

into the lung cells instead of air, and recovery in this case is very doubtful; in the latter and much rarer case faintness comes on at once, and the opening to the windpipe closes, so that but little water can pass into the lungs, which renders recovery much more hopeful if rescue be not delayed too long.

The practical advice which the writer gives is as follows :

When an apparently drowned person has been rescued from the water, some bystander should be despatched for a medical man with the least possible delay, although the number of those engaged in applying prompt aid should not be crippled by so doing. The patient should not be left alone while the rescuer runs for a doctor, and, if possible, not less than two persons should remain with him. If another messenger is available, he should be despatched for dry clothes, sheets and blankets. If the weather is not too inclement, it is best to apply the manœuvres of resuscitation in the open air. Lungs which have been submerged in water cannot get too much fresh air.

But in order to enable the fresh air to gain access to the lungs, the water must be emptied out. This is done simply by turning the patient on his face, and, standing astride, gently lifting him up by his hips, the water, seeking the lowest level, then flowing out of the mouth. It is a barbarism to hold a patient up by the heels or to roll him upon a barrel, as is still sometimes done in portions of darkest America. The gentle means described is amply sufficient for the purpose.

The mouth and nostrils should be cleared of mud or other debris, so that the air may pass freely. All tight clothing should be loosened, collars opened, and belts or corsets removed. The tongue should be drawn out, and held by the finger of an assistant, if available, to prevent its slipping back and plugging up the opening of the windpipe.

The great end to be sought is the restoration of the functions of life which have been suspended because of the cessation of breathing, and which can only be called into existence by the resumption of that act. Where the submersion has been very brief, a whiff of smelling salts may be sufficient, or the breath may return in obedience to tickling the nostrils with a feather. But these cases are unusual, and time would be wasted in repeating them.

Artificial respiration then should be resorted to promptly, and maintained persistently. Artificial respiration is the forced alternate contraction and expansion of the chest in imitation of actual breathing. The expansion of the chest produces a vacuum into which the air rushes, very much as in the inspiration of actual breathing, and the contraction of the chest forces the air out of the nostrils, as in the respiratory act of breathing. There are numerous methods of