

piration, as a means of breathing for a human being, was demonstrated in the passive condition of the patient. During the forenoon the effect of the narcotic gradually passed away, the pupils dilating more and more. The condition of the patient was such, however, that he could not breathe for himself for any time without evident discomfort and risk. The forced respiration had to be kept up. During the day, many physicians and laymen visited the room and witnessed the steady action of the apparatus. Noon passed, and yet the patient could not be left to breathe for himself. At 1.30 p.m., however, nearly one full day (twenty and one half hours) after the forced respiration was begun, Mr. Baere began to breathe for himself. In a few hours he became so fatigued that he begged to have the forced respirations resumed, and the little instrument was again called into action, quieting and easing the patient. Several times this was done before he continuously breathed for himself, thus making the use of the instrument to cover more than a day before it was laid aside for good. Towards evening the temperature of the room in which the patient lay became so cold that he was transferred to a warmer and better location. Under careful treatment he rapidly improved, but complained of constant pain in his chest. It was feared that pneumonia would set in, as the respirations were somewhat rapid. It did not, and there was nothing to indicate that the lungs were unfavorably affected by the long continued forced respiration. Within five days after the operation, the patient was transferred to the Hospital of the Sisters of Charity, and his temperature was normal and pulse 96. The pain in the chest was found to have been caused by the hypodermic injections, given at a time when the circulation was so inactive in the surface capillaries that gangrene was produced by them. The poor fellow suffered for months after the operation from this cause. The greater portion of the left breast sloughed down to the ribs, and in the right thigh an abscess, produced from the same cause, appeared, which, when first opened, on the 20th of February, gave out a pint of pus. There is, then, a possibility of overdoing the hypodermic treatment where a large quantity of blood has been lost. I do not hesitate

to state my belief that Mr. Baere would have been in condition to leave the hospital within two weeks of the date of the operation, had it not been for the result produced by hypodermic medication. At this time following it, his throat was closed up and in good condition. He was able to walk about and do light work long before he left the hospital, and when he did so was in better physical condition than he had been for years.

Regarding my first three cases, there is no question as to the outcome, had any other means been tried to save them. Forced respiration alone is to be credited with the saving of these lives to future usefulness. To demonstrate beyond question the thoroughness of the work accomplished, at my request Messrs. Burns, Van Orden and Baere, all in good health, appeared before the Fourth District Branch of the New York State Medical Association, at its meeting in Buffalo, May 8th, 1888, where I gave a preliminary report upon the subject of this paper. To the insurance companies this work was a boon, as it saved to them some \$23,000 life insurance. But how trivial is this compared to the saving of human life and the future possibilities of this operation!

#### CASE V.—DR. FELL.

This case is taken from the records of the Emergency Hospital, where it occurred, and is reported by the house physician, Dr. J. F. Mulherin.

Hospital Case No. 1,000.—Peter Church, aged 80, U.S., admitted May 18, 1888, 8.30 p.m. This man was brought in ambulance from 126 Mohawk street, where he was found in a dazed condition. Patient had stated to friends at this place that he had taken laudanum; empty bottle shown to ambulance attendant. On admission, patient unconscious, pulse full and strong; 84 per minute; respirations about 10 per minute; pupils contracted down to pin points.

Emetics administered; atropia, gr. 1-100, hypodermically and catheterization at 8.35 p.m.; repetition of atropia, gr. 1-100, in ten minutes. Artificial respiration by Sylvester's method at 9 p.m.; heart failed, and respirations about three or four per minute; respirations gradually became imperceptible; atropia, gr. 1-100; also