The 18-year-old Spec. 4 had just finished lunch in his mess hall at Bear Cat, near Long Binh, when an unusual heater exploded.

Sgt. I.C. Norman Klisavage, ward master in the treatment of severe burns, 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.

Doctor Allen said the drug was issued to World War II German soldiers in their medical kits, but after the war it didn't prove effective and was again forgotten. But he does know that after only one month the second degree burns that covered 25 percent of his body were healed and he will soon be in the States for final convalescence.

A medical command representative said they now average about eight burn cases a week. They average about 70 percent minor burns, 30 percent major burns over 70 to 80 percent of their bodies; he said 60 percent were caused by enemy action; in the major burns he said 60 percent resulted from enemy action and 40 percent from accidents.

As the only unit this side of California set up its own evacuation system, it decided to look for a drug to treat large open wounds such as burns. The properties of sulfamylon were researched, looked at seriously 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 staffs finding a drug that didn't prove effective, but they had the time, but not knowing what it was good for," Allen explained.

"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 70-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 method of burned patients being 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 as a specialized, emergency 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. Bob D. Allen, chief of general surgery and head of burn treatment at the 106th, sulfamylon is far from being a new drug.

"It wasn't always used in the 106th, in England, but it didn't prove effective in fighting the bacteria that was being infected against," he said.

Allen credits rapid evacuation as the key to their success in saving lives. "We get in eight patients yesterday, most of them from Vietnam, and the average lapse from the time they were burned until they were back in bed was 20 hours. That greatly reduces the chance of any complication setting in," he said.

"Our main purpose here is to stabilize the serious cases so they can start the longer flight back in the burn center at Brooke for 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."

"All the cases are sent to Brooke for further treatment. Allen said that the 106th was used only as a referral center for the unit opened 20 months ago have been reviewed.

Allen described the results of recent treatment as follows: "Thirty years ago a percent per cent burn over 20 percent of the body was considered fatal, but now we're healing men with burns over 25 to 30 percent of their body," he said.

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