

consisting of more than a mere epithelial shaving, tends to roll in upon itself towards the cut surface. This tendency cannot be controlled by merely laying the graft upon a raw surface, nor can it be perfectly overcome by fastening the graft in its place with stitches, since the intervening portions between each stitch will continue to turn inwards. Now this unfortunate tendency becomes a fatal obstacle to union at the edges of the graft, and in addition a sort of sulcus is formed in which fluid exudate collects and readily becomes septic, besides separating the graft more from its base and source of nourishment. In order to overcome the difficulties arising from this peculiarity of the skin, I sought for some means to make it stay in position with an absolutely perfect spread throughout. For this purpose I found ordinary silk isinglass plaster entirely satisfactory; some experience is required in order to secure the maximum adhesive quality of the plaster just at the right moment. I find it best to have the plaster cut in convenient strips, a certain area of which is carefully moistened just enough to make it very sticky, then the graft, cut as nearly as may be to the size required, is transferred dry from the razor with its epithelial surface on to the plaster; then with a silver curette it is stroked and spread until completely adherent. When this is done, both skin and plaster may be trimmed with sharp straight scissors exactly to the size and shape desired. If the surface be large it may be covered by several neatly trimmed pieces of skin prepared in this way. Over the whole I next place a piece of cargile membrane, dust with finely powdered iodoform, pad with cotton wool in such a way as to secure gentle, but tolerably firm and uniform pressure.

Skin-grafts applied in this way after Thiersch's method, even when large do not fail, they all survive and adhere perfectly to the surface, this, too, when applied where mucous secretions may be present and would otherwise lead to infection and destruction of the graft. There are two distinct classes of cases in which skin-grafting is required in ophthalmic surgery; the first of these and by far the more common is when the skin of the eyelids is deficient, and the defect may best be repaired in this way, that is to say when sliding flaps are not available; the second is where the conjunctiva is at fault and requires to be repaired by some sort of integument, either skin or mucous membrane. Such a requirement occurs in certain cases mostly of traumatic origin, in which the palpebral and ocular portions have become adherent, and also in cicatricial contraction of the conjunctival sac, such as takes place from persistent wearing of an artificial eye, long after it has become roughened by continued use. The method is applicable in all cases suitable for this form of plastic surgery. There are one or two points in