

an occasional gasp, only indicated that life existed. No pulse at wrist, and fluttering movements of heart on auscultation; skin cold; patient had a cadaverous appearance, and, of course, was unconscious. The physicians had ceased their efforts at resuscitation. Dr. William A. Hoddick reported the condition of the patient at time of my arrival as follows:—"Skin cold, cadaverous appearance, lips colorless, the pallor of death apparent, extremities cold, pulse almost imperceptible, only a slight fluttering of the heart could be discovered, eyes insensible to light, pupils completely contracted, but little blood in the body."

My first marked interest was in noting that the incision in the trachea was just suited to my tracheotomy tube, which I immediately inserted, causing a reflex inspiratory spasm. Within one minute from the time I entered the room I was practising forced respiration upon the patient.

Within a few minutes the cyanotic condition slowly passed from the face. Forced respiration being kept up steadily, in about three hours, at 8 o'clock p.m., the pulse could be detected at the wrist and the patient showed signs of consciousness. The bowels moved freely, great quantities of stercoraceous matter passing from the patient. At 9 p.m. the patient became fully conscious of his surroundings and condition. Contraction of the pupils continued, showing continued effect of the narcotic. When forced respiration was discontinued, an occasional attempt at respiration was made; at no time, however, during the first ten hours while the instrument was in steady use, would he make more than two or three attempts at respiration without it.

As he gradually became weaker from continued movements of the bowels and frequent attacks of vomiting, attempts were made to nourish him. The most easily assimilable substances were rejected. Milk and lime water, peptonized liquids, liquid and powdered peptonoids, iced champagne, brandy, etc., were used, but the stomach would not retain them; vomiting continued; the patient approached the stage of collapse; brandy hypodermically was frequently given without marked benefit. The action of the heart was of a bounding, uncertain character undoubtedly produced

by a deficiency of blood upon which to work. At one time stercoraceous vomiting set in,—in fact, a most deplorable condition existed. It was decided to attempt the introduction into the circulation of a saline fluid by the transfusion method. I repaired to the Fitch Accident Hospital, secured the apparatus and the assistance of Dr. Penrose, who with Dr. Mickle opened the conveniently exposed basilic vein of the left arm, introduced the transfusion canula, and allowed about six ounces of the fluid to slowly mingle with the circulation.*

No apparent change in the condition of the patient was noticed from this injection; the forced respiration was continually kept up, and the life of the patient depended upon it, as all other means taken would have proved futile without it. At this time no pulse at the wrist could be detected for fifteen minutes at a time: the carotid pulse could be made out at all times. Continuing the work through the night with the aid of my class of students from the college and a number of physicians, toward early morning the opinion still prevailed that the case was hopeless. The wife and daughter of Mr. Baere were called in to see him. Their presence, with that of Mrs. A., the wife of the hotel proprietor, seemed to cheer him up. Mrs. A. urged me to discontinue the work of resuscitation, on the plea, shared by all, that it was only prolonging the misery of the patient, and the case was hopeless. I urged, as in my second case, that a physician was not justified in giving up until life became extinct, and kept the forced respirations under way. The unsuccessful attempts at feeding by the stomach had been discontinued for a time after the stercoraceous vomiting. The nourishment of the patient, however, had become a matter for serious consideration, and, at the suggestion of Dr. C. R. Jewett, half teaspoonful doses of Cibil's Fluid Extract of Beef, diluted with a little carbonic acid water were administered. This was the first substance to be retained; the dose was repeated, increased, and at last the patient showed signs of improvement.

Some twelve hours after we had been at work, the satisfactory result of forced res-

*The formula for this fluid was as follows: R.—Sod. carb., grs. iij; Sod. chloride, grs. xvij; Aquae $\mathfrak{z}$ iij. Misce. Inject one to six ounces.