Oro- or naso-pharyngeal airway insertion
Endotracheal intubation
Surgical Airway

As far as possible always attempt to keep the cervical spine immobilised by use of a second pair of hands and/or a cervical collar.

Associate Membership

The last council meeting passed a resolution to include a new membership category. This will be associate membership, open to anyone with a genuine interest in military medicine who does not fulfil the criteria for full membership. Associate embers will have no voting rights and will not have a place in the council, but in all other ways may be involved in the associations' functions. These members who know of people without tertiary qualifications or the equivalent who would be interested in joining the association, please get them to conduct the Secretary for a membership form. Joining fee for associate membership is $20, annual fees $10, the same as student membership.

The medical Care of Iraqi Enemy Prisoners of War

by

Longmire A. and N. Desnukh

Military Medicine. Vol.156.No.12.1991.p645-648.

During operation Desert Storm approximately 62,000 enemy prisoners of war were captured by the coalition. From January 27 to February 23 1991 approximately 300 patients were treated. From the beginning of the ground war on February 24, though March 30 approximately 8,979 patients were treated. The most commonly treated conditions seen was dental disease (24.0%). Other commonly treated conditions were upper respiratory tract infection (12.4%), headache (11.7%) and urinary tract infections (9.6%). The unique problem of the language barrier and security requirements increased the difficulty and the time required to conduct sick call for Iraqi EPWs.

Comment: The work load for medical personnel could have been horrendous, if coalition casualties were higher. How was there such a high number of UTIs among male prisoners of war?

Treatment of Malaria Acquired in Southeast Asia

by

Shanks D. and J. Boslego

Military Medicine. Vol.157.No.1.1992.p4-6.

Falciparium malaria will continue to be a major threat to military operations in Southeast Asia. The continued advance of multiple drug resistant strains will make the selection of effective chemotherapy increasingly difficult. Chloroquine and pyrimethamine/Sulphadoxine have been severely compromised and mefloquine resistance is no longer rare. Although new antimalarials such as qinghaosu are being developed, quinine remains the basic drug for severe malaria. Despite its complexities as a disease, malaria is a readily treatable infection once medical officers are aware of the potential pitfalls. Military physicians must stay abreast of the constant evolution of drug - resistant malaria.

Comment: Cambodian UNTAC forces must be a major source of concern for those who provide their medical care.

Telemedicine: Military Applications

by

Rayman R.

Aviation, Space and Environmental Medicine. Vol.63.1992.p135-137.

Communications technology has enjoyed enormous growth in recent years and should be fully exploited by the medical community. Its application as part of disaster response was well demonstrated in the aftermath of the tragic earthquake in Soviet Armenia in 1988. Besides disaster response, telemedicine also has application for patient care, diagnostic imaging, training and education. This capability would be particularly beneficial to armed forces of many nations. If the communications equipment were portable, it could be well employed during peacetime, yet easily deployed to the battlefield. Therefore armed forces should fully exploit telecommunications technology for the practice of military medicine.

Comment: Medical communications systems are an underdeveloped area within the ADF that needs for attention.

Spatial Disorientation in Naval Aviation Mishap: A review of Class A Incidents from 1980 through 1989

by

Bellenkes A., Bason R. and D. Yacavone

Aviation, Space and Environmental Medicine. Vol.63.1992.p128-131.

Spatial disorientation (SD) has long been a major aero medical factor contributing to naval aviation mishaps. In the past, it has been viewed as a generalised phenomenon, described by its vertigo - related symptoms. More recently, however, three distinct types of SD have been identified, each based on whether the aviator recognises and responds to its onset. In the current retrospective study, Flight Surgeon and Mishap Investigation Reports from 33 Class A Mishaps occurring from 1980 through 1989 were reviewed. SD was determined to have been a causal factor in all cases. The mishaps were examined to categorise SD into the three descriptive types and to describe the relationship (if any) between SD and various mission - related factors. Aircraft type, phase of flight, time of day, pilot experience and flight topography were all considered. The results indicate that Types I and II SD could be identified as casual factors in all 33 Class A mishaps. Further, most Type I DS was experienced primarily be helicopter pilots at night while most Type II SD incidents affected jet pilots during day missions.

An assessment of pre- and - post-fitness measures in two remedial conditioning programs

by

Woodruff S., Conway T. and J. Linenger

Military Medicine. Vol.157.No.1.1992.p25-30.

The purpose of this study was to determine if taking part in a command- organised remedial physical training program is effective in reducing body fat, improving failure-specific performance on components of the Physical Readiness Test (PRT), and improving overall physical fitness level. Pre-