

## AMMA JOURNAL VOL 10 ISSUE 2

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### Abstract from the Literature

by  
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**Srinivasan A. Kraus CN, DeShazer D, et al. Glanders in a military research microbiologist. N Engl J Med 2001;345(4):256-8.**

*Comment: This is the first reported human case of glanders in the English medical literature since 1949. It was, unfortunately, laboratory acquired at the US Army Medical Research Institute of Infectious Disease. A couple of interesting points. Diagnosis may be difficult, and conventional phenotypic identification testing inaccurate. We also now know the disease responds well to imipenem and doxycycline.*

**Fidler DP. Facing the global challenges posed by biological weapons. Microbes Infect 1999;1(12):1059-66.**

This review article examines the growing concern about the threat posed by the use of biological weapons by States or terrorist groups. The article analyzes the nature of the perceived risk from bioweapons, the historical attempts to control them, and the emerging policy and legal framework designed to deal with the bioweapon threat.

*Comment: This is one of the more balanced articles on biological weapons - balanced and with an excellent section on arms control. The Indiana University School of Law was probably not the first place I would have looked for a sensible contribution to the biowarfare discussion.*

**Hyson JM Jr, Whitehome JW. The "Amex" cast aluminum denture of World War I. J Hist Dent 2001 Ju1;49(2):89-91.**

In 1917-18, the U.S. Army revived a denture technique first introduced in 1866 by Dr James Baxter Bean, the Confederate dental surgeon who established the first military maxillofacial hospital trauma ward in Atlanta, Georgia, during the American Civil War - the cast aluminum wartime denture.

*Comment: Must have been a great look. Any comment from the dentists?*

**Mellor AJ. Helicopter medical retrieval in Sydney, New South Wales. JR Nav Med Serv 2000;86(3):167-9.**

Undoubtedly the main attraction of this job is the interest of never knowing what will happen next! Primary response to an MVA allows one to experience the atmosphere and deal with clinical situations in an alien setting. This broadens ones perspective and has taught me never to be tempted to criticise a paramedic bringing a patient into a rest room. The same is true of interhospital transfers where tact and diplomacy can be tested as well as clinical skills. On the negative side the unpredictability can be difficult domestically (a primary at 1755 means you will be at least two hours late home) and there can be long and dull days when nothing happens. A lot of time is spent transporting post-arrest patients from one hospital to another to find an ICU bed. In military medicine, it is difficult to envisage a future conflict when severely injured casualties would not require transport both locally and over long distances. This job provides an ideal opportunity to become confident with transporting critically ill patients.

**Comment:** *Why are we not involved in some form of a strategic alliance with helicopter retrieval services? It strikes me as being excellent ground for skill development.*

