Editorial

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Early casualty management and evacuation are brought into sharp focus by the original articles in this issue of *AMM.*

Starting in the hospital environment, Payne *et al* studied the transfusion needs of trauma patients in a US urban setting, determining individual needs related to site of injury and an overall assessment of the centre’s requirements. They suggest that the figures they have arrived at can be extrapolated to the military environment, and so be used as a means of determining blood supply requirements in the field.

In a recent example of field-like casualty management practice, Kitchener and Caldwell describe the difficulties faced in the resuscitation and evacuation of a number of severely burnt casualties following an explosion in Papua New Guinea earlier this year. Faced with limited on site resources and vast distances to definitive care, the successful completion of the mission owed much to resourcefulness and determination, and is a reminder of the problems that will need to be faced in war.

At a training level, Robertson and Morgan-Jones highlight the continuing need to be prepared to meet the Nuclear, Biological and Chemical warfare threat, and to be in a position to provide prompt and effective medical management of casualties. They propose a model for NBC training based on the Early Management of Severe Trauma (or ATLS/BATLS) model to properly equip health services personnel with the skills required.

Finally, in his Opening Address to the 6th Asia Pacific Military Medicine Conference, the then Surgeon General, Australian Defence Force, Major General David Rossi, RAAMC, gave a succinct history of casualty evacuation since the early 16th Century to the present, then looking into the future.

These articles provide a timely reminder of the *raison d’être* for the military health services.

Military health services exist for a variety of reasons. They aim to provide a force that is fit to fight - screening out those with conditions incompatible with operational service, providing preventive medicine advice and services, and curing those who fall ill in non-operational areas so that they are fit to relieve others. Perhaps most importantly, they act as an effective force multiplier by providing timely and effective care to those who are injured or fall ill in combat. Their presence assists in the maintenance of morale, they return the ill and injured to their Units, and they minimise the numbers of personnel evacuated from the theatre of operations.

These are functions of which military health services must not lose sight. They must always be prepared to provide health care in the field promptly and effectively. If they cease to be able to do this, they may as well not exist.

Erratum

Figure 1 on p3 of the last journal (Rosenfeld JV, Harding J, Evans D. Arch aortography and aortic trauma in Rwanda: Case report. *Aust Mil Med* 1996; 5(2):3-5) was inadvertently printed upside down. *Australian Military Medicine* apologises to the authors, and to readers of the journal, for this error.

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The views expressed in this journal are those of the authors and do not reflect in any way official Defence Force policy or the views of the Surgeon General, Australian Defence Force or any military authority.