

wet tissue paper. The razor was propelled by a gentle see-saw motion and not permitted to penetrate beneath the papillary layer of the skin. If fat is exposed it is proof that one has cut entirely too deeply; only the superficial layers of the skin are required. The grafts, as cut, heap themselves up in long strips upon the razor-blade. These are then transferred, right side down, directly on the surface to be grafted, by seizing the end of the strip at the edge of the razor, bringing it to the edge of the wound, and then gently drawing the razor away from this point in the direction of the surface that the graft is meant to cover.

If it is more convenient to cut a large number of grafts before beginning to apply them to the wound, they may temporarily be placed in a bowl of the warm salt solution. It is essential that no antiseptics be used during the entire process of grafting and dressing, as such chemicals destroy the delicate cells of the grafts. Salt-solution alone should be used as an irrigant.

When the wound to be grafted has been gently covered with the strips of skin, slightly over-lapping each other in all directions, the entire area is roofed over with strips of Lister protective or gutta-percha tissue, and a copious dressing of gauze wet with salt-solution placed outside. Over the whole a sheet of gutta-percha tissue is wrapped, and finally a wet gauze bandage is applied with moderate firmness.

All bleeding must be stopped before the grafts are applied. Prior to placing the dressing, the grafts must be gone over with some flat instrument, like a spatula, in order that air-bubbles, blood-clots, or whatever might prevent contact of the grafts with the wound surface, may be squeezed out. The dressing is kept wet with salt-solution for forty-eight hours, when re-dressing should be done, and the surface sprayed gently

with hydrogen dioxide in salt-solution (half and half), washed off with salt-solution and dressed as at first, save that now it is not necessary that the gauze should be kept wet.

By this process of Thiersch, repeated some dozen times in the course of a year by Dr. Morton and his colleagues, Drs. Roberts and Stearn, the entire area of burn was gradually obliterated, so that now a true skin covers the whole area that sloughed away. It is even movable freely over the underlying tissues at all points and much elastic tissue has developed, so that upon the thigh and calf the skin can be raised an inch from the underlying surfaces. As no hair, fat or sweat-glands are present in the transplanted skin, it is necessary for the patient to daily anoint the parts with a little purified lanolin or other unguent to prevent drying and cracking of the epidermis. Sensation has returned completely throughout the new skin. There is no contraction at the flexure of the knee-joint or elsewhere, and, so far as appearances go, the leg is in perfect condition. The surfaces from which the large quantity of grafts were derived comprised the opposite thigh, the thigh upon the injured side above the burn, and both upper arms. These regions, especially the thigh, were able to yield successive crops of grafts after intervals of about six weeks, and at present appear to be in normal condition, save for slight discolorations. The hair is growing over them all as usual, proving that only superficial layers of skin were taken away. The surfaces healed over, as a rule, after taking grafts, in about two weeks. These raw surfaces were covered by strips of protective and dry gauze dressing and bandage. Simple dusting with formaldehyd-gelatine, without other dressing, has also proved satisfactory.

Dr. Morton remarked further that this was the largest surface that he