along the course of the lower two-thirds of the radial and ulnar arteries, on the front of the forearm. (The course of the radial artery is indicated by a line drawn from the middle of the bend of the elbow to the base of the styloid process of the radius, and of the lower two-thirds of the ulnar artery, by a line drawn from the tip of the internal condyle of the humerus to the radial side of the pisiform bone.)

4. Apply a padded splint to the back of the forearm, reaching from the elbow to the tips of the fingers, and bandage it on carefully but firmly, from below upwards, leaving the finger tips exposed.*

5. With the patient in bed, elevate the limb to a position at as nearly a right angle as convenient, and remove the tourniquet. A convenient method of securing elevation is by the application of a long broad strap of adhesive plaster, folded over the end to form a loop; and fixed, over the splint and bandages, to the back and front of the forearm. The loop can then be fastened to a hook in the ceiling, or to the horizontal pole of a French bedstead or other suitable apparatus.

The after-treatment consists in letting the arm down in twenty-hours; taking the splint and padding off the forearm in forty-eight hours, when the patient can be allowed to get up and use a sling. Unless there is pain, or rise in temperature, the dressing need not be disturbed for a week. It can then be soaked off in boracic lotion, and the wound dressed in an ordinary way.

Secondary Hæmorrhage in this situation, as elsewhere, is the result of sepsis, and may be unusually troublesome. The proper treatment for secondary hæmorrhage in ordinary wounds is to try to arrest it with the iodine pad previously described, as a first step; and if recurrence takes place to secure the bleeding vessel with a ligature above and below the opening in it; for a recurrence of bleeding, in these circumstances, admits of no further trifling, and must be tackled. In the hand, as this procedure is not possible, the pads should be reapplied, and the brachial artery ligatured. A similar operation may be required elsewhere, when it is impossible to apply a ligature at the bleeding spot.

Bleeding from an Incised Tonsillar Abscess may be very serious, and is often difficult to stop. A small piece of disinfected sponge dipped in turpentine, packed into and left in the cavity, will occasionally arrest it when all ordinary means have failed.

On one occasion I was asked to see a child two years of age, with hæmatemesis and melæna of one week's duration. It was nearly dead; had a waxy skin; was dropsical from anæmia; and fainted

* Complaint that a bandage is too tight must *never* be disregarded. No mistake has been followed by more serious consequences.