



The President's Message

Research in Military Medicine

A goal of the association is to foster research in the field of military medicine. In developing the concept of AMMA I was aware of the lack of research opportunities for most health practitioners associated with the military. There are, of course, the Army Malarial Research Unit, the Institute of Aviation Medicine and the School of Underwater Medicine, but these opportunities are limited to only a few personnel. This often excludes completely whole groups such as nurses, dentists, pharmacists, administrators, environmental health officers, radiographers, physiotherapists, scientific officers, psychiatrists, dietitians, podiatrists and more could have desire to conduct research. There are no specific outlets for these people.

The military environment can be an ideal venue for quality research. The military community offers a highly structured, orderly and stable population in which to undertake research. Personnel are often positively disposed to assisting in research projects and the community is generally more familiar with the common aims and objectives that military research is usually oriented than other populations within our society. It is unfortunate that there is little pro-active support for medical research in the military community. This is largely because there is no dedicated vote for research: anything done has to be at no cost to the defence force. Thus, the inevitable costs of research must come from the researchers themselves or the investigator will have to submit herself to the torturous process of securing grants from the NH & MRC, government agen-

cies or private sources. The lack of a research ethos in the Australian military mitigates against individual initiative: there are a few positive examples for others to follow.

The AMMA can help in several ways. Firstly, it will provide an audience for future research work, through the newsletter and conferences. Second, the association will reward excellence in research with the award of a medal and some monetary support towards attending a further conference for the best original research paper at the annual conference. Third, it will, help alter the perceptions of the military medical community towards a research orientation. Unfortunately, AMMA can't find money for supporting research directly, but I hope you as a member will recognise the benefits that may accrue from the associations endeavours.

Spring Rubella Outbreak amongst Military Apprentices in North West Sydney

by

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Introduction

A documented outbreak of rubella infection has occurred amongst a group of 32 naval apprentices and 3 RAAF members at a nearby base. All the naval personnel lived in communal quarters and the appearance of new cases was rapid over several days in late September 1991 and early October 1991.

Methods

As the apprentices were living on base and were infectious to other members they were placed in a

separate ward at No. 3 RAAF Hospital, Richmond. This would not be feasible in the general community.

All the members were tested serologically for IgM and IgG antibodies specific to Rubella. In addition each patient was asked to participated in a questionnaire to determine their symptoms., their likely contact with pregnant women and the number of working days lost.

A confirmed case is one in which the patient demonstrated Rubella specific IgM antibodies.

The member was considered to have clinical rubella if their symptoms comprised of rash and fever and one or more of arthralgia, lymphadenopathy or conjunctivitis. The patients were also asked if they had been in contact with any other rubella cases. A further two questions related to the presence of a sore throat and nausea and vomiting. The patients were asked if their illness had been correctly diagnosed on first presentation.

Results

The following figures were derived from the questionnaire and serological testing:

Antibodies - 94% (33/35) were Rubella IgM positive

Symptom	Percentage	Number
Rash	100	35
Sore Throat	54	19
Lymphadenopathy	49	17
Arthralgia	34	12
Fever	31	11
Conjunctivitis	29	10
Nausea/Vomiting	6	2
Other Symptoms	6	2

(one patient had abdominal pain and the other generalised pruritus).

All the cases except one, were epidemiologically linked. Of the 35 cases, two patients stated they had been in contact with pregnant women. The cases were correctly diagnosed initially in 77% of cases. The remaining 23% were treated for other illnesses.

The total number of lost working days was 153 days with an average of 4.4 lost working days per patient.

Conclusions

The rapid outbreak of rubella is demonstrated by the appearance of 35 cases within a 3 week interval. All people entering the armed services, invariably live in close quarters during their training and whilst on exercise. In view of the large number of lost working days, rubella vaccination should be given to all new service members as it would prove cost effective.

References

1. Canadian Communicable Disease Surveillance Methods. Vol.1753.1991.

Acute Airway Management

by

Wing Commander William M. Griggs

Disclaimer

This series of articles on acute trauma management is intended as an aid memoire only. Physicians who are likely to have to treat acutely injured patients are advised to apply to the Royal Australasian College of Surgeons to attend a EMST course. While this series is specifically about the trauma patient, many of the principles of care also apply to the non-trauma patient

Introduction

After ensuring your own and the patient's safety, airway management takes absolute precedence in the acute management of the trauma patient. It is