

In my next paper I purpose to define more fully what classes of cases will be found most amenable to this plan of treatment, and I shall illustrate my remarks with cases which have recently come under my notice.—*London Med. Times and Gazette.*

SKIN GRAFTING.

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Michael Graham, aged 26, an Irishman, smelter by trade, was admitted into the hospital March 10th, 1869, having been severely burned on the previous day. Whilst at work in a foundry, in the act of carrying molten iron from the smelting furnace, an accident befel the ladle filled with the fluid metal, by which a quantity of this intensely heated liquid was poured into the boot-top on his left leg, severely burning it from the knee to the ankle. Under the usual hospital treatment of carbolized kerosene oil locally, and the internal administration of opiates, the sloughs cleaned off, leaving the left leg a red granulating surface from just below the knee to the ankle.

As he was the picture of health, a young, strong and vigorous patient, the healing process set in with much activity, and a circle of new skin made its appearance from both the upper and lower edges of the ulcer, and encroached with considerable rapidity upon the raw surface. When this cicatrizing process lost its activity, the further healing was coaxed on by varied stimulating agents, but it finally came to a stand, and after remaining seven months in the hospital he went away, still having a large ulcerated surface upon his leg. At the outer side of the limb the new skin from the upper and lower edges had met, growing into each other. The inner side of the limb was still an open sore. The patient was kept under observation as an outpatient, but the healing process was exceedingly slow.

In July, Professor Chisolm determined to repeat some experiments successfully put into operation by Mr. Pollock, of St. George Hospital, London—experiments suggested and first tried by M. Reverdin, of the Paris Hospital. On July 25th, 1870, in the open sore of this patient was engrafted a very small