

And this brings us to the second part of our treatment and that is artificial respiration. How, let me ask, will it be possible to practice any of the various methods of artificial respiration, whether it be Marshall Hall's or the Sylvesterian or what not, in the inverted position?

You must either sacrifice the position, which I am afraid is too often done, or find some new method of introducing air into the lungs.

And a method that commends itself to me is one that I saw mentioned not long since in the *Reporter*, i. e., direct insufflation mouth to mouth. I have never had occasion to try this in an adult, but have used it in several cases of comatose babes, which might have been in another world if I had not hoped, believed, and been patient. Some of these babes were white and some were black, some came by the breech, and some had the cord wrapped tightly around the neck. All were blue, limp and apparently dead. I do not remember ever to have failed to resuscitate any of them, and my method has always been the same. A large bowl filled with pretty hot water, some of which is dipped out from time to time and hot water introduced in its place. The babe is suspended in your hands in the hot water from which it is raised for an instant from time to time, and the end of a towel wet in cold water dashed against its back and chest. Direct insufflation into the lungs mouth to mouth. I have kept this up for three hours, the perspiration rolling off me and my bones feeling as though they had been through a rock breaker. And finally had the satisfaction of seeing the limp and apparently lifeless, cold and blue body become warm and red. Then wrapping the babe in raw cotton I toast it before the fire, and in a few hours it is dressed. It does not need washing.

I don't mean to say that the babe is dead. Often I have fancied that I could hear a feeble heart beat though I don't spend very much time making a critical examination.

But it does not breathe, and in all probability would I think be classed as dead birth if its blue and cold body had not been warmed into life at the same time that the breath of life was blown into it to perpetuate that warmth and life. In the beginning of my career I used to use a tube, especially if it was a black babe, but very soon threw it aside. There is no time to think of nice points such as possible infection, blood poisoning, etc. A life is at stake, a human life, and if a man saves one life in his own lifetime he may have accomplished something. The theory of the hot water is this:—In the first place it makes the best medium possible for imparting an equalized and regular temperature to the child's body, and has the advantage that it can be nicely regulated by the addition of more hot water by displacement. Besides which I am of the opinion that with each

moment that the blood is allowed to remain cold at the surface of the body, is the hope lessened that it shall be made to move and circulate healthily in the vessels.—A. D. Mansfield, M.D., in *Medical and Surgical Reporter*.

ON THE TREATMENT OF DIABETES MELLITUS BY FEEDING ON RAW PANCREAS.

A. H., aged 39, a policeman. There was nothing of note in his family history. He had always enjoyed excellent health, until about three years ago, when he passed a large quantity of urine and lost flesh. He continued at his post till March, 1892, when he was admitted into St. Thomas's Hospital, where, according to his statement, he was carefully dieted, etc., and was discharged at the end of six weeks, incurable, and having lost weight during this treatment. He gradually got weaker and thinner, and suffered from shortness of breath. He came to the out-patient department of the North-West London Hospital on January 10th, 1893.

He then presented an extremely emaciated condition, appeared very feeble and prostrate, and complained of pain in his chest and a troublesome cough. His tongue was thickly coated with a dirty brown fur, and dryish, and was, as he expressed it, sticking to the roof of his mouth. There were some moist *râles* at the right apex, the abdomen was full, the liver dulness extended to nearly 2 inches below the costal arch, and there was a marked stomach splash to be elicited. The specific gravity of the urine was 1038; it had a marked trace of albumen, and was loaded with sugar.

On January 20th I recommended him to try the pancreas treatment, and gave him the following directions: To purchase daily a fresh sweetbread, to squeeze all the juice out through a sieve, to drink all this juice raw, and to very slightly cook the sweetbread and eat it.

On February 2nd I made the following note: Feels much better, appetite improved, cough less, passes less water (does not have to get up so frequently at night), sleeps much better, physical signs over lung drier, tongue cleaner and moister. He gave the following account of his daily diet: breakfast, bacon and eggs, toast and tea; dinner at 1, sweetbread, with tea or water; at 4.30, tea, toast, and butter; supper, cold meat, or the remainder of the sweetbread and a glass of beer.

On February 24th he had still further improved; cough and expectoration were less; the tongue was dirty at the extreme base, otherwise clean and moist. On March 10th he had gained two pounds in weight (since January 20th), and continued to feel much better in himself; he quite enjoyed the