

piece of skin, taken from his chest. The chronic ulcer, still occupying a large area on the inner side of the leg, was about five inches in length by one and a-half to three inches in width. The surface of the sore was bright red, secreting pus, with the edges consisting of a thin pink pellicle of skin of apparently low vitality. The patient reported no appreciable progress in healing for many weeks. The ulcer had now existed seventeen months.

Professor Chisolm explained the nature of the superficial portions of the skin, how beneath the epidermis were formed nucleated living cells, which were constantly reproducing their kind—these in turn gradually pushed to the surface as desiccating scales to form the constantly exfoliating epidermis or scurfy skin. He stated that it was not his object to take the outer layer of epithelium, which consisted of what Lionel Beale, of London, called formed or dead matter, cells without nuclei, which had played their part in the living economy, and, possessing no more germinal matter, were incapable of further growth or reproduction. From these dead cells nothing could be expected. The living portion of the small skin graft was the under layer of epithelium known by anatomists as the Malpighian layer or the Rete Mucosum. In this layer resided the formative power for rapid proliferation, and this was the essential portion to be engrafted. The superficial epidermis was only taken along with it for convenience, as it would be quite troublesome to isolate the living from the dead cells.

The mode of performing the operation was as follows.—A very small fold of skin upon the chest was seized by a fine-toothed forceps, and cut off with a scissors. When removed it was about the size of a-half of a grain of rice. In order to be certain in securing living cells capable of reproduction, the snipping by the scissors was deep enough to draw a drop or so of blood from the small wound. With a sharp pointed knife an oblique opening was made in the centre of the raw surface of the ulcer, sufficiently deep to enclose the graft. When the blood ceased to ooze from this small incision the graft of skin was thrust well into it, and then a strip of diachylon plaster was applied to retain it in place and protect the planted spot from injury. This dressing was not removed for two weeks. When taken off a small white speck marked the place of graft-