anticus, since this muscle becomes prominent each time the head is turned in this manner. The vessel is sought for, as it lies at the angle of junction of the muscle with the rib, and the needle is introduced from above, downwards, so as to avoid the cord formed by the last cervical and the first dorsal nerves, while the left forefinger, guarding the needle, protects the pleura. *Vertebral.*—An incision three inches long is made from the clavicle, upwards, along the posterior border of the sterno-mastoid muscle, the external jugular vein is avoided, and, with the muscle, is drawn inwards, the transverse process belonging to the sixth cervical vertebra is sought for, and, below it, the operator will find the artery lying between the scalenus anticus and the longus colli muscles. The vertebral vein and the internal jugular will be found lying in front of the vessel and must be avoided. *External carotid.*—This artery is best ligated below the posterior belly of the digastric rather than above it, and may be secured as follows: An incision, reaching from about the angle of the jaw to the middle of the thyroid cartilage, is made, so that its centre will be opposite the tip of the greater cornu of the hyoid bone. The skin, platysma and superficial fascia are divided, the deep fascia is opened, the anterior border of the sterno-mastoid located, and the muscle drawn outwards. The digastric and the hypoglossal nerves should be identified at the upper angle of the wound and the artery exposed opposite the cornu of the hyoid, avoiding, in so doing, the facial and superior thyroid veins which cross the vessel. The artery is ligated between its lingual and superior thyroid branches, by passing the needle from without inwards, carefully avoiding the superior laryngeal nerve, which passes behind the vessel in this situation. *Lingual.*—This artery is best secured at the "Place of Election," *i.e.*, beneath the