

operations *per se*, I am unable to bring myself to the point of regarding this operation as "a perfectly safe one," as it has been called by some who have written on the subject. On the contrary, I think it must be regarded as an operation of considerable magnitude, often requiring an incision ten or twelve inches long; an operation, moreover, which involves, by its very nature, the production of a compound fracture of the great supporting column of the body, and which lays bare the elongated nerve centre which forms the means of communication between the brain and the other parts of the body. Such an operation, I submit, cannot be esteemed as otherwise than a serious one—not, in itself, such as to be very greatly dreaded in a perfectly healthy subject, but quite serious enough to be capable of tipping the scale in the wrong direction in a subject whose vitality is already greatly depreciated by grave disease or severe injury. We must, accordingly, approach the study of this question with the candid admission that, in operating in spinal lesions with a view to removal of their cause, we are introducing an element which may, under the existing circumstances, form a distinct menace to the life of the patient. The only cases, then, in which such operation could be deemed admissible are those in which the lesions are of such severity as to cause:

- (1) Paralysis of motion or sensation, or both, affecting a considerable part of the body.
- (2) Symptoms of irritation of the spinal cord, or some of the nerves coming off from it; such as (a) spasmodic or tonic contractions of some of the muscles of the trunk or extremities, or (b) intolerable and intractable pain.

Some of these conditions, moreover, must be present, not as the result of acute or chronic disease of the spinal cord itself, but as the result of some lesion capable of being attacked surgically, before the question of laminectomy can even be entertained.

CLASSIFICATION OF CASES REQUIRING OPERATION.

In a paper published in *International Clinics*,* January, 1892, I endeavored to include all such cases under three headings:

(1) In the first class are placed those in which the symptoms come on suddenly, and are the result of violence to the vertebral column, causing fracture, dislocation, or hemorrhage. In this class I would also place punctured wounds entering the neural canal.

(2) To the second class belong those in which the symptoms develop slowly, and are due to compression or irritation, caused by the products of inflammatory action, such as callus and cicatricial tissue following injury; the caseous products or granulations of a tuberculous process, as in Pott's disease; and syphilitic gummata.

* Tumor of Spinal Meninges. *International Clinics*, January, 1892.