

and encouraging skin and kidney action, with possibly minute doses of blue-pill or calomel. We have found much benefit from the use of antikamnia and salol tablets, two every three hours in the stage of pyrexia and muscular painfulness, and later on, when there was fever and bronchial cough and expectoration, from an antikamnia and codeine tablet every three hours. Throughout the attack and after its intensity is over, the patient will require nerve and vascular tonics and reconstructives for some time. In addition to these therapeutic agents, the mental condition plays an important part, and the practitioner must not lose sight of its value. Cheerful company, change of scene and pleasant occupation are all not only helpful, but actually necessary in curing the patient.

A FEW SUGGESTIONS IN SKIN GRAFTING.

THE RESULT OF CLINICAL EXPERIENCE.

While admitting that the Thiersch method of skin grafting is superior to the older ones, and in some well-selected cases should be employed, it is not necessary in the majority of cases to curette the entire surface, as is so often done, and cover entirely with skin grafts. If the ulcerous surface of the site on which the skin is to be grafted is rendered aseptic and antiseptic, and the granulations properly stimulated, the grafts may be applied directly upon these granulations, placing them at equal intervals over the surface, commencing from the centre. This method has been followed by results as rapid and fully as satisfactory as where the entire surface has been covered. The advantage of this over the old Thiersch method is, first, the patient is not subject to the pain of having the surface prepared by scraping; second, large quantities of skin are not necessary, which are usually hard to obtain; third, the result obtained is fully as satisfactory and as rapid.

Briefly stated, this improved technique is carried out as follows:—The surface on to which the skin is to be grafted is cleansed by irrigation with Thiersch's solution and then dressed for from twenty-four to forty-eight hours with a wet Thiersch pack. At the end of this time it is dressed with Bovinine, pure, and on the fourth or fifth day it is usually ready for the graft. Small grafts, about the size of a split pea, are deposited at regular intervals, placing the first one in the centre, or at the point farthest from the periphery, and then at regular intervals radiating from this central graft. Over this, plain sterilized gauze is applied and held gently but firmly in position by one or two rolls of a sterilized gauze bandage. This dressing is kept constantly wet with pure Bovinine. At the end of six or seven days it is removed and experience proves that these grafts become firmly adherent by