

- 361 Electrical Injuries. W. Mills, Jr., W. E. Switzer, and J. A. Moncrief.  
J. Am. Med. Assn. 195, 852-854 (March 7, 1966).

Electrical injuries constitute an important, distinctive, but often poorly understood, variety of trauma. In our complex society, and home utilization of electric power, we are continually faced with a significant incidence of electrical accidents, and their morbidity and mortality are high. It has been estimated that approximately 1,100 electrical fatalities now occur annually in this country. Most physicians are aware that electrical burns differ from ordinary thermal injuries of other etiologies, but the specific manner in which they are dissimilar is frequently not understood. Electrical burns present certain distinctive pathological and clinical features, knowledge of which is important for their proper management. The emergency treatment of electrical injuries consists of freeing the victim from the electrical contact, appropriate precautions being taken by the rescuer to prevent electrical injuries to himself, and cardiac or respiratory resuscitative efforts or both as dictated by the clinical situation. Following emergency therapy and hospitalization, electrical injuries are then managed in essentially the same manner as are ordinary thermal injuries with the exception of the treatment of the local burn wounds. While most surgeons are in agreement that some form of excisional therapy is the best method of managing the local burn wounds, this is not unanimous, and there is a wide divergence of opinion with reference to the timing of excisional therapy. The authors' current method of treatment of the local burn wounds consists of a first excision performed between the third and fifth day after the injury, usually followed by one or two additional debridements before all devitalized tissue has been removed and autografting is feasible. Cutaneous homologs are frequently employed for temporary coverage after each debridement and prior to final autografting.

- 362 Effectiveness of Dilute Aqueous Silver Nitrate in the Treatment of Major Burns.  
W. W. Monaford and G. A. Moyer. Arch. Surg. 91, 200 (1965).

Inanition and bacterial colonization of the wound are two principal causes of mortality from burns. Continuous dressing with 0.5 silver nitrate has been found to be extraordinarily effective in preventing the growth of pathogenic bacteria without interfering with either spontaneous epithelialization or the growth of split-thickness skin grafts. The wet dressings simulate baths, and with this technique the authors report that there has been a major decrease in mortality and in contractures. Use of 0.52 silver nitrate stains everything, but argyria has not occurred and antibiotics appear to be unnecessary. Being hypotonic, the dressings can syphon off extracellular minerals, and dietary supplements are indicated. It is suggested that most burns are second degree and are made third degree by bacterial enzymes. The use of 0.5% silver nitrate appears to be successful because it prevents this bacterial worsening.

-- Can. Med. Assn. J. Absts.

- 363 Resin Dermatitis in a Car Factory. H. O. Engel and C. D. Calnan.  
Brit. J. Ind. Med. 23, 62-66 (Jan, 1966).

An outbreak of dermatitis in a car assembly factory is described; it affected 50 workers who handled rubber weatherstrips coated with an adhesive. The adhesive was found to contain para-tertiary butyl phenol (PTBP) formaldehyde resin. Of those patch tested 70% gave positive reactions to the adhesive and 65% to the resin. Improved methods of handling and personal protection succeeded in arresting the occurrence of dermatitis. Barrier creams gave no protection in these circumstances. The episode illustrates the different preventive control methods which have to be tried when dealing with a simple skin hazard which cannot be abolished.

-- Authors' abstr.

- 364 Vesiculobullous Dermatitis from Tobacco Smoke. F. E. Cormia and P. F. deGara.  
J. Am. Med. Assn. 193, 141 (1965).

Allergic sensitivity to tobacco is very rare. A 35-year-old printer with a chronic vesiculobullous dermatitis observed a marked flare of his dermatitis after smoking 1-1/2 packs of cigarettes. When he stopped smoking, the dermatitis cleared. Several types of tobacco caused flares after smoking, and a skin test with tobacco extract gave a positive wheal and flare reaction.

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