



Sgt. I.C. Norman Klisavage, ward master in the 106th General Hospital burn ward, applies sulfamylon to a patient. The ointment is much

easier on both patient and medic than the older method of applying bulky bandages soaked in silver nitrate.

Old drug with new use shows promise as wonder drug for severe burns

Story and photos
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THE 18-YEAR-OLD Spec. 4 had just finished lunch in his mess hall at Bear Cat near Long Binh when an emersion heater exploded. Scalding water and burning oil saturated his uniform and began eating into his back and right arm. He was rushed to a nearby evacuation hospital for emergency care and the start of a modern technique in the treatment of severe burns.

Larry S. Dunn, formerly of Hq. Co., 9th Inf. Div., doesn't remember much of those first hours of terrible pain or of his six-hour jet flight from Vietnam to Japan or the 12-minute trip by helicopter ambulance from planeside at Yokota AB to the Army's 106th General Hospital in Yokohama.

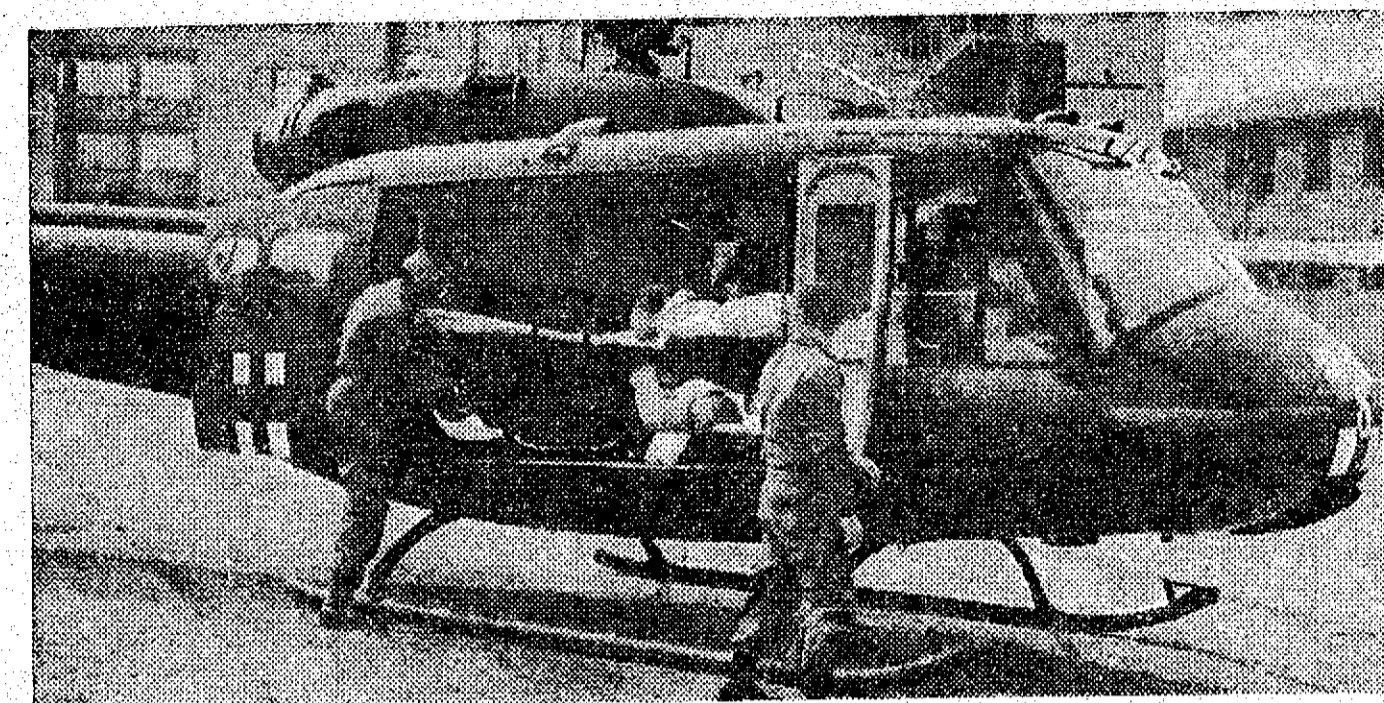
But he does know that after only one month the second degree burns that covered 25 percent of his body are healed and he will soon be in the States for final convalescence.

Dunn's is by no means a special case nor is it the most serious. It is typical of the scores of burn casualties treated by the 106th's new unit every day with the new use of an old drug.

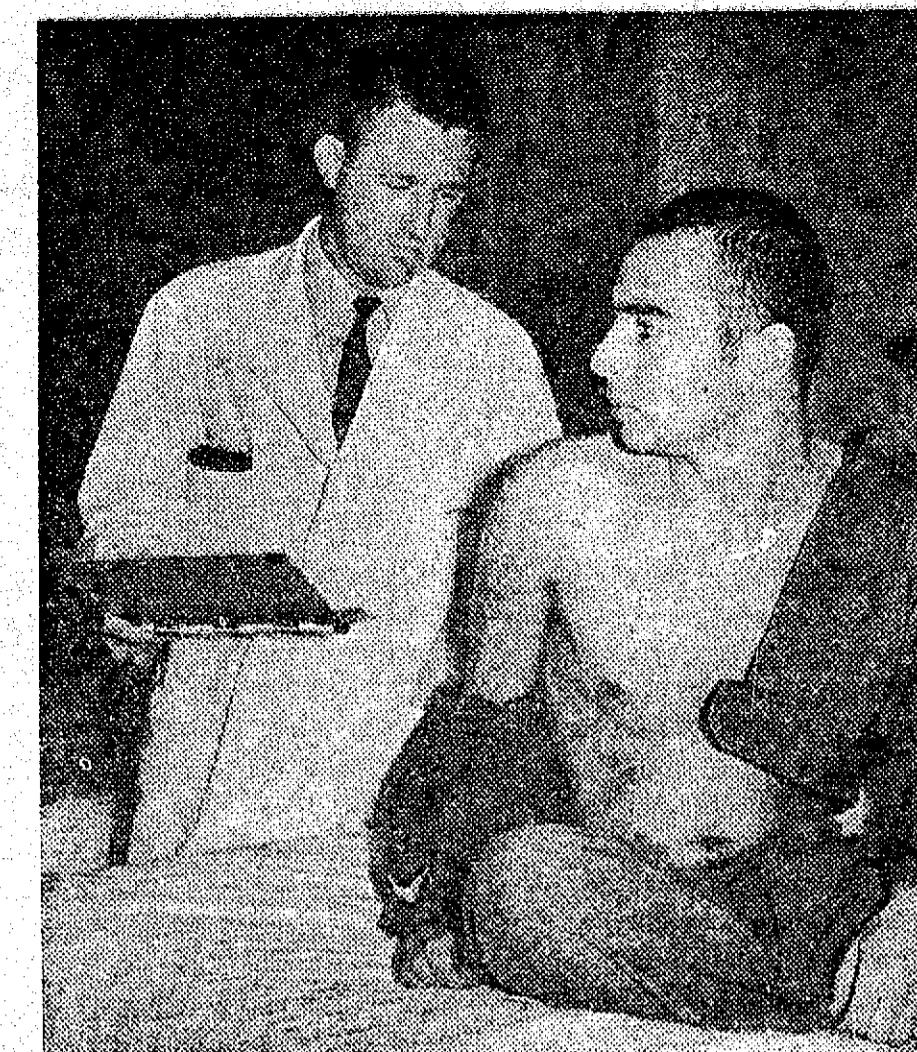
In January 1966 the hospital's burn treatment ward was set up to give specialized, intensive care to severe burn cases (those over 25 percent or more of the body) of all services and dependents in the Far East. Last June the unit started using sulfamylon as the primary treatment.

According to Maj. Bohn D. Allen, chief of general surgery and head of burn treatment at the 106th, sulfamylon is far from being a new drug.

"It was first compounded in the 1930s in England, but it didn't prove effective in fighting the bacteria it was being tested against," he said.



Severe burn cases are loaded aboard a 587th Medical Det. helicopter ambulance for the 12-minute ride from Yokohama to Yokota on their way to Brooke Army Hospital in Texas and further treatment of their injuries.



Maj. Bohn D. Allen, Chief of General Surgery at the 106th and the unit's burn specialist, checks a burn case ready for final convalescence in the States after being in the 106th burn ward for 31 days.

Doctor Allen said the drug was issued to World War II German soldiers in their medical kits, but after the war it didn't seem very effective and was again forgotten.

"Then in 1960, the Surgeon General's research unit was looking for a drug to treat large open wounds such as burns. The properties of sulfamylon were reviewed, tested on animals and then sent to the Surgical Research Unit of Brooke Army Hospital at Ft. Sam Houston, Tex.," Allen said.

"Since 1964, the burn center has been using sulfamylon exclusively. It was just a case of the medical profession knowing about the drug all the time, but not knowing what it was good for," Allen continued.

Sulfamylon still hasn't been approved by the Food and Drug Administration for general use in burn treatment, but as an extension of the research work at Brooke, the 106th is permitted to use it.

"As far as I'm concerned, it's the only way to treat burns," said Allen. The 32-year-old general surgeon said he expects final approval to be given later this year.

Allen said the new method has several advantages over the older silver nitrate treatment. Some of these are the ease with which it can be applied, the limited number of applications needed and the ease it gives the patient.

"Silver nitrate had to be soaked into bulky bandages that were changed every four hours," said Allen. "But sulfamylon is spread on like a salve and has to be changed only twice a day."

He continued to say that by taking less time in changing applications, the corpsmen now have more

time to give the patients better care and since dressings aren't required the patient is more comfortable.

Allen described the burn treatment in Japan and that at Brooke Army Hospital as all part of the same program.

"Our main purpose here is to stabilize the serious cases so they can stand the 15-hour flight back to the burn center at Brooke for even more intensive care," he said.

These flights are made nearly every week with doctors and corpsmen from Brooke and the 106th alternating as attendants.

"When our men go, they have a three-day layover to work at the burn center and study any new techniques before returning here. This is a continually improving and expanding field," he said.

Not all the cases are sent to Brooke for further treatment. Allen said about half the 648 men admitted since the unit opened 20 months ago have been returned to active duty from the 106th.

Allen described the results of modern treatment as fantastic. "Thirty years ago a second degree burn over 30 percent of the body was considered almost a certain fatality, but now we're healing men with burns over 70 to 80 percent of their bodies," he said.

As the only unit this side of California set up specifically for the treatment of burns, the 106th gets cases from all services throughout the Far East and they recently treated a dependent wife who was severely burned in a hotel fire on Okinawa.

Casualties come from a variety of causes. Allen broke it down into two categories — of the minor burns he said 70 percent are caused by accident, 30 percent by enemy action; in the major burns he said 60 per-

cent resulted from enemy action and 40 percent from accidents.

Allen credits rapid evacuation as the key to their success in saving lives. "We got in eight patients yesterday, most of them from Vietnam, and the average lapse from the time they were burned until they were here in bed was 18 hours. This greatly reduces the chance of any complications setting in," he said.

The kingpin in this evacuation of severe burn cases to and from Japan is the Plans and Operations Division at U.S. Medical Command, Japan headquarters at Camp Zama.

With the master control of a radio net reaching its air evacuation branch at Tachikawa AFB, helicopter ambulances of the 587th Medical Det. and the burn unit as well as all other hospitals under the command, the office gets advance notice of incoming cases, alerts the 106th and has a chopper at planeside.

The medical command also was instrumental in setting up the special weekly Military Airlift Command "burn flight" from Yokota AB to Kelly AFB, Texas last July. A medical command representative said they now average getting burn cases from bed to bed — from Yokohama to the Brooke burn center in 16 hours.

Even though the two hospitals are separated by thousands of miles, Maj. Allen said they consider it one long period of hospitalization for patients who start at the 106th's 60-bed ward and are later sent to Brooke for further treatment and skin grafts.

"It's all part of our efforts to heal these men who have gone through the greatest trauma the body can be subjected to," said Allen.

New burn treatment saving lives