

Preface



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Guest Editor

*We are McIndoe's army,
We are his Guinea Pigs.
With dermatomes and pedicles
Glass eyes, false teeth and wigs.
And when we get our discharge
We'll shout with all our might:
"Per ardua ad astra"
We'd rather drink than fight...*

—From "The Guinea Pig Anthem," sung to
the tune "Aurelia" by Samuel Sebastian
Wesley (1864).

The modern history of plastic surgery is rooted in the treatment of burns. The Guinea Pig Club, formed by the famous and pioneering World War II plastic surgeon, Archibald McIndoe, was dedicated to the acute treatment, reconstruction, and importantly the rehabilitation of severely burned airmen. Emblematic of plastic surgery as a whole, McIndoe's techniques were novel, at times daring, and always based upon sound three-dimensional conceptualization of tissue mobilization and transfer. Indeed, the very burn center in which I work is named after the Canadian plastic surgeon Dr. Ross Tilley, one of McIndoe's disciples, who treated many of the Guinea Pigs at East Grinstead.

At a time when our specialty is increasingly being associated with the field of cosmetic surgery, it is fitting that this issue of *Clinics in Plastic Surgery* is dedicated to an important part of our heritage: the treatment of burn patients. The very first issue of *Clinics in Plastic Surgery*, published in 1974, was on burns and the Guest Editor was none other than Dr. John Moncrief, who is best remembered for his research into massive burn wound excision and the use of sulfamylon cream to prevent burn

wound sepsis. In that same seminal issue, Dr. Charles Baxter published an article on his accumulating experience with his fluid resuscitation strategy, now known as the Parkland Formula, which today continues to be the dominant approach in North America to fluid resuscitation of the burned patient.

In the current issue, you will find articles on the latest approaches to topical antimicrobial therapy, ongoing challenges in fluid resuscitation, the complexity of pulmonary injury and metabolic derangements after burns, and the modern approaches to excision and closure of the burn wound from experts in the field. One of my goals in preparing this issue was to end up with a concise summary of burn care for the plastic surgery trainee that could complement the comprehensive but much longer *Total Burn Care* textbook, edited by Dr. David Herndon, whose article on burn teams also appears in this issue. I hope that attending plastic surgeons will pass their volumes on to their trainees, who may not subscribe to *Clinics in Plastic Surgery*.

I wish to thank the contributors to this issue for their efforts in producing what I feel to be superb articles on a wide variety of topics. I also wish to thank the burn care team here in Toronto for their ongoing support, along with their dedication and skill in the care of burns.

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