

increase in the hæmoglobin in one case, viz., the smaller size of the red corpuscles, was a very interesting point.

Resuscitation of a new-born Child by Rhythmic Traction on the Tongue.—Dr. KENNETH CAMERON read a report of the case, as follows:—

Rhythmic traction on the tongue as a means of resuscitating the asphyxiated, especially the drowned, seems to have been first suggested by Laborde, of Paris, in a paper in *Le Bulletin Médical*, January, 1893. Since then a number of French writers have testified to the value of the method, not only in drowning, but in the resuscitation of the newborn and in asphyxia or apparent death from many other causes. Hardly any communications on the subject have appeared from English sources.

I report the following case to bring the method before the notice of the members of the Society:—

On Friday, February 1st, I was called to see Mrs. L., who was in labor. The membranes had ruptured, and a large quantity of amniotic fluid had drained away. Both feet were presenting in the vagina, and after an unsuccessful attempt to replace them and perform cephalic version, extraction was proceeded with. No difficulty was experienced in delivering the body, but there was a good deal of delay in the birth of the head, the cord having ceased to beat some little time before the head was born. The child, after birth, was limp and cyanotic; artificial respiration, slapping, applications of heat and cold alternately, kept up for about ten minutes failed to cause a respiratory movement, an occasional faint flutter, however, could be felt over the cardiac region.

Rhythmic traction on the tongue was then practised. The child being placed well over on its right side, the tongue was gently seized by a pair of Pean's forceps, and forcibly drawn forward and then forcibly shoved back as far as possible in both directions. This was kept up at the rate of about 35 or a little more per minute. Hardly half a minute had elapsed, after beginning the traction, before the child gave an inspiration, in about another half minute a second one followed; after that they became gradually more frequent, and soon the child began to cry. The child has since been perfectly well.

This very marked effect produced so rapidly, and by such a simple manœuvre, impressed upon me the very great value of the method, and that it is the one which should be made use of *first* in all cases, or in any form of apparent death.

Dr. LAFLEUR remarked that Dr. Cameron's seemed to be one of the earliest reports in English of this procedure. His method differed from that of Laborde's, who advocated making only twelve to fifteen tractions per minute.

Dr. HINGSTON said it seemed to him that the virtue of the process lay in pulling the tongue forward. Shoving it backward was not only useless, but might be even injurious. Pulling the tongue forward and then relaxing it had been a method in use as long as he could remember.

Dr. LAFLEUR took exception to Dr. HINGSTON's sweeping condemnation of Laborde's method without being sufficiently acquainted with the details. If he had read Laborde's article, he would find the different procedures were based on sound physiological principles, and that the pushing backwards of the tongue was a very essential part of the process.

Dr. MILLS thought the method might be explained by reflex action.

Dr. CAMERON, in reply, said he had not remembered Laborde's exact experiment at the time; but he tried what he thought would be the natural number of respirations to the minute in a new born child.

Stated Meeting, March 22nd, 1895.

G. P. GIRDWOOD, M.D., PRESIDENT, IN THE CHAIR.

Aneurism of the Femoral Artery Treated by Ligature of the External Iliac Artery—Dr. BELL showed a man who had been the subject of an aneurism of the common femoral artery, which had been treated by ligation of the external iliac. The patient, a young man only 32 years of age, had never done any hard work, having been the caretaker of a private car on the Canadian Pacific Railway. He had had syphilis seven or eight years before, and there was no account of any systematic treatment having been employed. He had suffered from the aneurism for several months, until, when he came under observation, it was apparent as a large pulsating tumor extending right up to Poupart's ligament. Ligature of the external iliac was carried out in the ordinary way with great ease and satisfaction. Some interesting facts developed in connection with the restoration of the circulation afterwards. The operation was performed on Monday, January 28th. On the following Wednesday week (February 7th) pulsation was distinctly evident in the anterior and posterior tibial arteries. As to the aneurism, the pulsation ceased completely in it at the time of the operation, but commenced again, however, about ten days afterwards, and this was again followed by a gradual decline until the condition then present was reached. A little pulsation might be felt beneath and at the inner border of what was once the aneurismal mass, but which was much contracted. This pulsation, Dr. Bell thought, came from some of the enlarged collateral arteries in the