

producing artificial respiration, known as Marshall-Hall's, Satterthwaite's, Howard's, Silvester's, and the like. The latter is, perhaps, the most readily applicable and the most easily applied. It is as follows, and is here repeated for convenience :

1. Place the patient on his back with his shoulders somewhat raised by a pillow of folded clothing or other suitable material, allowing the head to fall back, thus rendering the windpipe as clear as possible.

2. Kneel at the head of the patient, and, grasping the elbows, draw the head gently and slowly up and back over his head as far as possible, and hold them there long enough to count "one, two," very slowly—about two seconds.

3. Then slowly and steadily carry the arms back on to the chest, pressing them firmly down long enough to count "three, four," very slowly—about two seconds.

4. Continue these manœuvres steadily, not only until the patient begins to breathe naturally, but until the natural breathing is fully established.

5. If an assistant is available, he may take his position kneeling astride of the patient's hips, and placing his hands, palms downward, upon the lower ribs, and press downward at the same time with the return of the arms to the chest, slowly, gently and firmly. As the arms are drawn up over the head, he slowly and steadily withdraws his pressure upon the ribs in the same time as does the chief operator with the arms.

The first evidence of the restoration of the functions of life is a change in color. The pallid face assumes a pinkish hue, a purplish countenance begins to fade to a lighter shade. There is a little trembling of the nostrils, perhaps a fluttering of the eyelids, preliminary to the actual resumption of vitality. When the natural breathing is finally resumed the artificial method should be abandoned, and other methods of assisting the vital functions inaugurated. Rubbing the body dry, wrapping it in warm blankets and applying hot water bags or bottles, hot bricks or flat-irons about the body to keep it warm, are now more serviceable. As soon as he becomes able to swallow, hot drinks should be given, not freely, but a teaspoonful at a time. There is nothing better than hot milk or coffee for this purpose.

He should be placed in bed and kept there until the shock has been relieved and his normal condition restored.

By these simple measures, and without any special professional study, anyone may, without previous experience, be the means of saving lives that would otherwise be unnecessarily lost, and it is emphatically urged that they be learned by all.