

was rendered complete and the operation was begun, but in a short time circulation and respiration were suspended, and the patient became livid. The function of which organ failed first is not known, but, from the fact that there was no pulsation at the moment of the discovery of the arrest of breathing, and that the dark color followed so quickly, it is presumed that the case was one of heart failure, which is also rendered probable by the existence of a heart lesion, which was recognized. No time was lost in temporizing, but resort was had at once to the inverted position. The man was suspended by the flexed knees from my shoulders, and subjected to a trotting motion around the operating-room. A description of this procedure will be found in the "Transactions of the Illinois State Medical Society, 1890," and in the *New York Medical Journal*, August 22, 1891. This inverted position, with a jolting motion, was continued while my strength lasted, after which I stood still, and my assistant practised the Sylvester method, the body being still inverted and suspended from my shoulders. No response followed, and he was placed on the table; to all appearances he was dead. The skin was blue; a careful auscultation revealed no signs of pulsation. Hemorrhage had ceased, the last blood being of a very dark color. No time was lost, but the patient was again lifted to the shoulders of my assistant, by whom he was trotted around the room for about one minute. At this juncture the account of the infant resuscitation by blowing directly into the mouth, published by Dr. W. E. Forest, in the *Medical Record* of April 9, 1892, entered my mind, and I called a halt, knelt down, took a deep inspiration, joined my mouth with that of the patient, and emptied the contents of my lungs into his. The chest expanded, and the diaphragm, with the weight of the intestines, was raised, and I doubt not that the flaccid heart was emptied of its passive blood. Immediately the weight of the intestines and the elasticity of the chest forced a complete expiration. This was followed by another and another, until I could see that the lividity of the lips was less, though the ashen hue of the countenance persisted. A moment was taken to auscult the heart, but no sound was discerned. The artificial expansion of the lungs was resumed and continued for about three minutes, and we noted with gratification that