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**Textbook of Military Medicine - -**

**Military Psychiatry - - 1994**

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**Military Dermatology - William D. James - 2000-04**

Series/Subseries Textbook of Military Medicine, Pt. 3, Disease and the Environment. Specialty editor: William D. James. Places military dermatology in its historical context. Emphasizes the conditions that specialists and general medical officers in the field are likely to see. Discusses diseases that are uncommon in the United States but prevalent worldwide in specific geographical locations.

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**Textbook of Military Medicine, Warfare Weaponry and the Casualty - F. R. Sidell - 1997**

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**Textbook of Military Medicine, Part I, Warfare, Weaponry, and the Casualty - - 1997**

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**War Psychiatry - Franklin D. Jones - 1995**

This volume of the Textbook of Military Medicine addresses the delivery of mental health services during wartime. The foreseeable future of the U.S. military includes the potential for involvement in a variety of conflicts, ranging from peace-keeping missions to massive deployments of personnel and materiel and possible nuclear, biological, and chemical threats as was seen in the Persian Gulf War. The medical role in wartime is critical to the success of the mission. For the mental health disciplines, this role encompasses identification and elimination of unfit personnel, improvement of marginal personnel to standards of acceptability, prevention of psychiatric casualties, and their treatment when prevention fails. All of these efforts must be guided by past experience and sound principles of human behavior.

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**US Army Physician Assistant Handbook - The Borden Institute - 2018**

The Army physician assistant (PA) has an important role throughout Army medicine. This handbook will describe the myriad positions and organizations in which PAs play leadership roles in management and patient care. Chapters also cover PA education, certification, continuing training, and career progression. Topics include the Interservice PA Program, assignments at the White House and the Old Guard (3d US Infantry Regiment), and roles in research and recruiting, as well as the PA’s role in emergency medicine, aeromedical evacuation, clinical care, surgery, and occupational health. More titles produced by the US Army, Borden Institute can be found here: https://bookstore.gpo.gov/agency/borden-institute Check out our Healthcare Teamwork & Patient Safety resources collection here: https://bookstore.gpo.gov/catalog/healthcare-teamwork-patient-safety-teamps Best Care Everywhere can be found here: https://bookstore.gpo.gov/products/best-care-everywhere

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**Textbooks of Military Medicine: Recruit Medicine - -**

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**Textbook of Military Medicine - -**

**Medical Aspects of Harsh Environments -- 2001**

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War Surgery in Afghanistan and Iraq - Shawn Christian Nessen - 2008

Military Medicine to Win Hearts and Minds - Robert J. Wilensky - 2004

American soldiers have provided medical aid to civilians in many wars, and no less in the Vietnam War, where there were more than forty million contacts between U.S. medical personnel and Vietnamese civilians. Robert J. Wilensky, using data derived from extensive archival research as well as his personal experience in Vietnam, shows how medical aid to Vietnamese civilians, at first simply based on good will, became policy. The original Medical Civic Action Program (MEDCAP), by which unit medical teams treated civilians in their area, soon expanded to other acronymically designated programs: the Military Provincial Hospital (later Health) Assistance Program (MILHAP), the Civilian Casualty Program (CWP), and the Provincial Health Assistance Program (PHAP). Although MEDCAP treated more Vietnamese American doctors unambiguously about the superficial care they were able to give. Labs, x-ray machines, and surgery were not 04 Activeable at the unit level; follow-up was sketchy or nonexistent. Other programs became so politicized that they were almost ineffective. Coordination with the government of South Vietnam was poor, creating areas that were underserved. Most important, there is no evidence that the good will built by U.S. doctors transferred to South Vietnamese forces. American programs may have emphasized the inability of the Republic of Vietnam to provide basic health care to its own people and may have demonstrated to Vietnamese civilians that foreign soldiers cared more for them than their own troops did. If that is the case, the programs actually did more harm than good in the attempt to win hearts and minds.

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Emergency War Surgery - Borden Institute (U.S.) - 2013


Military Medicine - Jack Edward McCallum - 2008

Thanks to advances in field medicine and improved mobility and efficiency of medical units, the death rate of soldiers injured during battle has dramatically declined in the last 100 years. Nowadays, with forward medical stations operating close to battle lines and medical transports (ground and air) at hand, injured soldiers survive their battle wounds. "Military Medicine: From Ancient Times to the 21st Century" provides expert coverage of the key role medical advances and practices have played in the evolution of warfare, and how many of those advances and practices have been put to work saving and improving civilian lives as well. "Military Medicine" surveys the development of military medicine from its prehistoric origins through modern threats and practice. That coverage is followed by over 200 of alphabetically organized entries with special emphasis placed on those areas with the most dramatic applications to civilian medicine, including triage and trauma management, treatment for infections, emergency surgical procedures, and more.

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Man and Wound in the Ancient World - Richard A. Gabriel - 2012

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Examines the fascinating role of medicine in ancient military cultures; reveals medical secrets lost during the Dark Ages; explores how ancient civilizations' technologies have influenced modern medical practices.

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**Care of the Combat Amputee** - Borden Institute Walter Reed Army Medica - 2009
This resource addresses all aspects of combat amputee care ranging from surgical techniques to long-term care, polytrauma and comorbidities such as traumatic brain injury and burns, pain management, psychological issues, physical and occupational therapy, VA benefits, prosthetics and adaptive technologies, sports and recreational opportunities, and return to duty and vocational rehabilitation.

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This is the 2014 update to the 2004 version. Information in this edition reflects lessons learned from American involvement in Iraq and Afghanistan, and represents state-of-the-art principles and practices of forward trauma surgery. This publication is not a first aid manual and is intended for physicians, physician assistants, and advanced practice medics and corpsmen involved in providing emergency medical and trauma care near the battle space. This publication addresses the appropriate medical management of blast wounds, burns, multiple penetrating injuries, as well as other battle and non-battle injuries. Specific chapters cover the following topics: Weapons Effects and War Wounds-Treat the wound, not the weapon, explosive injuries, and ballistic injuries including 5.56mm and 7.62mm. Mass Casualty and Triage-Triage categories and decision making and emergency treatment area setup. Airway/Beginning-Initial airway management, ventilation, intubation, difficult airways, and surgical cricothyrotomy. Hemorrhage Control-Bleeding control, tourniquets, pressure points, dressings, bandages, hemostatic agents, and controlled hypotension. Shock, Resuscitation, and Vascular Access-Treatment of hypovolemic shock, vascular access, subclavian vein access, internal jugular venipuncture, saphenous vein cut down, and hyperosmolar infusion. Anesthesia-Indications, rapid sequence intubation, intubations and dosing recommendations for narcotics and muscle relaxants. Soft Tissue and Open Joint Injuries-Presurgical care, surgical wound management, and wound care. Infections-Diagnosis of a wound infection, common microorganisms causing battlefield infections, recommendations to prevent infections associated with combat related injuries, antimicrobial agent selection including preferred agents and alternate agents with appropriate administration and dosing guidelines. Critical Care-Shock resuscitation, fluid and electrolyte management, treatment of acute coronary syndromes, congestive heart failure, unstable angina, and other acute medical conditions. Damage Control Surgery-Pre-hospital and emergency resuscitation and critical care. Face and Neck Injuries-Increased management of face and neck injuries and facial bone fractures. Occlusal Injuries-Immediate treatment, treatment of chemical injuries, corneal abrasions, and foreign bodies. Thoracic Injuries-Tension pneumothorax, hemothorax, open pneumothorax (sucking chest wound), flail chest, chest tube placement, and emergency thoracotomy. Gynecologic Trauma and Emergencies-Emergency delivery and emergency Cesarean section and neonatal resuscitation. Extremity Fractures-Wound management Burns-Point of injury care, primary survey, estimation of fluid resuscitation needs, burn resuscitation, burn and wound care. Environmental Injuries-Trench foot and frostbite, field and medical facility treatment, hypothermia treatment, heat injury and heat stroke, altitude illness and acute mountain sickness, high altitude pulmonary and cerebral edema, Radiological Injuries-Treatment of injuries and illnesses from conventional nuclear weapons and radiological dispersal devices (dirty bombs.) Biological Warfare Agents-Hemorrhagic fever, Hanta, Ebola, Lassa, Rift Valley, botulinum, ricin, anthrax, plague, cholera, and tularemia treatment. Chemical Injuries-Treatment of nerve agents, vesicants, and choking agents. Pediatric Care- Fluid, caloric, and protein requirements for children, normal vital signs, pediatric resuscitation equipment and supplies, commonly used drugs and dosages, surgical management Battlefield Transfusions Emergency Whole Blood Collection Product Manufacturers.

**Fundamentals of Military Medicine** - Francis G. O'Connor - 2019

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Between Flesh and Steel - Richard A. Gabriel - 2013

Over the last five centuries, the development of modern weapons and warfare has created an entirely new set of challenges for practitioners in the field of military medicine. Between Flesh and Steel traces the historical development of military medicine from the Middle Ages to modern times. Military historian Richard A. Gabriel focuses on three key elements: the modifications in warfare and weapons whose increased killing power radically changed the medical challenges that battle surgeons faced in dealing with casualties, advancements in medical techniques that increased the effectiveness of military medical care, and changes that finally brought about the establishment of military medical care system in modern times. Others topics include the rise of the military surgeon, the invention of anesthesia, and the emergence of such critical disciplines as military psychiatry and bacteriology. The approach is chronological—century by century and war by war, including Iraq and Afghanistan—cross-cultural in that it examines developments in all of the major armies of the West: British, French, Russian, German, and American. Between Flesh and Steel is the most comprehensive book on the market about the evolution of modern military medicine.

Combat Medic Field Reference - Casey Bond - 2005

The ability to save lives in war, conflicts, and humanitarian interventions requires sophisticated skills above and beyond first aid. Today's Combat Medic must be an expert in emergency care, force health protection, limited primary care, and warrior skills. The Combat Medic Field Reference provides easy access to essential information on triage, treatment, and US Army procedures. This handy pocket-sized reference features waterproof pages for making temporary or permanent notes.

Textbook of Military Medicine Rehabilitation of the Injured Combatant, Volume 2 Part Iv, Surgical Combat Casualty Care U.S. Departm - - 2000*

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Medical Aspects of Biological Warfare - Zygmunt F. Dembek - 2008-02 NOTE: NO FURTHER DISCOUNT FOR THIS PRINT PRODUCT--OVERSTOCK SALE – Significantly reduced list price while supplies last Addresses weaponization of biological agents. Categorizes potential agents as food, waterborne, or agricultural toxins and discusses the respective epidemiology.

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From a physician’s perspective, this is a unique history of the American Revolution and how diseases impacted the execution of the war effort. The medical histories of Washington and King George III are also provided.

Medicine and the American Revolution - Oscar Reiss, M.D. - 2015-09-17

Nearly nine times as many died from diseases during the American Revolution as did from battle wounds. Poor diet, inadequate sanitation and sometimes a lack of basic medical care caused such diseases as dysentery, scurvy, typhus, smallpox and others to decimate the ranks. Scurvy was a major problem for both the British and American navies, while venereal diseases proved to be a particularly vexing problem in New York. Respiratory diseases, scabies and other illnesses left nearly 4,000 colonial troops unable to fight when George Washington’s troops broke camp at Valley Forge in June 1778. From a physician’s perspective, this is a unique history of the American Revolution and how diseases impacted the execution of the war effort. The medical histories of Washington and King George III are also provided.

Tactical Medicine Essentials - American College of Emergency Physicians (ACEP) - 2011-08-24

Medical support for special weapons and tactics (SWAT) units is different from civilian EMS in many ways. A tactical medical provider (TMP) is charged with providing life-saving care to downed SWAT officers and taking measures to defend against criminal suspects. This requires extensive, specialized tactical emergency medical services (TEMS) training and experience in the tactical environment. Designed for EMS and medical professionals of all levels of training, Tactical Medicine Essentials provides the foundation needed to create world-class TMPs. Written by an experienced team of authors from diverse backgrounds, this text covers the essential curriculum of tactical medicine, including patient assessment, expedient extrication and evacuation, and self-defense skills.

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Trauma and exposure to toxic and infectious agents invariably lead to organ damage followed by significant morbidity and mortality. Although these conditions have typically been associated with the battlefield, today they are more prevalent in urban areas. The events of September 11, 2001 have brought this problem to the forefront of national and international concern. The demand for solutions is justifiably high, and the research community needs to adjust its efforts appropriately. Combat Medicine is meant to be a concise manual for the young clinical or basic investigator who is studying organ injury following trauma or toxic or infectious assaults either in an urban or battlefield setting, with an emphasis on current research issues in emergency and military medicine. The aim of Combat Medicine is to inspire surgical and medical residents and fellows, as well as biology and biochemistry students and fellows, to pursue research careers in the fields of military, trauma, and emergency medicine. Combat Medicine is not intended to be an exhaustive review; rather it is an introduction to key principles of this field.

**Combat Medicine** - George C. Tsokos - 2003-07-14

Our market-based, profit-driven health care system in the United States has put necessary care increasingly beyond the reach of ordinary Americans. Primary care, the fundamental foundation of all high-performing health care systems in the world, is a critical but ignored casualty of the current system. Unfortunately, primary care is often poorly understood, even within the health professions. This book describes what has become a crisis in primary care, defines its central role, analyzes the reasons for its decline, and assesses its impacts on patients and families. A constructive approach is presented to rebuild and transform U.S. primary care with the urgent goal to address the nation’s problems of access, cost, quality and equity of health care for all Americans.

**Breaking Point** - John P. Geyman - 2011

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