natories will be required, and there is a possibility of class actions by victims against the manufacturing companies. It is my understanding that General Motors in the United States initially made landmines, but was forced to cease production because of public opinion (Dr Jason Garood, HMAS STIRLING, personal communication). General Motors’ clients were next supplied by the Fiat company in Italy, but after further pressure there they are now being made in Algeria. The industry is certainly innovative. Biodegradable mines are available. New detector technology is required, and the military requires an alternative barrier system which could detect and easily deactivate the mines of friendly forces.

Just as air warfare is becoming more discriminatory, as we have seen with NATO’s Kosovo campaign in 1999, antipersonnel mines may well develop in ways that minimise “collateral damage”. If the future of warfare in democratic countries is to support human values, as appears to have been the mission in Kosovo, it is counterproductive to devastate the population the force is trying to protect by polluting their environment with lethal weapons.

References

Letter to the Editor

Military psychiatry

TO THE EDITOR: John Ellard’s article on military psychiatry1 was a timely reminder of the importance of the principles of proximity, immediacy and expectancy in the treatment of combat stress reactions. These therapeutic guidelines were formulated by the work of Salmon and colleagues in World War I,2 and remain the recommended approach today.3

As Ellard described, these principles are effective in returning soldiers to duty. There is even some evidence that they can be effective in reducing the development of post-traumatic stress disorder. Solomon et al reported that the rate of post-traumatic stress disorder in Israeli veterans was inversely related to the number of Salmon principles that were put into practice in their treatment.

But were these principles employed in the care of ADF personnel during the recent conflict in East Timor? Or was the temptation to evacuate too great, with Darwin just 60 minutes away by air?

Martin and Cline described the consequences of the failure to adhere to these principles: “The worst mental health outcomes follow inappropriate evacuation out of the combat theater; soldiers can be lost to military service or effective civilian functioning.”

Duncan Wallace, FRANZCP
Commander, RANR
Consultant Psychiatrist to the RAN
St Vincent’s Mental Health Service
299 Forbes Street, Darlinghurst, NSW 2010