

examination of the spinal cord is not always made, it may be desirable, or indeed imperative, when the results otherwise found in the examination have been insufficient to account for the death. It may be taken as a rule that, as in the removal of the brain, the medulla and the upper part of the cervical region are cut out, this is all that is requisite; but in cases of obscure poisoning, where the presence of such drugs as strychnine, aconitine, æserine, atropine and other vegetable extracts, which directly affect that part, is suspected, it is of the highest importance. In any suspected injury to the vertebral column, again, the section of this part is to be performed. Of course in autopsies made in hospital work, and mainly for the furtherance of science, it should always be the duty of the pathologist to examine the cord, both by section at the time, and by microscopical investigation after the proper period needed for hardening has passed.

Arriving at the section of the chest and abdomen, the examiner takes the section knife firmly by the handle to make the initial incision. It is well to be accustomed to use either hand, as occasions will arise where the left hand is more useful than the right. Some experts prefer to place the forefinger on the back of the blade, while others grasp the knife as in the action of carving meat. The incision is to be made in the median line, from the suprasternal notch to the upper border of the pubic crest, either by a single long cut or by several continuous cuts. A skilled pathologist invariably makes the first incision by one cut, but sometimes it is customary to make two or three, the first from the suprasternal notch to the ensiform cartilage or umbilicus, and then a second from that point to the pubes; and in cases of great obesity, two or three cuts are better than one, except in the hands of experienced men. On ordinary occasions more than one preliminary incision should be deprecated. The operator must bear in mind that the object is to open the body speedily and not to gradually dissect the tissues as in the study of anatomy; so that it cannot be too often reiterated that the handling of the larger knives in autopsies and that of the smaller scalpels in anatomical dissection is very different, the former making long sweeping cuts, the latter, which are held