

## MEDICAL MATTERS.

### TREATMENT OF BURNS BY THE APPLICATION OF ALCOHOL.

The *Lancet* quotes from an Australian contemporary the following account by Dr. E. T. C. Milligan of a method of treating burns which he has found more satisfactory than the current methods. In burns of the second, third, and fourth degree, cleansing with anti-septic lotions is usually recommended. He says that the moisture causes the sloughs to become septic—in other words, converts dry into moist gangrene. Frequent and painful dressings are then necessary. Dr. Milligan excludes water from the treatment, and applies alcohol. He thus prevents moist gangrene and inflammation, and saves much suffering. A child, instead of spending several months in hospital, can soon have the burn grafted, and run about. The details of the method are as follows. If the patient is in such a state of shock that he cannot stand an anæsthetic, a watery saturated solution of picric acid is applied on lint, and protective is put over this to prevent evaporation. On the next day the protective is lifted and more of the solution is poured over the lint, which is not changed. On the third day the patient is either obviously going to die or can stand an anæsthetic. If the picric acid be continued any longer the burn will become offensive. Dr. Milligan has not found the picric acid treatment of burns satisfactory, and simply uses it in the absence of anything better for a patient in condition of shock. Moreover, the acid is absorbed, and may cause toxic symptoms. If the patient is in a condition to allow the administration of an anæsthetic, he is given chloroform, and the burns are cleansed with sterile gauze wrung out of 70 per cent. alcohol. The whole surface of the burn and the surrounding skin is rubbed vigorously. Blisters are rubbed off, with all dead tissue. No blister is pricked, nor is the dead skin allowed to remain to keep fluid pent up, only to be infected by the organisms of the skin. Dead tissue is more effectively and easily rubbed off than removed with scissors and forceps. After thorough cleansing, a dressing of sterile gauze wrung out of the alcohol is applied. Over this dry gauze and wool are applied, and then a bandage. Under chloroform the same process is repeated daily. Every other day will not do, for the burns begin to be septic and offensive. The parts are rubbed, not wiped, with the gauze wrung out of alcohol. On beginning to remove the dressing it will be found stuck to the surface. By pulling upon it, bits of dead tissue are satisfactorily removed. The dressings are con-

tinued for about eight days, when burns which have not destroyed the whole thickness of the skin will be found in such a clean state that boroglyceride gauze or gutta-percha tissue can be applied as a dressing without any pain. It is striking how rapidly the burns now heal under the boroglyceride. If they become infected again, one cleansing with alcohol, followed by one alcohol dressing, will render them again aseptic. Burns which involve the whole thickness of the skin take longer, on account of the sloughs. Under the alcohol treatment these become black, dry, and shrivelled up, and can be torn off or dissected off with a sharp scalpel and forceps. Valuable time will be lost if the surgeon waits for the sloughs to separate. The best results follow the cutting off of the sloughs, for they are not sodden, and the surface is aseptic. A scalpel must be used, for it leaves a clean cut, with no track of dead and injured cells as a scissors does. Dr. Milligan has employed this treatment during five months for a great number of burns in the Children's Hospital, Melbourne. One case of extensive and deep burns was fatal. Two large duodenal ulcers were found at the necropsy, but at the time of death (twelfth day) the burns were in an aseptic state, with all the sloughs removed. In all the other cases healing was most satisfactory. They included burns and scalds of almost all parts of the body, some deep, some on the face, and some on the buttocks, where cleanliness is difficult to maintain in young children. The daily use of chloroform did not prove in any way injurious. There was never any vomiting to interfere with the taking of food, so necessary for a burnt child. Anæsthesia must be employed, otherwise the application of alcohol would be too painful.

### MEMORIAL TO LORD LISTER.

At a meeting in Oxford, in support of the Royal Society, to commemorate Lord Lister's services to humanity, Sir William Osler said there was no question that Lister's work had saved more lives directly than probably the work of any individual man. In the nineteenth century there were four advances of first rank—preventive medicine, initiated by Jenner, which had really been one of the great glories of British medicine; the discovery and confirmation of the germ theory of disease initiated by Pasteur and carried on by Koch; anæsthesia, which they owed to America; and the fourth was the great antiseptic treatment by Lister. Lister's work was remarkable for three things—its universality, its life-saving and health-giving features, and the colossal saving of pain that had been effected by antiseptic surgery.

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