

up as near the artery as possible, bridging over and compressing it, dipping the point of the needle into the raw surface of the wound on the other side of the vessel, forcing it on, and causing the needle to emerge a second time on the wound. The needle is threaded with a passive iron wire, by which it can be easily withdrawn.

*The third method* consists in entering the needle on one side of the artery, pushing it behind, causing its point to emerge on the opposite side of the vessel, passing a loop of inelastic iron wire over its point, bringing the wire over the track of the artery and behind the stem of the eye-end of the needle, drawing it sufficiently to close the vessel, and fixing it by a twist or half a twist around the needle. The wire with which the needle is threaded should be twisted that it may be readily distinguished. By means of this twisted wire the needle can be pulled out, after which the loop of wire is liberated, and can be easily withdrawn.

*The fourth method* or that by a long pin and a loop of passive iron wire, is a modification of the third, and differs from it only in a long pin, with a glass head, for facilitating its insertion, being substituted for the common sewing needle threaded with iron wire. Perhaps of all methods the third and fourth are the most secure. The principle in each is the same, but I like the modification of using long pins when convenient from the form of the wound, as they can be so quickly introduced, so readily withdrawn, and all wriggling and entanglement of different kinds of wires with each other avoided.

*The fifth method, or that by the twist*, may be varied according to the extent of rotation of the needle, whether to a half or quarter rotation. The operator has, on the cessation of bleeding, a reliable proof that a sufficient degree of rotation has been given to the needle. This method may be practised with a long pin or with a threaded sewing needle, and with either it can be very quickly done, but of all methods of acupressure that by the twist with a long pin is the quickest.

In acupressure by the twist to the extent of a half rotation of the needle, the three first movements given to the needle are precisely the same as in the third method above described—namely, it is entered on one side pushed behind the artery, and its point is made to emerge on the opposite side. The needle is then twisted over the artery and fixed in the parts beyond. In this method the artery is, to a certain degree, both twisted and compressed. The first time I tried the method by the twist, a half rotation was given to the needle; but as so little pressure, when direct, is sufficient to arrest hemorrhage, in other cases a quarter rotation was only made by it. The needle was sent by the side of the artery, a quarter rotation was given to it, and then secured by sending its point