

SURGERY.

Grafting with Pigeon-skin.—Being called upon to attend those injured in neighbouring mills, on some of whom it became necessary to do skin-grafting, and the want of a more easy method of performing the operation, says Dr. Aldrich, suggested to me the idea of grafting the granulating surfaces with squab-skin.

The Thiersch method of grafting has one feature that makes it appear like quite an operation to the patient and his friends, and that is the necessity for an anæsthetic in order to take the grafts from the patient or someone else.

In my first attempt at pigeon-skin grafting I selected a pair of young squabs that were of an age when the feathers had not yet shown themselves along the under surface and under the wings. I removed the featherless skin and placed it on a healthy granulating surface, which had previously been cleansed with a four per cent. boracic acid solution. The result of this first operation was fairly satisfactory. Since this first pigeon-skin grafting I have grafted a few times.

The last time I grafted a granulating surface the operation was as successful as anyone could wish. I proceeded as follows: Having killed two squabs that were about half grown I immersed them in warm boracic acid solution and quickly plucked the feathers; then immersing them in a clean boracic solution, I proceeded to scrub them. My next step was to skin them, removing large pieces at a time, which were immediately placed in warm sterilized water. The granulating surface having been thoroughly cleansed with boracic solution, and then with warm sterilized water, the grafts were placed upon it. Over the grafts gutta-percha tissue was placed, and then warm compresses wrung out in warm boracic solution; over these a layer of dry cotton, and then the bandage.

In my former operations the pus and the liquefied grafts had floated many good grafts and prevented their "taking." I therefore concluded to change the dressings earlier than I ever had before. About forty hours after the operation the dressings were removed, the pus and melted pigeon-skin mopped away with wet compresses; the grafts that were not melted were left in place, and over the surface was applied plain gauze with a layer of

resin ointment spread on it, over this borated cotton and then the bandage.

At the end of the next forty-eight hours it was dressed again in the same way, and at the end of the following forty-eight hours it was dressed again. Since this dressing it has been dressed every third or fourth day either with boracic vaseline or resin ointment.

Observations.—Do the grafts grow by a reproduction of their own elements, or do they simply stimulate the granulations, and cause them or the tissues underneath them to take on an epithelial growth?

In one case that I grafted the surface had been stripped by cogs. In the upper part of this lacerated area was a small island of skin that was not removed, but which in time became completely lost sight of, on account of the granulations having swallowed it up, so to speak; yet, later, this same skin came to the surface, and its edges finally coalesced with the skin at the margin of the wound and also with the grafts which had "taken," in close proximity to it. The swallowing of this island seems to me to be analogous to the swallowing of the epithelial cells, which later only spring to the surface just as this island did.

The success of this method of grafting in my hands appears to me to be equal to the success of the auto-epidermic-Thiersch method. Pigeon-skin grafting does not necessitate an anæsthetic; its failure does not discourage because squabs are as cheap as a can of ether, and you can graft without even the consent of the patient, or, in fact, the patient hardly knowing what you are doing.—*Bos. Med. and Sur. Jour.*

Gunshot Wound of Stomach.—A singular case was reported at the meeting of the Georgia State Medical Association in April. The patient, a negro, had received a pistol shot said to be in the stomach. After careful examination, the doctor found that in the fight, which had occurred two hours previously, his patient had received a wound directly over the stomach. A casual examination with the eye alone was all that was necessary to show that the ball had penetrated the cavity of that organ. A more thorough examination was made with the probe, and it was found that the ball had entered at a point about two-