

**Acupressure : with a description of a modification / by J.C. Ogilvie Will.**

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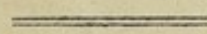
# ACUPRESSURE:

WITH A

DESCRIPTION OF A MODIFICATION.

BY

J. C. OGILVIE WILL, M.D.,  
ABERDEEN.



"GO PLY THY NEEDLE."  
*Taming of the Shrew.*

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*(Extracted from the "LANCET" for April 12th, 1873, with additional Woodcuts, Descriptions, and Notes.)*

# A C U P R E S S U R E :

WITH A

## DESCRIPTION OF A MODIFICATION.

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HAVING attentively watched the progress of Acupressure for nine years, during which period I have seen several thousand vessels acupressed, and having had ample opportunities of carefully comparing it with the various methods for arresting surgical hæmorrhage resuscitated or invented since Sir J. Y. Simpson's introduction of temporary metallic compression of cut vessels, and having seen that the results obtained where Acupressure has been used are infinitely superior to those where torsion, or silk, or carbolised catgut ligatures, aided by multifarious carbolised dressings, have been employed, I am naturally anxious to do anything to aid its advance.\* With this aim I purpose bringing before the profession a slight modification of Acupressure, which will, I trust, from its simplicity and evident security, find favour with such surgeons as are desirous of employing a hæmostatic which can be easily withdrawn when the period has arrived after which the presence

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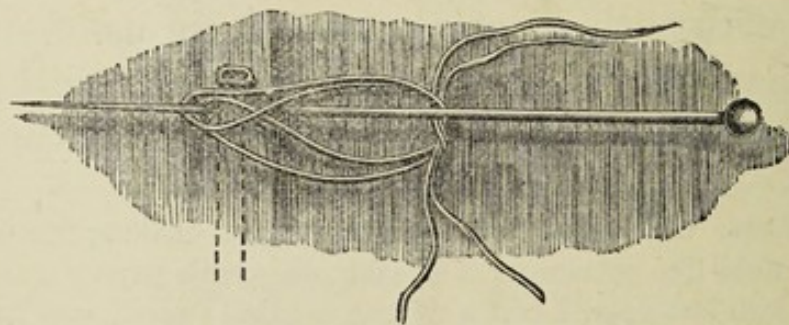
\* Others, who have had opportunities of making similar comparisons, hold like opinions. For example—while paying a short visit to Edinburgh last year, I met a young medical friend, who had spent some time in this city, and who, while here, had been constant in attendance on the wards where acupressure is practised—I put the question to him—“Have you seen any pus in Edinburgh?” His answer was—“I saw more pus during the first fortnight I was in Edinburgh, than I did during the whole two years of my stay in Aberdeen !”

of any foreign body in a wound, instead of adding to the patient's chances of recovery, must certainly militate against it.

Many surgeons, both British and foreign, have informed me that they entertained insuperable objections to the use of the wire in the method now called "circumclusion," on account of the danger of disturbing the clot, and also on account of the disturbance of the tissues caused by the "corkscrew" of wire during its withdrawal; they also stated that, as the other methods suggested did not seem to them to be sufficiently reliable, they did not feel warranted in giving up the use of the ligature in favour of Acupressure.

To obviate this difficulty I now suggest, as a substitute for the wire, ligatures made of silk, well waxed and soaped, or catgut. The method of application will be easily understood by a glance at the accompanying engravings, assisted by the following short description:—

Pass a pin underneath the vessel to be secured, making its point emerge a line or two on the other side of the artery; take two loops of ligature, place



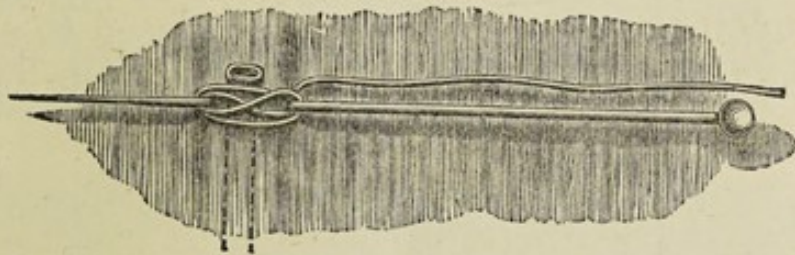
MODE OF APPLICATION.

first one, then the other, over the point of the pin, bring them in front of the vessel, and tie by the usual surgical knot behind and a little to one side of the

pin ; lastly, cut off three ends, and bring out the remaining one by the side of the pin.

Two loops may seem unnecessary, but it is not so ; for, when only one is used, it takes such firm hold of the tissue about the vessel that, during its removal, the safety of the clot is endangered.

To withdraw : First remove the pin by a gentle twisting motion ; after which, the knot being liberated, the ligature can be readily pulled out. I may here observe that the ligatures depicted in both sketches are rather more “ropelike” than I intended ; and in the second they appear to be less tightly drawn than would be desirable when in actual operation.



COMPLETED.

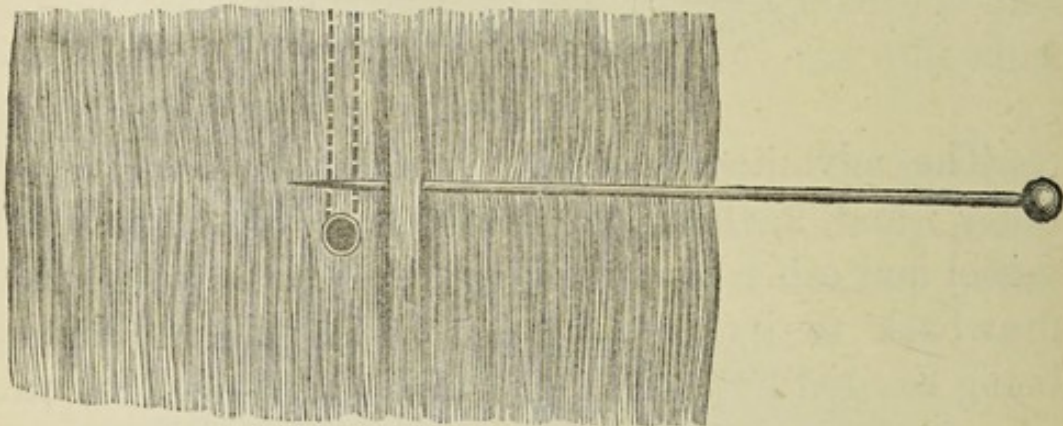
The advantages of this method are : 1, reliability ; and, 2, the slight disturbance caused to the vessel and other parts during its removal. The only drawback to its use is the possibility of irritation being excited by the ligature ;\* but as its sojourn in a wound would be of so short duration, and as silken threads do not produce irritation during the first fifty or sixty hours of their use, such an objection could hardly be sustained. I would

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\* I have instituted various experiments, with a view to the discovery of some means by which ligatures might be rendered liquid-proof, but as yet I have been unsuccessful. A substance, has, however, lately come under my notice, which will, I believe, answer the purpose.

only advocate the use of filo-acupressure — if I may so call it—in the case of the larger vessels ; retroclusion, which Sir James Simpson often told me he considered the best of all modes when a pin alone was to be used, and, perhaps, torsocclusion, being employed for the smaller.

The mode of arresting hæmorrhage by retroclusion is the following\* :—“Retroclusion consists of two steps. In the first, the pin is entered in the muscular tissue, a little to one side of the artery, held almost flat up in the wound, caused to emerge, and passed in front, and a little beyond the track of the vessel. It should be particularly observed that, in this movement, only a few muscular fasciculi are raised upon the pin, and that it is caused to emerge from the tissue before being sent across the track of the artery.



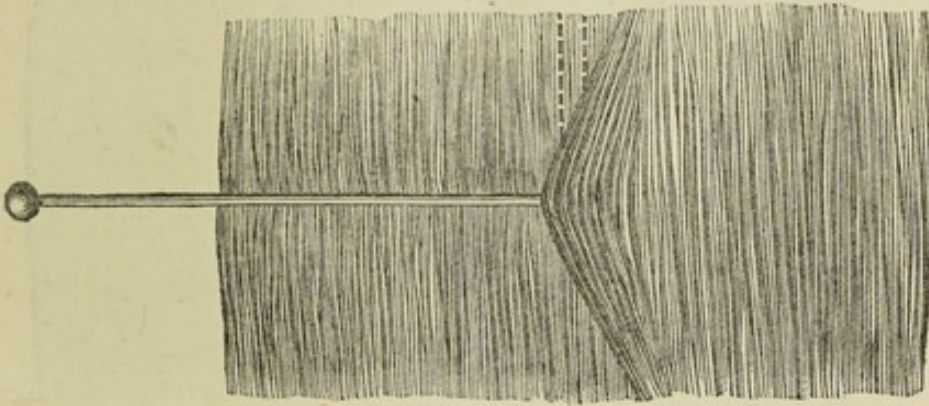
RETROCLUSION—FIRST STEP.

In the second step, the head of the pin is caused to describe the greater part of a semicircle, so as to be placed nearly flat on the opposite side of the wound ; its point is thus sent behind the artery, in

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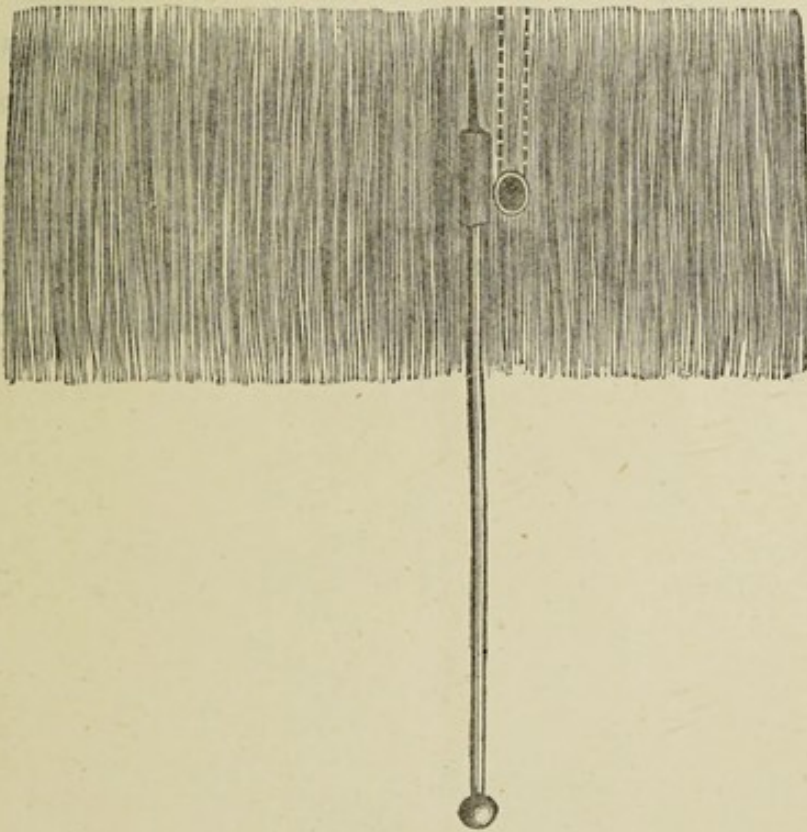
\* I have to acknowledge my indebtedness to my esteemed friend, Professor Pirrie, for the use of the woodcuts illustrating retroclusion and torsocclusion, and also for the description of the former method.

the contrary direction to that in which it passed in the first movement, and pressed on until it is fixed in the tissues beyond the vessel."



RETROCLUSION—COMPLETED.

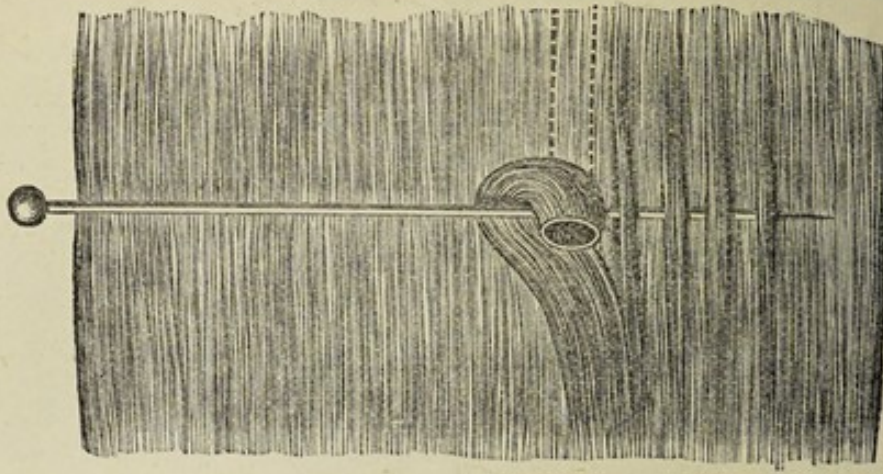
Torsoclusion.—Insert a pin in the tissue at the side of the vessel to be secured, push it onwards, parallel to the vessel, for a few lines, and then cause its point to emerge.



TORSOCLUSION—FIRST STEP.



Next give the pin a quarter turn, carry it across the vessel, and bury its point in the tissue beyond.



TORSOCLUSION—COMPLETED.

Frequently after the excision of a tumour small arteries are seen bleeding freely on the floor of the wound ; in such cases all that is necessary is to pass a pin into the tissue on one side of the vessel, give it slight twist, and insert its point, when hæmorrhage will be effectually checked. This method is simply a variety of torsoclusion, but as attention has not been, so far as I am aware, specially directed to it, and as it proves extremely useful in the class of cases I have indicated, I have deemed it advisable to notice it before bringing this paper to a conclusion.