

bowels acted freely, but he never rallied, and sank five hours after the operation.

He was evidently of an unhealthy constitution, and had probably bad kidneys.

No *post-mortem* was permitted.—*Indian Medical Gazette*.

## BILLROTH ON ACUPRESSURE, ACUTORSION, AND TORSION.

In fifty cases of amputation Professor Billroth performed acupressure or acutorsion, using on an average four needles in each case; he has performed it on two hundred arteries, including fifteen cases of amputation of the thigh; he has had no opportunity in cases of amputation of hip-joint, having had no cases lately; in exarticulation of shoulder he never succeeded in fixing the needles firmly enough to rely on methods above named. Acutorsion was performed more, acupressure less frequently, acufilapressure in no case. Hæmorrhage following removal of needles occurred in one case only; he accounts for it by his having performed acupressure according to the first English method, compressing against the integument, the brachial artery, the median nerve, and belly of the biceps muscle; this caused fluxion to the compressed parts; removing the needle, they receded, tearing the adhesions which had compressed the artery. He therefore abstains from acupressure *en masse*, and recommends careful acutorsion. In acutorsion, he considers one half turn sufficient, and preferable to a whole turn or more, since the needle is removed more readily. Gold needles occasionally become bent if very long; but they can be removed without causing irritation, and are therefore preferable to all others.

Prof. Billroth attempted torsion in several cases of amputation of the breast, with such negative results that he abstained from it until again led to it by English surgeons, and Porta, who performed it four hundred times without secondary hæmorrhage (out of 23 attempts of torsion of the femoral artery he failed four times, and applied ligatures.)

During last summer Billroth performed torsion in five amputations of the leg, two of the foot, two of the fore, and one of the upper arm; also upon the greater number of arteries in several amputations of the thigh.

Secondary hæmorrhage occurred in one case, from the posterior tibial; he believes this was due to his having forced the torsion. To perform torsion successfully, he considers it necessary—1. To isolate the vessel thoroughly; 2. To grasp the end of the same with a strong, well-fitting pinzette: 3. There must be a certain length