AUSTRALIAN AND NEW ZEALAND BURN ASSOCIATION
43RD ANNUAL MEETING
SPEECH BY
HER EXCELLENCY PROFESSOR THE HONOURABLE KATE WARNER AC
GOVERNOR OF TASMANIA
HOTEL GRAND CHANCELLOR, HOBART, WEDNESDAY 16 OCTOBER 2019

Good morning. Thank you to Co-Convenors Dr Andrew Castley and Rebecca Schrale and your Organising Committee colleagues for inviting me to address the 43rd Meeting of the Australian and New Zealand Burn Association.

I am aware that Tasmania has hosted these meetings on numerous occasions – in 1982, 1989, 1999, 2006 and 2012 to be precise. This will mean that I am the sixth Tasmanian Governor to address you and it is a privilege to be able to do so, not least given the nature of your work.

I would like to begin by paying my respects to the traditional and original owners of this land: the palawa people. I acknowledge the contemporary Tasmanian Aboriginal community, who have survived invasion and dispossession, and continue to maintain their identity, culture and Indigenous rights.

It is a welcome development, I think, for there to be much greater recognition and appreciation of Aboriginal culture including of the importance of valuable cultural practices in managing the country which our Aboriginal people did for many thousands of years before European settlement. Using firie-stick farming, Aboriginal people shaped country to ensure continuity, balance, abundance and predictability.

As Bill Gammage has explained, from Tasmania to the Kimberley there were the same plant patterns and relationship between food or medicine plants and shelter plants. Given the ambiguity of the title of your scientific meeting, 'Burns Across the Ages', it would be relevant to refer to bush medicine and particularly in the context of the Aboriginal treatment of burn injuries.

There is some evidence that the gum from gum trees, which is rich in tannin, was used for burns.[1] And Aboriginal people from Central Australia used witchetty grubs crushed to a paste to cover burns.[2] I have no idea whether these treatments have any therapeutic potential or if they are as counterproductive as the Western folk remedy of butter – which makes matters worse by keeping the heat in so the skin continues to burn.

Be that as it may, there are many Aboriginal bush medicines that have been found to be effective because they contain anti-bacterial and anti-inflammatory compounds.

Crushed tea-tree leaf paste, for example, was used by Bundjalung Aboriginal people from the coast of New South Wales to apply to wounds. In the 1920s, scientific experiments showed that tea tree oil's antiseptic potency was far stronger than the commonly used antiseptic of the time. Since then it has been used to treat a range of conditions from fungal infections of the toenails to acne.[3]

Concoctions of emu bush leaves were used by Northern Territory Aboriginal tribes to wash sores and cuts; occasionally it was gargled. In the last decade or so, leaves from the plant were found to have the same strength as some established antibiotics. South Australian scientists have explored using this plant for sterilising implants, such as artificial hips.

And Kangaroo Apple is a bush medicine that was used as a poultice on swollen joints. It contains a steroid which is important to the production of cortisone.

Much of the information about traditional bush medicine has unfortunately been lost because in Aboriginal culture nothing was written down. Instead it was passed on through story-telling, singing and dancing ceremonies.

We know far more about early medical treatments including burn treatments from cultures with writing systems. No doubt you will have read of these early remedies – such as in Professor H J Klasen's *The History of Burns* or in recent article in the Annals of Plastic Surgery, on the 'History and Advancement of Burn Treatments'. This relates a description from an

Egyptian papyrus of 1500 BC recommending a 5-day treatment regime using a mixture of cattle dung, bees wax, ramshorn and barley porridge soaked in resin for the topical treatment of burns.[4] The variety and seeming oddity of remedies was a sure sign of trying whatever might be found to manage the excruciating physical and psychological reality of burns and the high mortality rates.

As with bush medicine, we do know that at least some of the old remedies were beneficial. Silver nitrate, first used in the Middle Ages, is an example of treatment that has persisted in the topical treatment of burns and wounds.

The medical complexities and cutting-edge technologies and techniques associated with physical burns are most evident from your conference program. I am also struck by the degree to which you necessarily must engage with so many other factors relating to responses to burns: stress and stress reduction; family violence through acts of burning; disaster management; parental responses to children's burns; trauma and communication; and so on. The complexity and resource intensive nature of burn care is clear from perusing your program.

Burns as an instrument of family violence is a topic which struck a chord with me for two reasons. First, because as a legal academic in the areas of criminology and criminal law I am well aware of horrific cases of family violence where women have been doused with petrol and set alight by their partner. And I understand that the problem is more pronounced in India and South East Asia where the WHO has found that burn injuries were the third most common cause of death for women aged 15-44.[5]

You of course are left to deal with the victims of such attacks. Criminologists and criminal lawyers focus more on the perpetrators. As criminologists we also seek to understand the causes of gendered violence and what needs to be done at a societal level to address those causes. However, given that it is widely recognised that gender inequality lies at the heart of so much family violence, we all have a responsibility to tackle the problem of gender inequality.

The second reason why family violence burn injuries struck a chord with me is that here in Tasmania, a horrific case has been back in the news. In 2012, four-year-old Spencer and his eight-year-old brother, Fletcher, were badly burnt when their father lit two gas cylinders in the family car with himself and his sons inside it. It was an attempted murder-suicide. His motive, according to the Crown case at his trial, was to prevent his wife gaining custody of the boys. As I said both boys were badly burnt. Fletcher had burns to 37% of his body including full-thickens burns to his shoulders and neck. This has required surgery every couple of years as he grows. The case has received national coverage recently because it is reported that he has been on the elective surgery waiting list for 15 months for new skin grafts to relieve the tightness of the skin on his neck.

Seeing again pictures of the boys brings starkly home the disfigurement and discomfort that results from serious burns. I have read that between 1942 and 1952 there was a 50% mortality rate in children with burns covering 50% total body surface area (TBSA). A 98% TBSA now has a 50% survival rate in burned children.[6] Clearly there have been enormous advances in the treatment of burns, in pain management, burn dressings, infection control, fluid resuscitation, excision of burns, and in skin grafting and substitutes.

Australian scientists and doctors, such as Professor Fiona Wood, have been at the forefront of some of these developments. And I am aware also of the work of Interplast Australia and New Zealand in providing surgery for burn victims in developing countries across the Asia Pacific and high-quality training for local medical professionals to give them the skills they need to restore function and hope to people affected by burns and other injuries as well as congenital defects.

Thank you to all of you for the wonderful work you do in caring for burn victims and their families and researching the treatment of burns: medical scientists, doctors, nurses, physiotherapists, clinical psychologists, social workers and trauma specialists. And thank you too to the Australian and New Zealand Burns Association for the role you play in advancing the interests of burns patients.

Ladies and gentlemen, on that note I wish you all a most stimulating and informative and rewarding 43rd Meeting; and we look forward to hosting numbers of you at the Government House reception this evening.

Thank you.

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[1] Beth Gott, 'The art of healing: five medicinal plants used by Aboriginal Australians' The Conversation, 5 June, 2018.

[2] Marina Kaminev, 'Top 10 Aboriginal bush medicines' Australian Geographic, 8 February 2011.

[3] Kaminev, note 2.

[4] HF Liu at al, 'History .. Treatments' (2017) 78(2) Annals of Plastic Surgery.

[5] P Bhate-Deosthali and L Lingam, 'Gendered pattern of burn injuries in India; a neglected health issue' (2016) 24 Reproductive Health Matters 96-103, 96; https://www.ncbi.nlm.nih.gov/pubmed/27578343 accessed 15 October 2019.

[6] Liu, n 4.