

AMMA JOURNAL VOL 6 ISSUE 1

MARCH 1997

Editorial

by
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This issue of *Australian Military Medicine* concentrates, like the last, on operational medicine, which is the backbone of military medicine.

Continuing from their earlier article, Payne *et al* have analysed data on abdominal gunshot wounds from a major trauma centre to assess the types of injuries, and their outcomes, in victims who do not require massive blood transfusion. By doing this, the authors have sought to create a similar case mix to that which would be expected in abdominal trauma casualties presenting in a military hospital in combat operations, based on the premise that casualties requiring massive transfusion would either die on the battlefield or be triaged out of active treatment.

The authors make two important conclusions. First, that in casualties with abdominal injuries the presence of abdominal organ injury is unpredictable, and that exploration should be undertaken even where there is no obvious evidence of organ damage. Second, they conclude that the types of casualties seen in a major urban trauma centre are comparable to that which will occur on the battlefield and that the use of such centres to provide clinical training for military health personnel is valid and invaluable.

In our second article, Rossiter has described the activities of an annual operation undertaken by the Indonesian Navy aimed at providing health care services to remote localities. As well as describing the different methods of treatment used as compared to what would be undertaken in an urban setting, the article emphasises the continuing and developing links between the ADF and the Indonesian military.

Readers may recall a suggestion made some years ago by the then Minister for Health, Senator Graham Richardson, for the military to provide health care assistance to remote aboriginal communities. Indeed, the ADF was tasked with providing details of a number of options available to do this. More recently, Army engineers have been given the job of providing assistance in the construction of the shelter and sanitation infrastructure in a number of communities. The use of the military for such tasks has not been a feature of ADF operations in the past, but Rossiter's article emphasises the important role such activities can play in training Service health personnel in the conduct of operations, both military and surgical, in difficult environments.

Robertson continues his regular contributions to the journal in an article on non-lethal weapons. He demonstrates the enormous variety of these, and the equally wide variety of their effects. They range from non-lethal blunt trauma (rubber bullets, for example), through those affecting the special senses and pharmacological agents.

At the end of the article, Robertson talks briefly on psychological effects. Here, he brings out the point that there is a psychological effect generated by just about any non-lethal weapon, and in some cases, it is the psychological effect that provides the greatest operational impact. A point not explored (perhaps wisely) is the debate presently waging about the morality of non-lethal weapons, especially those which permanently disable the special senses—lasers causing blindness, noise generators causing deafness. It is interesting that many believe

permanently disabling a person in such a way is morally worse than killing them or producing a crippling-type disability; but we will offer no opinion on that matter.

Also in this issue is the speech given last February by Minister Bishop at the opening of the new facility for 3 RAAF Hospital, Richmond. This speech provides an important insight into the government's view on the importance of the ADF health service to the maintenance of operational capability. We trust the new Defence Health Service to be established under the Defence Reform Programme will continue to be able to deliver such a standard of health care, both in peace and war (see AMMA Update).

Finally, may I add to that of our President my encouragement to each and every one of you to consider producing a Paper for presentation at AMMA's Annual Conference in August. The best Paper will be reprinted in AMM. Other good papers will also be considered for publication. It is up to all of us to ensure that we make the effort to keep military medicine in Australia alive and well, kicking if necessary.