

from the earth. And is it too much to hope that the growth of social wisdom, and the progress of medical science, may succeed in augmenting this influence to a far greater and more effective power than it is at present?

In another province—that of zymotic disease—the promise of the future is still more distinct. One of the elements of their origin seems almost within our grasp, and few can doubt that the investigations that are even now in progress and the discoveries already made, which have added a fresh lustre to medical science, discount them as you will, must soon be followed by practical results of the first importance. But we must not forget that the nature of the specific material in which these diseases apparently consist is but one element in the phenomena. On the other, the strange fact of specific liability, no light has yet been thrown; and yet, in its relations to individual, race, and species, it is at present far more strange, and may ultimately be found even more important, than the other. The familiar facts of the protection afforded by an attack of disease, a protection which bears no relation to severity, the virulence of disease in races which constitute a virgin soil, and the strange manner in which new diseases arise and develop into prevalence, suggest problems of the present and questions of the future to which no answer or solution can be offered, but they need not lessen the hope that is raised by the discoveries that are now in progress.

Such are your studies in the nearer future; such your labours in the years the distance hides; and what is your reward? Small enough, as recompense is weighed in the common balance. A living; that is something. Bread—and cheese, perhaps—for each who wisely selects and patiently pursues his course of work; placing duty before pleasure, fitness before inclination, permitting no errant impulses, no distaste for steady labour, to determine his career, or any fancy-fledged ambition to tempt him to a flight beyond his powers, a flight in which he cannot hope to soar, but must from inherent weight and by all-potent gravitation, quickly fall. For every steady worker there is perhaps a more sure prospect of what is called “earning a living” than any other profession or occupation presents, with less risk of a disastrous failure from causes outside his own control. Moreover, you have other rewards if you do not wilfully close your eyes to them. Much of your daily work may be drudgery; some may be repulsive; but the subjects that engage your energies are of transcendent interest. The world is not to you as it is to most other men. To you the book of Nature lies open. The knowledge you have gained has, or should have, given to you a new interest in the world of living creatures of all kinds—ay, and in what we call dead matter too. Human life, in its development and decay, and the ever-varied phenomena of disease, present problems of the highest interest and of never-failing succession. For you, as well as for the great student of Life to whom they were addressed, the poet's lines are true, if you will make them so:—

“Nature, the old nurse, took
The child upon her knee,
Saying, ‘Here is a story-book
Thy Father has written for thee.’
And whenever the way seemed long,
Or his heart began to fail,
She would sing a more wonderful song,
Or tell a more marvellous tale.”

But greater still as a reward for your labour should be the consciousness of the character of the work you are doing. To relieve suffering, to cure disease, and, above all, to preserve health—these are the objects of your life. It is to achieve these that your energies are taxed, your drudgery bestowed, your days and your nights devoted. Each hour's work sees, or should see, these ends in some measure achieved. Failures must come, and, baffled in many a struggle, you may at times despond; but remember that the good you do is always far more than you can see. Our failures are obtrusive; our greatest triumphs often imperceptible. “Nature effected a cure” we or others say, and say correctly, but it is certain that Nature would often effect a death were it not for the guiding influence of medical treatment; an influence that we often cannot trace in the unit, but which comes out clearly enough in the aggregate. In the region of preventive medicine the results, however vast, are, taken separately, quite invisible. We can no more trace the influence that keeps a man in health, who would have otherwise have died of fever, than we can trace the breeze that wafts a cloud across the summer sky. Hundreds of persons every day are saved from disease without the fact

being known to them, or to those who save them. Is it no reward to have the consciousness that life and ease and health follow your daily path? I know that cavillers may object that motives relatively low may compel your work; that the maintenance of your own existence may be an object in prolonging that of others. But this does not influence the intrinsic character of your actions. The choice of a sphere of work you make or ratify to-day will leaven your future life, and the knowledge that the world is better for each hour's labour may be, and should be, to you a constant and enduring satisfaction.

There may be—nay, there must be—many here to-day to whom words of farewell are more appropriate than those of welcome with which I commenced. Your student life is almost over; the graver work for which you have been training is close at hand, and soon in town or country, upon sea or shore, you will have entered on it. Wherever your lot may be cast—it may be near, it may be far away, under strange stars, in unfamiliar scenes—your College looks to you, and will not look in vain, to keep her name unsullied, to make your place of study a passport among members of your calling, a guarantee of honour and trustworthiness. She looks to you, and will not look in vain, to carry on the high traditions of her past—to keep the torch she hands you brightly burning, to lighten the dark places of human life. She looks to you, and will not look in vain, to take your part, humble or high, in the great contest with disease and death, in the great work of gathering the knowledge that is power, and the wisdom that is life. Vast is the field of labour: no hand unwelcome, no effort to be spared. Fierce is the contest, unremitting; ever spring afresh the hydra-heads, and for no moment can the sword be sheathed. But it is not for ever; not, at least, in present inequality. Who that reads, with thoughtful eye, the signs of this century's advance, can doubt the issue? Though still the storm-clouds gather and the sky is dark, yet far away, and slowly coming nearer, there is light. Not we nor our successors for many generations yet to come may see it, save in glimpses few and faint. But come it will, and you may aid its advent. You may lessen the present gloom, and you may hasten the dawn, which, now flushing only here and there a mountain peak, shall surely broaden into perfect day.

ON PREPUCE GRAFTING.

By R. CLEMENT LUCAS, B.S.LOND., F.R.C.S.,
SENIOR ASSISTANT-SURGEON TO GUY'S HOSPITAL, AND TEACHER OF
OPERATIVE AND PRACTICAL SURGERY IN THE MEDICAL SCHOOL;
SURGEON TO THE EVELINA HOSPITAL FOR CHILDREN.

AMONG the disadvantages which may be urged against the practice of skin grafting taught us by Reverdin are the pain and scarring the patient must suffer to provide himself with the cuticular fragments required to close his granulating wound. Whilst working men yield up their arms without murmur to supply cuticle for other parts, with women the difficulty of obtaining skin increases, and with children it becomes a cruel torture which no surgeon would willingly subject his patients to if he could obtain good results by other means. It is, therefore, at children's hospitals that the difficulty of obtaining skin to cover the enormous granulating surfaces often left after burns is especially felt; and my object in this paper is to point out that at these institutions there is a plentiful supply of skin removed which may be usefully turned to account. The number of children that are brought to these hospitals for phimosis is so great that many days will never elapse without the surgeon being called upon to perform circumcision. In recommending that the skin of other patients be used to assist in the closure of wounds, I cannot too strongly urge that the surgeon should use every precaution, never to lay himself open to the charge of having thereby communicated disease. But in the prepuces of children there is seldom any danger. When, however, balanitis is associated with phimosis I always make it a practice (for the sake of the child to be circumcised) to cure the balanitis before removing the foreskin. The surplus skin of this part, from its suppleness, thinness, and vascularity, appears to be peculiarly adapted for transplantation, so that I have found grafts from this source adhere when those from other parts

have failed. And again, wounds whose granulations appeared coarse and ill adapted for grafting have accepted prepuce grafts when I little anticipated a favourable result. About three years ago a case of acute cellulitis of the lower extremity, which came under my care, resulted in extensive loss of skin both in the thigh and leg. In this case, when the granulations had assumed a healthy appearance, grafts from various sources were placed upon the wound, and I was then favourably impressed with the superiority of the prepuce skin. The coarse skin with dry cuticle upon it, which may be obtained from amputated fingers, is far less satisfactory, adhering with less certainty and growing with less rapidity. The time which may be allowed to elapse between the removal of the skin and its application in the form of small grafts to a wound I have not accurately determined, but it is probable it may be extended till signs of putrefaction begin to appear. I have not hurried to place these pieces of skin on the wound, and from half an hour to an hour may sometimes have passed before they were made use of. In no case have I placed them in hot water or made any provision for maintaining them at the temperature of the body. If the recipient for the grafts lived at a distance from the person yielding the skin, I believe the skin might be conveyed in a small glass bottle or wrapped in gutta-percha without loss of vitality for some hours. The following case, which has recently been under my care in the Evelina Hospital, will illustrate the value of prepuce grafting in children. It was reported by Mr. Milligan, the registrar to the hospital.

"M. B—, aged two years and a half, was admitted into the Evelina Hospital for Children on November 23rd, 1883. The child had been severely burned on the abdomen twelve days previous to admission. It was taken after the accident to a medical man, who applied some dressings to the wounds, but from that time till the child was admitted the dressings had been left untouched. When taken in it was in a most foul and stinking condition, as might be imagined after dressings had been left twelve days. In parts the granulations had literally grown into the dressings, and were torn in removing the lint. The size of the granulating surface was six inches in transverse measurement, and four and a half in vertical diameter. After the wound had been cleaned it was dressed with carron oil. The child was ordered milk, beef-tea, and an ounce of port wine in twenty-four hours. On November 26th, as it was sleeping and eating well, it was put on fish diet. On December 17th it was noted that the wound, though decreasing in size, was healing very slowly, the granulations being much too vascular and large, bleeding freely at every dressing. Caustic was applied from time to time. On December 30th the report remarks that the healing was progressing slowly. On January 16th, 1884, there was still an ulcer three and a half inches in transverse diameter and an inch and a half or more in vertical measurement, the edges of which were much raised, and the granulations vascular and unhealthy. Mr. Lucas took the prepuce of an out-patient, whom he had circumcised about half an hour previously, and cut from it about twenty-eight grafts, which he applied so as to form bridges across the wound. These bridges were protected by strips of green oil-silk, secured by strapping. Lead lotion was applied on lint over the wound and gutta-percha tissue externally. The grafts were protected for five days. On Jan. 23rd it was evident that nearly all the grafts were growing. The wound was divided up by bridges, from which cuticle was rapidly extending. On Feb. 1st the wound was very much diminished in size. On Feb. 14th the child was discharged cured."

It is possible that some surgeons may take a sentimental objection to this method of healing large granulating sores; but any such feeling should yield to the excellent practical results which may be obtained by it. The only reasonable argument against it is that disease might by careless grafting be introduced into the system of a healthy child; but this is so remote that with ordinary caution it would be impossible. On the other hand, I believe the prepuce of a child possesses a germinal vitality, which renders it peculiarly serviceable for grafting.

Finsbury square, E. C.

CASE OF GLIOMA OF THE PONS VAROLII.

By H. FRENCH BANHAM, M.A., M.D. CANTAB,
PHYSICIAN TO THE SHEFFIELD GENERAL INFIRMARY.

THE subject of this case, a boy aged twelve, was admitted into the Sheffield Infirmary on Oct. 30th, 1883, and the following notes were taken at the time. Until quite lately he has been an intelligent lad and successful at school. He had measles five years ago, since which time he has been somewhat deaf, had a discharge from both ears, and been in delicate health. The discharge from the ears ceased a year ago. Slight alteration of his speech was noticed three months since, when also he began to complain of headache. Six weeks afterwards some squinting was first observed, the left being the affected eye; and he began also to be troubled with giddiness, from which indeed in walking he occasionally fell. He has not had any cramps or convulsions, or fits of any kind. He is not known to have had any injury to his head. His father died at the age of thirty-six from phthisis.

Condition on admission.—He is deaf with both ears, more especially with the left; quite conscious, but so emotional that he seems disposed to cry when any question is put to him. His utterance is drawing and indistinct. There is paresis of the right arm and leg, the movements of these members being limited, slow, and interrupted. The deep reflexes in both legs are exaggerated, but there is no ankle clonus. The superficial plantar reflexes are almost absent, especially on the right side. There is facial paralysis of the left side, and the orbicularis palpebrarum is so far affected that the eye can be only half closed, and there is congestion of the outer part of the left conjunctiva. There is extreme left internal strabismus, the right eye cannot be everted beyond the middle line, but there is no evidence of paralysis of the right internal rectus, as has been sometimes noticed in cases of paralysis of the internal rectus of the other eye. The pupils are equal and act to light. There is nystagmus of both eyes. The ophthalmoscopic examination gives evidence of commencing optic neuritis. The tongue on protrusion deviates to the right. Taste (tested with alum, sugar, tartaric acid) is rather defective. Respiration is somewhat sighing. There is no "tache cérébrale." The muscles of the paralysed parts, including those of the face, give a normal electrical response. The lungs and abdominal organs appear to be healthy. There is no pyrexia.

Nov. 8th: Since the patient came under observation, the chief changes that have taken place are: (1) his intelligence is somewhat clouded; (2) the deafness has so increased that it is now difficult to make him hear; (3) the paralysis of the arm and leg is more pronounced; and (4) he has emaciated somewhat.

The first thought that naturally suggests itself in connexion with this case is that there is a chronic abscess of the brain associated with some disease of the internal ear. I am, disposed, however, to think, from what I can learn from the boy's mother, that until lately the deafness has been somewhat slight, and might be accounted for by some catarrh of the external meatus. The pronounced deafness which at present exists is, I believe, of central origin. It is scarcely possible now to prove this by any of the ordinary tests. I am inclined to favour the hypothesis that we have here to do with a cerebral tumour, and that it is a tubercular mass or a glioma seems not unlikely. Its locality is probably in the left half of the pons Varolii on a level with the nucleus of origin of the sixth and seventh nerves. It is possibly more extensive than this, implicating, it may be, the cerebellar peduncles, or perhaps the upper part of the medulla oblongata, and involving the restiform bodies. In the position of the pons Varolii that I have indicated, the resulting paralysis would be due to the compression of the pyramidal tracts previous to their decussation, while the facial paralysis and that of the external rectus would be upon the side of the lesion. The diagnosis of tumours of the brain is beset with difficulties arising from our imperfect knowledge even now of the functions of the different parts of the brain, from the fact that tumours and abscesses occasion not only local effects by pressure and displacement, but also by the congestion, hæmorrhage, and softening which sometimes take place in adjacent structures, and also owing to effects produced in remoter parts of the brain by transmitted excita-

PUBLIC PARKS AND OPEN SPACES.—On the 28th ult, the two verdant spaces enclosed within Canonbury-square, Islington, were thrown open to the public.—A new public park, situated in the central part of Huddersfield, was formally opened by the Mayor on the 27th ult.