

The section of the cranium with the saw should be made through its outer table completely around the head—from *before backward*, from below the frontal protuberances to the squamous portion of the temporal bone, and from *behind forward*, from the occipital protuberance to the squamous portion of the temporal bone, meeting the line just described. The shape of the piece thus cut out enables it to be maintained in its proper position when the parts are readjusted. It is removed by the aid of an elevator, or chisel and hammer, fracturing the inner table of the skull by strokes so applied as not to pierce the brain.

The dura-mater is next to be cut through, on each side of the superior longitudinal sinus; after which, dividing the *falx cerebri*, the brain may be raised carefully with the hand placed under its anterior portion. The internal carotid artery and cranial nerves, etc., are now to be severed by the knife, and finally the vertebral arteries and spinal cord. The brain itself may then be taken out and inspected, by slicing it from the upper part downward, in successive horizontal layers.

To examine the SPINAL COLUMN, an incision should be made from the occipital protuberance to the extremity of the os coccygis. The deep muscles of the back should then be loosened from their attachments so as to expose the laminae and spinous processes of all the vertebræ. With the chisel and mallet, or saw, we must cut through the arches of the vertebræ on each side, close to their articular processes. After thus opening the spinal canal, the cord is to be exposed by dividing the dura-mater through its whole length.

To examine the NECK, an incision should be made through the skin, extending from above the hyoid bone to the upper part of the sternum. Avoiding penetration of the large veins of the neck, the parts to be examined may be carefully dissected, and, if desirable, removed from the body. The thyroid gland, larynx, and its appendages, tongue, pharynx, œsophagus, blood-vessels, and nerves of the neck, may be thus viewed.

To examine the CHEST, two incisions are desirable; the one from the root of the neck, in front, to the extremity of the ensiform cartilage; the other at right angles to this, across the middle of the thorax. The cartilages of the ribs are to be cut through at the lines of junction with the ribs. The ensiform cartilage, being drawn outward, is to be detached from the soft parts, the knife being held *close to the sternum*. The sternoclavicular articulation may now be opened, and the sternum with the costal cartilages raised from its position, a cautious use of the knife being made to remove the adherent soft parts.

The thoracic viscera are now exposed, and may be drawn out with care and inspected in detail.

To examine the ABDOMEN, make a crucial incision; the one branch extending from the sternum to the pubes, passing to the left of the umbilicus; the other transversely across the middle of the abdomen. Care must be taken, in making these incisions, not to injure the subjacent viscera.

Before removing the stomach or any portion of the intestines, ligatures should be placed above and below the part that is to be separated.

When—as is always desirable, if possible—both of the large cavities of the trunk are to be opened, a single incision, extending from the top of the sternum to the symphysis pubis, may be made.

In every case incisions through the skin should be made, as far as practicable, only in those parts which are usually covered by the clothes of the deceased. It is generally advisable, when the abdomen or thorax has been opened, to fill the cavities with bran or sawdust. After the examination has been completed, the edges of the divided integument should be brought together, and retained in apposition by the common continued suture.