

lower eyelid and about the same distance downward on the cheek. The lids were then united with two sutures. As soon as all bleeding had ceased a thin piece of skin about quarter of an inch wide was removed with a razor from the front of the right thigh and carefully spread over the upper part of the raw surface, covering its whole length at this part; two similar pieces, but shorter, completely covered the remainder of the raw surface. These again were covered over with short strips of antiseptic isinglass plaster, finally absorbent cotton sprinkled with iodoform was placed over all and retained with another bandage. At the end of forty-eight hours the dressings were removed. All the transplanted skin was found firmly adherent, of a healthy pink color, and free from moisture or discoloration at any part; it had, in fact, united throughout "by first intention." The iodoform dressing was reapplied for a few days as a precautionary measure, but at the end of a week all dressings were discontinued, the lower lid, still united to the upper by two firm bands of adhesion, presented in all other respects an almost normal appearance. It is intended that the edges of the lids be allowed to remain united for a few months, after which all danger of retraction of the renovated lid will have ceased, and the two bands of adhesion can be safely divided.

The writer believes that this method of skin grafting will prove of inestimable advantage in many blepharoplastic operations. In another case recently treated an extensive burn of both lids was grafted during the granulation stage by the same method, but a free mucopurulent secretion from the conjunctiva destroyed some of the grafts. Those that succeeded, however, greatly facilitated the healing process and obviated the cicatricial contraction to a considerable extent.