

is the best instrument for the incision. The pia-arachnoid should always be first incised and carefully grasped with fine forceps; then the proper site of the posterior column is selected and an incision of less than 0.5 cm. long is made. It should be carefully deepened and enlarged, care being taken that it should be in the axis of the cord, which is best done with a blunt instrument. In the case of an intramedullary tumor the incision can usually be made into the most bulging part of the cord. No attempt should be made to enucleate it unless it is superficial and small; it should be left to extrude and be removed later by the method previously described by Elsberg. Great care must be taken to avoid hemorrhage and any injury to the cord; its substance should never be grasped by the forceps, and sponging should be done very gently, so as not to exert any pressure. After removal of the extrusion, one may attempt to suture the delicate edges of the pia by a few extremely fine silk sutures. When the anterior surface of the cord has to be incised it can usually be done after section of one posterior root. The cord can be gently lifted by the divided root and partly rotated on its own axis to bring the anterior column into view. A complete laminectomy (three spinous processes and laminae removed at least) is always needed with a thorough exploration and examination of the cord, and the pia and the dura are incised separately. While difficulty may at first be experienced in differentiating the cord substance from the capsule of the growth, in most cases it can be easily recognized. Careful palpation of the cord will often enable the operator to tell the pressure of a solid tumor or a fluid accumulation. Eight cases are reported, some of them briefly. The article is illustrated.

MANUAL EXTRACTION OF PLACENTA.

Rogoff (*Monat für Geburt. and Gyn.*) reaches his conclusions from 973 cases of extraction of placenta, from 1901 to 1911, in the Moscow Hospital. The uterus or abdomen should not be massaged after the birth of the child, as it interferes with normal contraction and relaxation. Two hours is not too long to wait and interference should not be undertaken earlier unless there is indication for it. Crede's method should always be given a trial before introduction of the hand. In the Moscow hospital patients are given a douche of bichloride, iodine or lysol solution immediately after the delivery of the placenta, which is kept up if there is the slightest odor to the discharge.