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andle of higher so place ont part aces beNow grasping the waist and using your knees as a pivot, throw your whole weight forward, as if you wished to force the contents of the chest and stomach out of the mouth. Steadily increase the pressure while you count one—two—three—; then suppressly let go, with a final push which brings you back to an erect kneeling position; ramais erect upon your knees while you count one—two—then throw your weight forward, and proceed again as before. Repeat the process at first five times a minute, gradually increasing it to about fifteen times a minute, and continue it with the regularity and rhythm of the natural breathing which you are imitating, if necessary, for about an hour.

If another person be present let him with the left hand hold the tip of the tongue out of the left side of the mouth with the corner of a pocket-handkerchief while with the right hand he grasps both wrists and pins them to the ground above the patient's head.

AFTER TREATMENT.—When breathing first returns, dash violently a little cold water occasionally on the face. As soon as breathing has been perfectly restored strip and dry the patient rapidly and completely, and rap him in blankets only. Give hot brandy and water, the first half hour a teaspoonful every five minutes, and for the next hour a tablespoonful every fifteen minutes. Apply friction to the limbs if cold. Secure a free supply of fresh air, and let the patient have perfect REST.

PRACTICAL SUGGESTIONS (WHAT TO AVOID AND PREVENT.—AVOID DELAY.—Promptness is the first consideration. A moment lost may be a life lost. Waste no time in gaining shelter; it oftener harms than helps the patient.

Prevent crowding around the patient, and everything which interferes with a free current of fresh air. However difficult this may be, it must be possibly enforced. The anxious efforts of kind friends to engage the patient in conversation when he is rallying and everything else which tends to increase his exhaustion, must be interdicted.

Avoid giving fluids before the patient is well able to swallow. When given too seen they must obstruct breathing, and may choke the patient.

Avoid hurried and irregular motions. The excitement of the occasion is almost certain to induce this. Move a flicketing candle carelessly and li goes out; and the heart, when its beating has almost ceased, needs but tittle interruption to stop it. All the movements of Rule III. should be performed with steadiness and rhythm, and especially so when the compression is made as an adjunct to help the first natural gasps, and deepen them into long drawn breaths.

Avoid an over-heated room. The animal heat which is needed must be generated from within by the respiration of the air and by stimulants, and

retained by blankets.

Avoid giving up too soon the patient to death. Any time within one or two hours you may be on the very threshold of success, though there be no sign of it. The author has several times succeeded after a half an hour of apparently useless affort. Do not neglect the patient too soon after apparent recovery; rest and care should be maintained for a few days, or pulmonary troubles may ensue.

Wintering Cabbage.—To keep cabbage through the winter, pack in sawdust in the bard, and allow the whole to freeze, the sawdust being such a non-conductor of heat that once it becomes frozen through, it will not thaw out until well into April, and cabbage will come out almost as nice as when put in.