

# AMMA JOURNAL VOL 9 ISSUE 1

APRIL 2000

## Abstract from the Literature

by  
Andy Robertson

**Morgan-Jones D, Hodgetts TJ. A unified emergency care system from first aid to definitive care. J R Army Med Corps 1999 Oct;145(3):132-5.**

The Unified Emergency Care System (UECS) provides an integrated system of medical support from point of injury to the time a casualty is handed over to specialist care within hospital. It enables personnel at all skill levels to deliver life-saving support to casualties with a broad range of acute injuries and illness. The UECS facilitates standardized training with each level building upon the previous, yet it retains an inherent flexibility to adapt to specific operational and service requirements.

*Comment: LTCOL Morgan-Jones has refined many of the mass-casualty trauma systems to produce a unified system, which has a great deal of applicability to military trauma management. This article should be read by all the military health trainers.*

**Scerri GV, Vassallo DJ. Initial plastic surgery experience with the first telemedicine links for the British Forces. Br J Plast Surg 1999 Jun;52(4):294-8.**

In January 1998, the first telemedicine link for the British Defence Medical Services was established between the British military hospital in Sipovo, Bosnia and the Royal Hospital Haslar, the main tri-service hospital in the UK. Further links were established later in the year. These simple links use a high-resolution digital camera, the Olympus C1400L and the C1400XL, to capture still images. These are then transmitted without loss of definition as electronic mail attachments to obtain specialist opinions in plastic surgery as well as in radiology, dermatology, orthopaedics, urology, ophthalmology, general medicine, maxillofacial surgery and pathology. Its use is illustrated by representative case reports from the first 11 referrals from Sipovo and elsewhere to the Plastic Surgery Department at Haslar. This system is suitable for use within both a military and a civilian context, anywhere in the world. It can readily be adapted for use by general practitioners and hospital doctors to facilitate referrals to plastic surgery departments.

*Comment: As we saw in the RIMPAC trials and here in Kosovo, this modality continues to offer utility. Reducing costs of technology and the use of the internet may make this a more affordable option.*

**Popper SE, Yourkavitch MS, Schwarz BW, Wolfe MW, McDaniels M, Hankins ST, Curtis TE. Improving readiness and fitness of the active military force through occupational medicine tenets. J Occup Environ Med 1999 Dec;41(12):1065-71.**

The United States Military deploys its forces with minimal lead time. These forces must be medically qualified and physically fit for any locale and mission scenario. Historically, up to half of the force identified for deployment at any given time were not medically qualified. Matching individuals to specific occupations using validated medical and physical performance standards is an occupational medicine tenet that increases the effectiveness and efficiency of the workforce. To establish a cost effective, valid medical program ensuring a fit and ready force, the military must: (1) develop validated physical fitness/ occupational standards; (2) consolidate one fitness standard for males/females on the basis of workload requirements; (3) eliminate differing age standards; (4) provide statistically relevant medical screening, testing for health maintenance, and fitness for duty; and (5) mandate one joint medical standard for all military services.

*Comment: We all struggle with this challenge.*

**Anderson ER Jr, Fowler J, Swan KG, Liman JP, Lajewski WM. Don't know, don't care. III. Mil Med 1999 Nov;164(11):758-63.**

The knowledge of and interest in Department of Defense programs to help medical students with their educational expenses in exchange for military service as a physician was studied at three medical schools representing the eastern (University of Medicine and Dentistry of New Jersey /NewJersey Medical School [UMDNJ /NJMS]), midwestern (University of Missouri at Kansas City), and western (University of Utah) United States. Despite staggering indebtedness (40% of the class of 1998 at the University of Medicine and Dentistry of New Jersey were in debt in excess of \$100,000 at graduation), surprisingly few students were aware of programs such as the Health Professions Scholarship Program, the Health Professionals Loan Repayment Program, and the Specialized Training Assistance Program. Even fewer were interested when made aware of such financial assistance. Hostility to military service as a physician was common. "Patriotism" was seemingly anathema. Dwindling recruitment and retention of medical corps officers in the reserve components of our nation's armed forces is of grave concern to national security and flies in the face of medical students', hence young physicians', indebtedness for their education. Clearly, Department of Defence programs must become more imaginative, certainly more financially appealing.

*Comment: And I thought we had problems with recruitment and retention. More money is only part of the solution.*

**Price BA. The influence of military surgeons in the development of vascular surgery. J R Army Med Corps 1999 Oct;145(3):148-52.**

Surgical attention to major blood vessels has been necessary for as long as man has been involved in armed combat. A brief resume of the history of vascular surgery is outlined with special reference to the contribution made by the military surgeon in battle. The role of modern specialist techniques in vascular injuries in present-day operations will be briefly discussed.

*Comment: An interesting historical review*