The following is—

## A METHOD FOR RESUSCITATION FROM ELECTRIC SHOCK.

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"When a person receives an electric shock sufficient to produce suspended animation, the breathing and heart's action cease; the eyelids are generally half closed, the pupils dilated; the tongue approaches to the under edge of the lips; finally coldness and pallor of the surface increase.

"When one in whom the vital spark may possibly not yet have fled is found, two objects should be aimed at, viz., first, to restore breathing; and second, to promote warmth and circulation.

"When an electric-shocked person is found, he must be treated on the spot in the open air. On no account waste precious time by removing him to a house, unless the weather is intensely cold. Secure a return of breathing, first protecting him from the severe cold by coats, blankets, etc., if necessary. Keep bystanders off fifteen or twenty feet, place him on his back, loosen all tight clothing, remove false teeth and foreign bodies from mouth and nose. To excite breathing, resort to Silvester's method, or any of the well-known methods, for resuscitation from drowning, remembering there is no water to be expelled. If no success follow, imitate breathing by inserting the distal end of the tube of my apparatus into the nostrils or the mouth, preferably the nostrils, as in this way the air, during inspiration and expiration, comes in contact with the lining membrane of the nasal chambers. In doing so, it allows the membrane to carry out its normal physiological action, and by this means we get so much nearer a normal respiration. The air thus breathed is both warmed and saturated to a certain extent with watery vapor, and much of the dust and other foreign matter floating in the air is removed by adhering to the moist mucous membrane. The nostrils should be excited with snuff, hartshorn and smelling salts. This can be readily done without the removal of the tube, by allowing the exciting agent to enter the bellows with the fresh air or oxygen.

"To RESTORE CIRCULATION.—The above measures are directed wholly to restoring the breath. This is the first necessity There should be no rubbing of the surface while this is going on. Should the inclemency of the weather demand the removal of the patient indoors, the above movements must be kept up, even while he is being removed; and on no account should he be taken into a warm or crowded room. When the patient begins to breathe, commence rubbing the limbs. Rub them upward with considerable briskness and pressure. Use silk somewhat warmed; throw a quilt or blanket