justice. Enjoy your membership!

James Ross
Squadron Leader
President of AMMA

Member Biography of James Ross

A medical officer in the RAAF, currently posted to Edinburgh Air Force Base. Graduated from Monash in 1982. There have been postings to Richmond, East Sale and Pearce. A fellow of the Australasian College of Occupational Medicine, and presently in the middle of a Master of Public Health from Adelaide University. Received the Commendation for Brave Conduct in 1986. Married, with 1 child, and main interests are cricket, flying, philately and the South Pacific.

What is the Australian Military Medicine Association?

The AMMA has been created to be the scientific body representing the practice of military

medicine in Australia. This association fills a gap long left vacant in the huge and important field of military medicine. It is designed to serve all those with an interest in military medicine. It will be of particular interest to all who are members of the Australian Defence Force Health Services to whom this pamphlet is being sent, but membership is open to anyone with tertiary qualification in a health or life sciences area.

The AMMA is to be a scientific and social society which aims to:

1. promote the study of military medicine;
2. bring together those with an interest in military medicine in meetings and functions for both information and friendship;
3. disseminate knowledge of military medicine;
4. consider training in military medicine;
5. circulate a newsletter or journal; and
6. promote research in military medicine.

It is not to be a forum for discussing Conditions of Service in the Australian Defence Force. The Association will be an independent and self funding organisation. This pamphlet has been sponsored by the Royal Australian Army Medical Corps Committee, whose assistance in the establishment of the AMMA is greatly appreciated. The story so far. The Surgeon General of the Australian Defence Force has agreed to become Patron of the Association. An Interim Council has been established until elections can be held later in early 1992. All full

members will be entitled to nominate for council membership. The members of the council are:

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A constitution has been written. The association is in the process of being incorporated in the A.C.T. How is the Association to be structured? All those with relevant tertiary qualifications, or with significant standing or experience in Military Medicine will be full members. Students can join as Student Members. Qualification as a Registered Nurse will be satisfactory. All full members have full voting rights. There will be regional branches in states and regions as required by demand. There will be "craft groups" for subgroups within the association for different professional categories, i.e. Dentists, Nurses, Pharmacists etc., and different areas of interest such as Underwater Medicine, Aviation Medicine, Operational Health, Battlefield Surgery etc. There will be committees for conference organisation and others as required. There will be annual elections for all positions. The positions of President and Vice-President will be limited to medically qualified persons. There will be an Annual General Meeting in association with an Annual Conference.

What does the Association plan to do?

There are many ideas for the association which depend on both membership and enthusiasm. Plans are both short and long term. Within the first twelve months it is intended to have:

1. Regional branches organised for local meetings.
2. A newsletter, published regularly. This will have original research and review articles, as well as news. Please contribute! - contact Mark Slatyer.
3. An annual conference - the first is planned to be held in late 1992.

Later plans include a library, craft groups to promote the sectional interests of that group, a journal as a development from the newsletter, involvement in training in Military Medicine and research grants or prizes. All of these should be of direct benefit to members, while, at the same time, raising the profile of military medicine. To do all this requires members and, even better, members prepared to contribute. I appeal to you to be enthusiastic and get behind this association, and send off your application form today.

Submarine, Hyperbaric and Underwater Medicine Group

A Diving and Submarine Medicine Group has been set up within the AMMA. The purpose of this group is to improve knowledge in these fields of military medicine. To that end, the group plans to provide regular input into the Newsletter on Diving and Submarine issues, and to arrange local seminars. Two seminars have been tentatively planned:

26 March 1992 - HMAS Stirling.

**Dr John Williamson - Marine
Environment-Aeromedical Evacuation
using Blackhawk**

**November 1992 - Ballina/Byron Bay
Weekend Meeting - Diving & Submarine
Medicine - Dr C MacDonald - Meeting
Convener**

If you are interested in being part of this group, or have some suggestions for the group, please contact either the Convenor (LCDR Andy Robertson (09) 527 0561 or the Secretary LEUT Robyn Walker (09) 529 0754 at HMAS Stirling.

John S. Crawley MD, MPH

**Should Helicopter Frequent Flyers
Wear Head Protection? A Study of
Helmet Effectiveness.**

J. Occup. Med. 1991 33 (7) 766-769

Flight helmets have been recommended as aircrew head protection since 1908, yet debate continues regarding their effectiveness. Estimates of helmet use in civilian helicopter aeromedical programs range from 6.5% to 13%. The effectiveness of the Army's SPH-4 flight helmet in reducing severe head injuries sustained during helicopter accidents was evaluated using the accident data base at the US Army Safety Centre, Fort Rucker Alabama. Analysis was restricted to severe (Class A) accidents that were at least partially survivable, using US Army Safety Centre criteria. Occupants not wearing a protective helmet were significantly more likely to sustain severe and fatal head injuries than were occupants wearing the SPH-4 (RR = 3.8 + 6.3 respectively; $P < .01$). Unhelmeted non-cockpit occupants were at higher risk of head injuries (RR = 4.3 + 7.5; $P < 0.01$). All personnel regularly participating in helicopter flight, civilian or military, should be equipped with protective headgear.

Comment: You would have to have a thick head not to wear a helmet; maybe this prevented an even higher relative risk.

Gregory H Blake, MD, MPH: John A Parker Jr, MD, MS.

**Success in Basic Combat Training: The
role of cigarette smoking**

J. Occup. Med 1991 33(6) 688-690

We studied whether cigarette smoking affected a soldier's ability to complete basic combat training. Demographic and tobacco use information was collected from a cohort of soldiers before they began training. A list of all graduates was obtained and analysed against the initial questionnaire data. In this prospective study, the smoking group comprised 339 soldiers and the non smoking group comprised 535 soldiers. We found that those soldiers who smoked one or more packets of cigarettes per day were at a greater risk for failing basic combat training (Relative risk = 2.05; P = 0.902). There was no relationship observed between a soldier's education and his ability to complete basic combat training. Our data indicate that smoking one or more packets of cigarettes per day may adversely affect a soldier's ability to complete basic combat training.

Comment: Very interesting, but surely such a study belongs in an education journal.

A.W. Murrison, E.J. Lacey, M. Restler, J. Martinique and T.J.R. Francis
Institute of Naval Medicine, Gosport, UK.

Ten Years of Diving-Related Illness in the Royal Navy

J.Soc.Occup.Med. (1991) 41, 89-93.

The period from 1 January 1980 to to 31 December 1989 produced a total of 244 training and operational diving accident reports involving Royal Navy and Royal Marines personnel.

Because the incidence figures fluctuated widely year by year, a clear trend over the decade failed to emerge. However, the incidence of Type II decompression sickness, as a percentage of total decompression sickness, was greater in the second half of the decade than in the first, a trend similar to, although more moderate than, recent experience of dysbaric illness amongst sport divers. Student divers were disproportionately highly represented in the statistics, particularly with regard to pulmonary barotrauma and near drowning.

Should Defence Force Personnel receive Influenza Vaccine ?

by

James Ross

The attitude towards Influenza in Australia appears quite different to that of many other countries. Whereas mass immunisations have been conducted in the United States in response to threats of major epidemics, and there is widespread use of the Influenza vaccine in the Defence Forces in Europe and North America, there is little call for it in Australia. There are potential benefits to the defence force from mass immunisation of personnel. Both financial and medical. What is needed is a realistic scrutiny of the costs involved and the benefits accruing from an Influenza vaccination program.

The National Health and Medical Research recommendations for Influenza vaccination in 1991 were:-