pliances that western science had armed them with for so beneficent an end. Surely it was no light thing to be privileged to take a part in this great work. While they ministered to the health of others, let them be reasonably careful of their own. Dr. Maclean then entered on the subject of a proposition made to the Secretary of State for India in Council, which was first started by a financial committee in India—namely, to send the young medical officers for that country there without the Netley training—and subjected it to exhaustive criticism. In concluding his address, he said the question had been sent back to the Viceroy of India in Council, with much evidence that was never presented to the Simla Commission, where the scheme of returning to what he had entitled “paper training” was believed to have originated. Let them hope that wiser counsels would prevail. Even should the decision go against them, he refused to despair. He believed that, when the matter came up at home once more for final settlement, it would be found that “the resources of civilisation” were not exhausted, and that, in the long run, the cause of common sense and sound education would prevail.

This creed I fain would keep,
This hope I'll not forego.

In his own name, in that of the professors, and of that good company, he bade them one and all God speed, so that they might stand up to their work even to the end. In that hope, he bade them farewell.

ON PROFESSOR VON ESMARCH'S OPERATION FOR CORRECTING DEFORMITIES OF THE FACE BY TRANSPLANTING SKIN- FLAPS FROM DISTANT PARTS WITHOUT PEDICLES.

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SOME years ago I brought before the notice of the profession a new method of performing plastic operations by transplanting skin-flaps from distant parts.¹ Although my operation was intended for the formation of eyelids which had been destroyed by burns or by disease, it had, as I pointed out at the same time, a wider range of applicability, and might be practised for correcting deformities of the face, and in the covering of important organs. The following year Dr. Wadsworth, of Boston, U.S., showed a successful case of the formation of a new eyelid by my method to the Ophthalmological Congress in New York, and the operation has since been adopted by many ophthalmic surgeons in Europe and America. In submitting a report on seven operations to the Academy of Medicine, Dr. Swanzy, of Dublin, says: “The transplantation of skin-flap, known as Wolfe's method, is already well known to the section. The early accounts of the results of these operations were not to me sufficiently attractive to induce me to abandon the old plans in its favour, and it was not until forced by the circumstances of a case that I employed it. Now, having found it a most satisfactory proceeding, I much regret that I postponed its trial so long.”²

The operation having proved so successful in the hands of ophthalmic surgeons, I have often wondered why it had not been applied in general surgery. The other day, however, I received an inaugural dissertation, sent to me by Professor von Esmarch, of Kiel, in which the author (Dr. Hahn) gives a detailed account of thirteen successful cases from the *clinique* of Professor von Esmarch, who also assisted him in drawing up the report.³

In this short paper I do not intend to give the details of all the cases here recorded, but shall, for the present, give in a concise form only a few of the typical cases, with the view of directing the attention of surgeons to the general applicability of this method.

CASE I.—F. O., a medical student, received in 1882 a deep wound upon the bridge of the nose in a sword duel. The under half of

the nose was hanging downwards. There was also in the left wing of the nose a defect as large as a florin, and reaching to the mucous membrane. After disinfection the wound was sewn with catgut, and the loss of substance in the wing of the nose was covered with a skin-flap taken from the left forearm by Wolfe's method. The flap was not stitched on, but only fixed with a compress. On the fifth day, when the bandages were removed, the wounds were perfectly healed and the transplanted flap was everywhere firm. Only on the upper surface of one spot was there a slight tendency to slough. By means of a compress with iodoform ointment healing was rendered complete.

CASE II.—J. J., aged 17, of a healthy family, had suffered for four years from lupus of the nose. The right wing of the nose was destroyed, and the nostril was nearly grown together and only kept open by introducing a drain. The patient having been put under chloroform, two incisions, commencing at the narrowed nostril close to the septum, were made. The incisions were arched, converged outwards, and were carried through the upper lip in order to remove the cicatricial tissue, which was situated here and was constantly contracting. The loss of substance thus produced was covered with a corresponding skin-flap from the upper arm. Six days after the operation the wound looked well and the transplanted flap adhered perfectly.

CASE III.—Madame K., wife of a lieutenant-colonel, had suffered for seven years before 1876 from a rodent ulcer of the bridge of the nose. When first observed the neoplasm was the size of a grain of seed. The nodule fell out and left a small hole like that of a maggot. In 1872, when it was as large as a pea, it was scraped, but by 1878 had returned. It was removed in the following year, and an apparent healing followed. In September, 1881, there were two red cicatrices as large as coffee beans, with small scabs upon them. She complained of frequently recurring pains, shooting towards the ear and forehead. By the external application of solution of bichloride and morphine, it healed and left only a small crust. She got arsenic. In December, 1881, the nose was quite healed, but there remained frequently recurring exacerbating pains in that place. She also suffered from an abnormal dryness of the skin (asteatosis cutis), which was cured by an ointment of white precipitate and vaseline. After she had taken 200 arsenic pills, iron pills were substituted. Then the pain in the nose gradually got more severe, and the cicatrix opened a little.

During the following year she was treated by several surgeons and also by homœopaths. In the meantime the new growth had made progress, and it was determined to have it removed. On March 14th, 1883, a great part of the bridge of the nose was covered with cancer. The diseased part was removed, and the incision carried into the healthy tissue, so that there remained a defect of 20 by 13 millimètres on the bridge of the nose. A flap was removed from the left arm, was secured with four catgut sutures over the wound on the nose, and covered with sublimate lint and bandages. In the course of ten days the flap healed perfectly. In the year 1888 the flap is in appearance almost like the surrounding skin. There has been no return of the disease.

CASE IV.—G., aged 5, the child of a landed proprietor, was very much disfigured by a *navus pigmentosus*, situated at the external canthus of the right eye. Professor K., of G., had endeavoured to remove the *navus* in three sittings. He removed a part, but in six months it had grown just as before. It was the size of a dollar, irregular in form, of a dark brown colour, and covered with a dense crop of hair. On June 21st, 1884, Professor von Esmarch removed the whole *navus* under chloroform, and covered the one half with a flap taken from the left arm, and the other with a flap from the forearm. The flaps were prepared in the manner indicated by Wolfe. The two transplanted flaps lay like a leaf of trefoil; each one measured 42 by 20 millimètres. On June 28th the flaps were adhering very well. On July 15th the flaps adhered beautifully, and their appearance was normal. The patient was dismissed cured.

The above cases from the *clinique* of Professor von Esmarch, whose observations extend over a period of twelve years, ought to prove of great interest to surgeons. By giving the operation a trial they may, like Dr. Swanzy, regret having so long delayed it.

THE ROYAL BOROUGH.—The Medical Officer of Health for Windsor (Dr. Casey) reports that the death-rate in the borough for the past year was 14.8 from all causes, and 1.1 for zymotic diseases only. During the past eight years the corresponding rates have averaged 15.8 and 1.17 respectively.

¹ JOURNAL, September 18th, 1875.

² Medical Press, February 25th, 1885. For a description of the operation see Wolfe, *On Diseases and Injuries to the Eye*. Churchill.

³ Ueber Transplantation ungestalteter Hautlappen nach Wolfe mit Berücksichtigung der übrigen Methoden. Kiel. 1888.