

In the case of moral insanity, as distinguished from moral imbecility, the child is born with all moral and intellectual capacities. The perversion of the affective life has been caused by injury, disease, or bad surroundings. Many of these cases are very incorrigible. All efforts at reformation equally fail. Kerlin states, "that in educating moral imbeciles we are training experts for the later role of so-called moral insanity." Zuke takes much the same ground and contends "that life-long detention is all that can be done with some of these cases." In educating them at all, except to do physical work, we are adding to their armament of deception and misdemeanor.

Many cases of quasi-insanity are met with among children. This may show itself in the form of endless phobias, as those of open spaces, fields, diseases, &c. These psychoses arise from an imperfectly developed mental condition. Some of these cases are quite temporary in character, others are very obstinate, and come under the head of paranoia. Those forms of insanity with morbid doubts and fears, are more likely to occur just after than before puberty. This form of quasi-insanity in children is very rarely the result of overwork in school. The cause is generally to be found in the child's progenitors.

SKIN GRAFTING.—Dr. C. L. Gibson (in *New York Medical Journal* for Aug. 5), writes that skin grafting should be done as follows: 1. The preparatory stage consists in making the parts to be covered by the grafts and the parts from which they are to be taken thoroughly antiseptic and keeping them aseptic thereafter. This is done by washing thoroughly and shaving. The parts should be irritated by bichloride 1 in 1,000. In the event of grafting a fresh wound, the best solution to use is sodium chloride 7 parts and boiled water 1,000 parts. 2. The operation. When the parts are not ready to receive the

grafts they should be converted into the condition of a fresh wound. The sharp spoon may be employed, or the blunt edge of some instrument may be drawn over flabby granulations. The success of the grafting depends upon the freedom with which this stage is performed. All bleeding must then be arrested. Sterilized salt compress is laid on the wound until the grafts are prepared. The best instrument for cutting the grafts is a razor ground flat on one side. The grafts should not be too thin. The thicker grafts have yielded better results. The grafts are thrown into a warm salt solution 95 F. They are then floated on strips of protective tissue, raw surface uppermost. The frayed edges of the grafts are straightened out and trimmed with scissors. The graft is then laid in position and pressed down with the fingers. The tissue is then removed. The edges of the grafts must not overlap.

3. The after treatment. The grafts are covered with strips of protective, about one inch and a half wide. These are applied so as to overlap a little. Cover this with a thin layer of sterilized crumpled gauze. On this lay a few soft rubber drainage tubes, the ends extending beyond the dressing, and with holes in their centre. Above these place a pretty voluminous dressing of the same gauze, a layer of dry absorbent cotton, and then a sheet of protective. All is firmly kept in position by a gauze bandage. The sole after treatment for five or seven days consists in keeping the dressings moist by means of salt solution introduced through the tubes, the ends of which are to be closed by a ligature or clamp. The dressings must be removed with the greatest care. The whole surface gently irrigated and redressed as in the first place.

The wounds made by the removal of the grafts are dressed with dry antiseptic gauze and cotton. It should not be disturbed for two weeks.