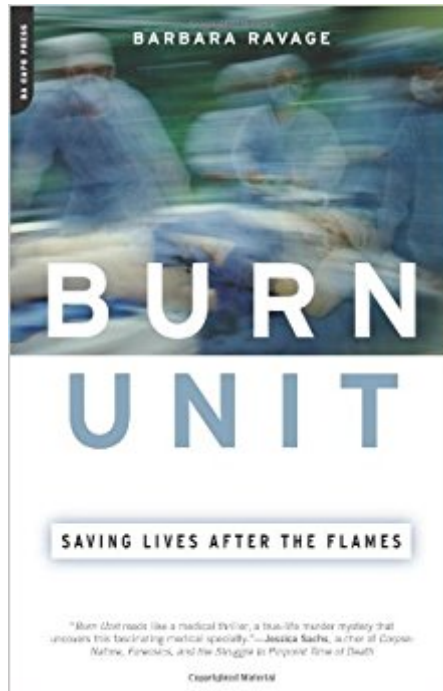




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Burn Unit: Saving Lives After The Flames



Synopsis

A compelling blend of science, history and storytelling. Barbara Ravage has fashioned an enlightening, invaluable book. —Stewart O'Nan, author of *The Circus Fire: A True Story of an American Tragedy* Though each of us is just a spark away from being a burn victim, the public knows little and understands less about the world that patients inhabit. Pulling the curtains back on this private and sterile environment, *Burn Unit* is a riveting account of the frontline efforts—both modern-day and historical—to save lives devastated by fire. With unflinching urgency, Barbara Ravage follows an extraordinary team of healers at Massachusetts General Hospital, the cradle of modern burn treatment and the site of one of the best burn units in the world. From Boston's Cocoanut Grove fire of 1942 to the treatment of the victims of the Rhode Island nightclub fire in early 2003, we watch everyday heroes do their incredible but punishing work against the backdrop of history. Both a moving human drama and an engrossing scientific exploration of this little-known field of medicine, *Burn Unit* is an unforgettably powerful read.

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Customer Reviews

Science writer Ravage delivers a fascinating and unflinching look behind the scenes at the nationally acclaimed burn unit of Boston's Massachusetts General Hospital. The reader is warned early on that the unit is "no place for the squeamish," and the book details numerous examples of the hard work that its doctors and nurses must perform, such as the excision of dead skin that "comes off like peels of rubber cement." But Ravage is never gratuitously graphic, and she displays

solid research and reporting skills in presenting the historical and the personal sides of burn injuries. She provides an excellent historical context to the development of burn treatments, from Boston's infamous Cocoanut Grove fire of 1942 through last year's fire at a Rhode Island music club. She also uses the experiences of two former burn patients and their families (names changed at their request) to show in detail how doctors and nurses treat horrific burns. Her greatest success is in interweaving these two sides, such as her explanation of how ideas have evolved in the areas of respiratory injury, shock and the surface treatment of burn wounds, which brings the reader much closer to truly understanding what the patients endure. This is an enlightening look at an important area of hospital care. Copyright © Reed Business Information, a division of Reed Elsevier Inc. All rights reserved. --This text refers to an out of print or unavailable edition of this title.

Burn Unit is a well-written, ingenious book on the cause of burns and the pathophysiology and clinical course of patients who have sustained severe burn injury. The author describes the "burn disease" through the clinical care of two patients: one had a rather small, partial-thickness injury of 10 percent of the body that involved the face and hands, and the other had a moderately severe burn of 35 percent and required skin grafting of the face and upper extremities. Each chapter describes the clinical care of the two patients and includes the thoughts and concerns of family members as well as those of the members of the burn team. These personal aspects are preceded or followed by detailed and accurate descriptions of the history and pathophysiology of resuscitation after burn shock, infection, wound healing, and other topics. These sections are written informally, but the details are accurate, informative, and enjoyable to read, and they flow smoothly from the care of the two patients to the science of burn disease. Although Burn Unit describes care at the Burn and Trauma Center at Massachusetts General Hospital in Boston, the author repeatedly describes the controversies associated with the management of the burn injuries and the alternatives to the treatment that each patient received. This is not a "burn survivor" book but, rather, a well-written textbook on burn injuries. Because the information is presented in an understandable, detailed way, it would be well worth reading not only by all members of a burn team but also by burn victims and their families. The history of burns, as presented here, is remarkably detailed and comprehensive, and this alone makes the book worth reading. Essentially, Burn Unit is a textbook written from the perspectives of the patient, the family, and the members of the burn team. It should become required reading for new as well as experienced burn specialists. Glenn D. Warden, M.D. Copyright © 2005 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS. --This text refers to an out of

print or unavailable edition of this title.

Novels quite frequently keep me up till three a.m., but non-fiction? Not so much. Last night, at 3:15, I had to force myself to re-charge my Kindle battery and close my aching eyes. *Burn Unit* is that good. The book, as other reviewers have said, blends medical history, accounts of spectacular fires like the one at the Cocoanut Grove in 1942, personal accounts of two burn survivors, a physiological tour of the body after a serious burn, and, most of all, a description of the work of the famous Bigelow Burn Unit at Massachusetts General Hospital in Boston. Barbara Ravage seamlessly moves from one element to another in this marvelously researched and compulsively readable book. For me, by far the most fascinating component of *Burn Unit* was its riveting account of exactly what happens in a seriously burned body. One of Ravage's survivors is a young gay man burned over 35% of his body, who fell asleep upon an old mattress, choking on black smoke, inhaling toxins that would prove as damaging as the actual flames he'd fled. The other is a middle-aged father who, trying to dump a pot of 400-degree peanut oil, disappeared into a sheath of fire before his wife's horrified eyes. In relentless, compelling detail, Ravage tells us exactly what happens to such victims: the breakdown of capillaries that causes a deluge of essential fluids, the onset of the inflammatory response that causes a cascade of horrors, the way in which toxic smoke causes the cells of the airway, all the way down into the lungs, to char and begin to coagulate into a bloody glop that must be suctioned out, and the damage to epidermis, dermis, muscle, even all the way down to bone that will require efforts on the part of doctors, surgeons, nurses, techs, and other essential burn unit personnel to remedy. Although other reviewers have cautioned the squeamish to stay away, and although my spouse finally begged me to cease and desist explaining burn physiology, I didn't find Ravage's book revolting at all; I was too fascinated to learn about how the burned body often acts as its own worst enemy, initiating processes that may aid healing in the long run, but in the short run cause agony and near-disastrous breakdown. So much of what happens is counter-intuitive: did you know, for instance, that burn victims lose weight so fast that, if they are conscious, they are told to eat until they're ready to burst? (The inflammatory response elevates the body's metabolism so dramatically that calories literally melt away.) Did you know burn victims must be kept very, very warm, in damp plastic chambers, to prevent the loss of body heat and the moisture that burn wounds need to heal. Did you know that, instead of leaving the blackened, tough "lid" on the surface of the burn in place, so healing can begin from underneath, modern burn specialists immediately scrape off this apparently protective cover, even though doing so makes infection more likely? Ravage presents all these astonishments, most of them very recent in burn

care, so effortlessly that you need not have a medical background to understand...only the curiosity to learn exactly what happens, and why. We enter the OR to watch the surgeon and his team slice off blackened eschar, then slice off micron-thin slices of intact skin (with a device that resembles a pastrami-slicer) to make a graft. We learn about the curious substances that doctors have used to simulate skin: pig collagen, skin from an identical twin, even grafts from cadavers, which keep the burn wound moist and protected until they are finally rejected. Ravage describes the efforts, still in their infancy, to create a true artificial skin, the last remaining major breakthrough in burn care. Finally, she follows Dan O'Shea and Tom Parent into their new lives as survivors, showing us that emotional as well as physical recovery from burns is an enormous challenge. The book concludes with exhaustive footnotes and an index. My only complaint here is that the Kindle version doesn't explain what the paragraphs in tiny text throughout the book are; I couldn't tell if they were quotes from other sources, and there are no numbers in the text itself to correspond to the numbered footnotes at the end of the book. But these are quibbles. Burn Unit is dazzling. I learned so much, so effortlessly--easily the best non-fiction book since Andrew Solomon's *Far from the Tree*. Five Stars.

This is good information for everyone to know Burns are an injury that becomes a disease. The author does an excellent job of relaying the technical information in layman's terms and also conveys accurately the wonderful attitudes of the dedicated people in this often thankless and disheartening profession of burn unit medical care.

First, a quick synopsis: Barbara Ravage enters the incredibly intricate world of burn units, following the stories of a handful of patients as they are treated in one of the most advanced burn wards in the world, at "the General" teaching hospital in Boston. She explores a world of some of the most complicated and advanced yet least understood medicine, examining the intricacies of the most interdisciplinary medical field. Between the parallel stories of Dan O'Shea and Tom Parent, two burn victims from very different sides of Boston, she intersperses a history of the evolution of burn care as well as insights into the sociological issues surrounding burn victims and medicine in general, such as socioeconomic vulnerabilities to burns and subsequent restriction of care, as well as the social hierarchies of hospitals complete outside of the patient which affect care anyway. Now, my personal review. Ravage's curiosity about the topic is made clear throughout the book as the stories of Dan O'Shea and Tom Parent unfold, interspersed with commentary from their families, history of the ward, histories of burn treatment, the pathophysiology of the disease, etc. Everything feels like

an interesting snippet, but Ravage ties it together to offer an incredibly complete inspection at the intricacies of burn treatment at "The General." She moves from clinical analysis to ethnographic observations seamlessly, interspersing it all with notes about the physiology of the disease, aspects of its treatment, and quips about the mores of socioeconomics and how they play into everything. It is made clear that everything, from the family's interactions with the patient to even where the patient lived, are just as important as the burns themselves, evidence of the interdisciplinary nature of the field. This was a book I intended only to read for class, but it was an absolutely riveting read, besides the fact that it was incredibly informative and beautifully moving. A fantastic book, and one I'm sure I'll be revisiting.

This book deals with the treatment of severe burns, how lives are saved with treatments both in the past and how much burn treatments have evolved in current times. More lives can now be saved as medical science learns better ways to heal severe burns.

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