

Surgery

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Spinal-Cord Surgery. C. A. ELSBERG, NEW YORK (*Journal A. M. A.*, October 26.)

In the course of more than sixty spinal operations he has observed a number of lesions within the substance of the cord which seem amenable to surgical treatment. This led him to investigate the frequency of such lesions and to attempt to develop a technic for their treatment. He is convinced that under proper treatment and with proper technic it is feasible and safe to incise the cord substance so as to allow the extrusion of localized intramedullary growths, to drain cysts in the substance of the cord, etc. He is at present experimenting on animals, and hopes in the near future to report some valuable results. Intramedullary tumors are not as rare as has been supposed, and in rare instances they have been operated on, but no well-worked-out methods have as yet been elaborated. Knowledge, as complete as possible, of the anatomy of the cord is the first essential of knowing where to make the incision with the least risk. Elsberg describes the anatomy, and concludes that in the lumbosacral region an incision may be made anywhere in the posterior column, but best a few millimeters away from the median line and not too near the posterior root zone, lest it damage the marginal fibers. The deeper the incision the greater risk of injury to the higher lumbar roots. In the dorsal and cervical regions the incision should always be made in the posterior median column, and the higher the level the nearer to the median line. In the upper and middorsal regions the incision is best made from 2 to 4 mm. from the median line, while from the level of the midcervical region upward it should be made very near the median line, preferably in the posterior median septum. In rare instances, it might be necessary to incise the cord on its anterior aspect, and a small cut through the anterior fissure and into the anterior gray horn should not cause a great amount of motor or sensory disturbance. Aspiration of the cord can be done with safety, provided that only the finest aspirating needle is used and that care is taken not to injure the very fine blood-vessels which enter the cord from the arachnoid. A very fine von Graefe knife: