

THE PRIMARY TREATMENT OF BURNS AND SCALDS.*

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When the president of this association asked me to read a paper on this subject I readily acquiesced, thinking it would be a very easy matter to deal with, and would entail no great amount of labor. The very simplicity of the subject, however, makes it very much more difficult to me to give you anything that you do not already know, but I hope that the discussion which will be participated in by those who have had large experience in treating burns, will bring out many practical points which will be of real service to the members. In looking over the literature of this subject I have been impressed with the number of remedies recommended, each having advocates and each giving very satisfactory results, if you are to believe in every instance the favorable reports of admirers, and possibly discoverers. This is, I take it, an evidence that we have as yet no one drug which is universally accepted as a specific. We must, therefore, aim at formulating certain principles of treatment, the carrying out of which will probably be equally well done by more than one remedy. In the first place, we must remember that the constitutional condition requires active treatment, as well as the local injury. The general treatment will depend largely upon the extent of the burn. When our patient is suffering from severe shock our first duty will be to apply suitable remedies for that condition. Warmth is of the greatest importance, and the patient should be wrapped up in warm blankets, he should be put to bed as quickly as possible, without a pillow, and the foot of the bed should be raised six or eight inches. Free stimulation is also important; perhaps the most rapid stimulant is ether injected subcutaneously in doses of from 20 to 30 minims. If, in injecting ether, the needle of the syringe be buried in the muscle, it will avoid the sloughing of the skin, which sometimes occurs after ether is used subcutaneously. This may be repeated every fifteen minutes if necessary, and brandy may be injected in the same quantity, still more frequently; strychnine is also useful.

Stimulants should also be administered, preferable in the form of a hot nutrient enema, containing half an ounce to two ounces of brandy with the yolk of an egg and an ounce of beef tea and milk. In severe shock an injection of hot normal saline solution into the rectum will be found of very great value. One or two pints may be given and repeated every two or three hours, until the pulse is of good volume. The advantage of this plan of giving salt solution over the transfusion into a vein is that the dilution of the blood does not occur so rapidly and hence there is not the same trouble about dyspnea. A very marked effect will be noticed in the pulse in a few hours after the injection.

When a nutrient enema has been administered, it is well to wait an hour before using the saline solution. I think there can be no doubt

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