A NOTE ON SKIN-GRAFTING.

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It is possible that some aural surgeons who graft their mastoid wounds by Ballance's method find a little difficulty in securing a large graft of uniform thickness, and still more in neatly adapting it. Deansley, in reporting a case two or three years ago, mentioned that he applied sticking-plaster to the thigh before cutting his graft. I have not tried this actual method; but, acting on the suggestion, during the past year or more I have varnished the prepared area of the limb with "newskin" (a proprietary article of the nature of collodion, a fairly good imitation of which can, I believe, be made by dissolving celluloid in acetone). As soon as the antiseptic dressing is removed from the prepared thigh a few drops of "newskin" are poured over the part and quickly spread with the finger. In one minute this has dried to a firm varnish. If the skin is now stretched in the usual way between the hand of the assistant and the left hand of the operator, there is not the least difficulty in cutting a perfectly uniform graft four inches long and one and a half inch in breadth. This should be cut rapidly, the razor advancing about half an inch at each cut. The varnish prevents any tendency to curling, and a sheet is procured which very much resembles foreign letter-paper in all its physical qualities. It can be manipulated with considerable freedom, and no difficulty is experienced in fixing it to the edge of the meatal flaps by a few stitches. Needless to say, gold leaf is quite unnecessary.

It might be argued that the waterproof character of the varnish would lead to trouble. I can only say that I cannot recall a single instance in which the graft has not either entirely or almost entirely taken. Partial failure in my own cases has, I believe, always been due to imperfect packing, and has generally occurred in the Eustachian region or over the inner surface of the skin-flap. It is essential that the graft should adhere closely to the walls of the Eustachian recess, otherwise a small cavity is likely to remain under cover of the graft and connected with the Eustachian tube. As soon as a catarrh occurs, muco-pus will burrow from such a cavity and produce a kind of blister, raising the graft from its seating. I have seen this occur more than six months after the operation, and I understand that occurrences of the kind have

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caused a certain number of surgeons to abandon grafting altogether.

In my own cases it has never occurred where the Eustachian region has been thoroughly prepared and the graft adapted with minute care and properly kept in place for eight days by a gauze ball not much larger than a hemp-seed. Where "newskin" is used the shed portion of the graft is quite easily removed *per meatum* on the eighth day in one or two large pieces. The third anæsthetic as originally employed by Ballance is, therefore, unnecessary.

As the packing is removed through the meatus much trouble is saved if a silk thread three inches in length is left attached to each aristol-gauze ball.

The mere addition of a varnish to Ballance's technique seems so small a point as to be unworthy of mentioning in print. It has, however, converted what was, for the writer, a somewhat difficult and lengthy proceeding into a perfectly easy operation which should occupy about ten minutes if the time for drying the wound and stitching the skin-flap be subtracted. Putting aside for the moment the difficult question as to hearing-power with and without grafting, it seems most desirable by simplifying it to foster a method which not only insures a dry ear by closing the Eustachian tube, but also enables the patient to leave the hospital within three weeks of a radical mastoid operation.

SOCIETIES' PROCEEDINGS.

PROCEEDINGS OF THE LARYNGOLOGICAL SOCIETY OF LONDON.

Ninety-seventh Ordinary Meeting, April 7, 1905.

CHARTERS J. SYMONDS, F.R.C.S., *President, in the Chair.*

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UNILATERAL RIGHT ABDUCTOR PARALYSIS ASSOCIATED WITH PARALYSES OF RIGHT HALF OF SOFT PALATE AND PHARYNX, RIGHT STERNO-MASTOID, UPPER FIBRES OF RIGHT TRAPEZIUS, PTOSIS OF RIGHT UPPER EYELID AND CONTRACTED PUPIL.

Shown by Dr. HERBERT TILLEY. Patient was a man of sixty-one,

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