not seem to exist among the Germans. After wintering in the south, they mostly go stolidly home, as a matter of course, and often remain sweltering during the dog-days at some watering-place on the Rhine or elsewhere. There they imbibe quantities of mineral waters in the midst of tropical heat, vainly hoping thereby to cure a vital cachexia, only to be arrested or cured by carrying out *all* the laws of physiology and hygiene, and that to their extreme development and limit.

RECOLLECTIONS OF THE MEDICAL SCHOOL OF BERLIN.

By H. ROSBOROUGH SWANZY, M.B. Dub.,

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II.

THERE is one course given at Berlin which in itself would more than amply repay a visit, and in praise of which too much could not be said; namely, von Langenbeck's Operative Course. He gives two such in the year: one during the Easter recess, from 8 A.M. to 10 A.M.; the other in the Summer Session, from 6 A.M. to 8 A.M., several times a week. I never knew von Langenbeck to be five minutes late in commencing. The course is held in the *post mortem* room of the Pathological Institution, and the Professor walks down thither in the morning from his house smoking a cigar. There are usually three or four subjects to be operated upon by fifteen or twenty students; this being but half the class, while the other half come on the alternate days. Langenbeck, however, frequently confers upon foreigners the privilege of attending with each section. A short lecture is first given on some particular operation, in which the professor sets forth the views of others as well as his own, mentioning the cases to which he thinks the operation most applicable, the degree of success which has attended his performance of it, etc.; and then, if it be one of difficulty—suppose an excision of the knee—he performs it partially or altogether before the class. If, then, there should be three subjects, five students are set to work at the remaining knee-joints, while Langenbeck himself directs and assists them: and, indeed, he appears to be ubiquitous, at everyone's elbow, ready and willing to answer every question satisfactorily. Then another operation is described, and five other students get their turn; and in this way the two hours pass like a dream. At last the professor lights another cigar, and, bowing to the classes, goes off to attend to his house-business (for in Berlin the medical men have two hours at home for their private patients; one at eight or nine in the morning—and this is the most frequented one—the other at three or four in the afternoon). During this course each student will have done nearly every operation in surgery (including that for cleft palate) two or three times. I believe this course to be quite unique, for where else will be found a surgeon who is covered with honours of every kind, who has been through the hard work of many campaigns, and who, with a world-wide reputation, will still deign to teach students the use of the knife on the dead subject? And yet it happens that the only such surgeon who thinks this not beneath his dignity is one of the best, if not the very best, of living operators.

In papers with a title such as these bear, the name of one, now no more, but with whom the writer had the high honour of being more closely connected than with any of the other Berlin professors, may not be passed over in silence. It is not intended, however, to indulge in a general panegyric upon Albrecht von Graefe. The readers of this JOURNAL have had opportunities, not only in its pages, but elsewhere, of learning what a great and what a good man he was. I would only touch upon the great love he had for his profession, which impelled him to almost superhuman exertions, and which, doubtless, thus hastened his early death. It was von Graefe's wont to visit each one of his hospital-patients twice a day—forenoon and evening. His private patients occupied fifty separate rooms, and the poor patients had fifty or sixty beds arranged in wards. The poor and the rich received equal care from Graefe. I have often known him, when circumstances prevented his making his evening visit at an early hour, instead of omitting it altogether, go his rounds long after midnight. He pursued the study of any mode of treatment, which he might happen to investigate, with the greatest regularity and precision. Thus, when engaged with the strabismus operation, he made notes of over eight hundred cases on which he had operated from which to draw his deductions; and some months before his death he had completed the notes of a thousand cases of cataract-extraction performed by his own method. Von Graefe's clinical lectures could not be excelled for clearness and for power of language. He was very fond of lecturing, and continued to lecture when he had

to be carried from his carriage to the lecture-theatre. He had pre-eminently the power of inspiring his pupils with that love, mingled with respect, which appears to be peculiar to the relation of teacher with pupil. But von Graefe died; and where shall we find one to take his place? Other Bismarcks and other Moltkes might be found, but not another von Graefe.

The vacant chair of ophthalmology in Berlin has been lately filled by the appointment of Professor Schweigger, formerly one of von Graefe's assistants. He has already made a high reputation as an original investigator, and he has had great experience in teaching. He will have the direction—thanks to the exertions of his renowned predecessor—of an ophthalmic department in the Charité, containing eighty beds. Red tape has great sway in Berlin, and with it von Graefe had long to contend before he obtained possession of this department in the public hospital, the arrangements having been completed only about a year previously to his death. Until then, he had been in the habit of lecturing in his own private hospital; but, knowing that this must collapse when he himself went, he was anxious, for the sake of his loved speciality, to provide some hospital appointment to be in connexion with the chair which he occupied.

In 1848, in consequence of the active part which he took in the political struggles of the time, Virchow was obliged to leave Prussia and take refuge in Würzburg. He lived there for some years as professor in the University, and during this time made many of those researches to which he owes his fame. The Prussian Government, then wishing to appoint the best man to their chair of pathology in Berlin, offered it to Virchow, notwithstanding his unchanged political feelings. He, however, only accepted the honour upon certain conditions, among which was one, that the Government should build for him a pathological institution according to a plan which he specified himself. This and his other demands were acquiesced in; and so Virchow was regained to the Berlin school in a way highly creditable to the Prussian Government, and Berlin has become the fountain-head of all the most important advances made in pathology of late years. The Pathological Institution is situated in the grounds of the Charité, but is not contiguous with the hospital-buildings. It contains two large lecture-rooms, a *post mortem* room, a pathological laboratory, a laboratory for physiological chemistry (of which more hereafter), private rooms for the professor and his assistants, etc.

FURTHER OBSERVATIONS ON THE TRUE NATURE OF THE SO-CALLED SKIN-GRAFTING.

By DAVID PAGE, M.D.,

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IN December last, I wrote an account of my experiments on skin-grafting in the BRITISH MEDICAL JOURNAL, and showed at that time that the physiological changes involved in the growth of the graft, as well as the nature of the graft itself, were quite different from those previously supposed. Indeed, so far as I am aware, my communication, embracing, as it did, the result of microscopic investigation into the subject, was the first in which the true explanation was given of what really constitutes skin-grafting. The conclusion at which I arrived was that, when a piece of the integument is removed from a part of the body, and placed upon the surface of an ulcer showing a disposition to heal, there was no transplantation of cutis, but of cuticle, the deeper layer of which, or *rete mucosum*, formed the essential portion for subsequent development and growth; and the young newly formed cells of this layer served as the basis for the production of cicatrix. Further, I found that the artificially induced cicatrix, and that which was spontaneously projected from the margin of the ulcer, were identical in structure, and equally possessing the same low vitality and tendency to destruction, from causes that could not affect the normal integument. These results proved satisfactorily that the *rete mucosum* or *stratum Malpighii* was the part immediately concerned in the process; and that a graft, to be successful, need consist of this layer only. I held, therefore, the view that it is not a transplantation of skin, but of epithelium; not skin-grafting, but epithelium-grafting.

The numerous clinical observations that have appeared in the medical journals since May of last year, when Mr. Pollock, of St. George's Hospital, introduced the process of M. Reverdin into England, show, by their discrepant statements, that much misunderstanding exists as to the true nature of the changes observed. In several instances, the graft has been supposed to disappear for a time, and to reappear when growth sets in. This phenomenon I have elsewhere explained to arise from the simple fact that, after the desquamation of the upper and