

along with the sieve were put in water and turned around with a glass rod to remove NaOH and subsequently the undissolved parts of the cocoon were removed by hand. The alkali treated pupae were again cleaned with water and dried on a filter paper. Mortality was not noticed even when the pupae were kept in 1 N NaOH solution for 5–10 min. These naked pupae of known age were suitably utilized for the experiment.

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NEWS

LASER THERAPY FOR BURNS

The problem of surgical and therapeutical treatment of the patients with burns remains difficult uptill now. But the installation of lasers into surgical medical practice is considered to be very useful and effective. As is common knowledge, lasers are widely used in ophthalmology, onkology, general surgery and other fields of medicine.

In 1968, Fidler was the first to use in experiments carbondioxide (CO₂) laser for removing burn escher in the early stages after trauma. Later on some reports were published concerning the application of carbondioxide laser with different methods of plastic wound coverage in experiments as well as in clinic (Fidler – 1974, 75; Levine – 1975; L. I. Gerasimova – 1982, etc). All the authors note the significant reduction of blood loss in the process of removing burn escher, the absence of radiation influence on the surrounding tissues, lowering of intoxication and reduction of the treatment terms. At present, very few surgeons are dealing with laser necrectomy.

Preliminary experimental investigations conducted on rabbits, at the Burn Unit of the Scientific Research Institute of Emergency Care by Sklifosovsky, Moscow, have demonstrated that the application of carbondioxide laser helps dissecting bloodlessly all necrotic tissues.

The early laser necrectomy favours decrease in blood toxicity in a shorter time when compared to dermatoma necrectomy. The blood loss in laser necrectomy in the process of deep necrosis removal equal to 1 per cent, constitutes 15–20 millilitres as against 70–100 millilitres in dermatomic method, otherwise.

The application of carbondioxide laser necrectomy, thus, reduces intra-operative blood loss to nearly a fifth.

Carbondioxide laser necrectomy gives the possibility of performing necrectomy in the early phases after burns on the entire body surface area with the minimum blood loss, which essentially speeds up the post-operative recovery. The patient remains active during the whole course of treatment and optimistic about the outcome. Autografting ameliorates condition of the patients even in such cases when it is performed in several stages.

Lately, low-energy lasers have been used in medicine more widely. Among the advantages of its action, the notable point is the absence of adverse effects on the tissues (which is necessary for surgical intervention) and the appearance of the activity increase in metabolic and regenerating processes.

Scientists and medicos now have made significant advances in the application of therapeutical Ultra-Violet (UV) laser for treatment of burn wounds, not easily healable, for a long time and for preparation of granulations for autografting as well.

Clinical experiments have demonstrated the high effectiveness of the Ultra – Violet Laser Therapy in complex rehabilitative management of patients with acute burn injuries. It has reduced to 10 days the time of healing, increased by 10 per cent the outcome of autografts survival and amelioration of the functional results. (Information Department of the USSR Embassy in India, 25 Barakhamba Road, Post Box. No. 241, New Delhi 110001.)