

APPARENTLY DROWNED, BUT NOT DEAD.

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A man falls into water, struggles for a few moments, and sinks. Strenuous efforts are made for his recovery, and finally the body is laid on the deck or shore. It is cold. The face is pale. The eye-lids are livid, swollen and partly open. The pupil, or dark spot in the centre of the coloured part of the eye, is very large. Froth oozes from the mouth and nostrils. The chest is still; he does not breathe. A hand is placed over the heart just below the left breast; its beat is unfelt. Purple blotches are scattered here and there over the body and limbs.

With all these symptoms, so indicative of death, can that chest be made to rise and fall in the act of breathing again? Can anything be done that the heart-beat may be perceived once more? Is it possible that life can be restored to those who are apparently drowned?

These questions the following rules are intended to answer; and if faithfully and intelligently enforced, reasonable hope of successful restoration to life may be entertained in many cases.



RULE 1.—Loosen everything around the neck, turn the patient's face downward, raise the body several inches higher than the head, and retain it in this position long enough to count four slowly. This movement will enable the froth and water to escape from the throat, mouth and nostrils, so that air may have free access to the lungs as soon as breathing commences.

RULE 2.—Place the patient on his back, with the chest slightly elevated by a folded coat or other suitable object, and the head in a straight line with the body. This position is necessary for the practice of artificial breathing, described in Rule 4.

RULE 3.—Immediately below the root or back part of the tongue is the entrance of the air tube leading to the lungs. This entrance is guarded by a small valve, which is closed when the tongue falls far back into the throat, and opened when it is drawn forward. Hence the third Rule:—Draw the tongue forward, and retain it in this position. This organ being covered with the mucus of the mouth, is very slippery and cannot be easily held by the naked hand. This difficulty is readily overcome, however, by placing a cotton rag or handkerchief between it and the fingers.



RULE 4.—Practice artificial breathing. This can only be accomplished by imitating the natural movements of the chest. In order that air may enter the lungs, the chest cavity must be enlarged, and in order that it may be expelled, the chest cavity must be diminished. Nature accomplishes these ends through the action of certain muscles which surround the chest. By art the same results may be effected, although not so perfectly, as follows:—The operator stands astride the patient's hips, grasps the arms at the elbows, and raises them above the head, until they nearly meet. This movement expands the chest, and air enters the lungs.



Next he brings the arms down by the side, and with both hands on the lower part of the chest and stomach, makes, by a quick motion, firm pressure towards the patient's back. This act diminishes the chest cavity, and consequently forces the air out of the lungs. This double movement is to be regularly repeated from twelve to fifteen times a minute.

RULE 5.—Without interfering with artificial respiration remove all cold, wet clothing, and restore warmth to the body. Importance must be attached to this rule and the greatest possible haste exercised in carrying it out, especially if the body has been long in the water. If practicable, while the body is being rescued from the water, make preparations for the application of heat, either by hot blankets, hot water, hot air, hot bottles, hot sand, hot salt, or any other method which the exigencies and circumstances of the case may suggest. Should it be necessary to convey the patient some distance, in order to secure the best facilities for the restoration of breathing and warmth, the body should first be well wrapped in dry, warm clothing—the bystanders, if necessary, sharing their garments for the purpose.

RULE 6.—Rub the whole body vigorously with the hand or with ho flannel. This process adds heat to the system and aids in promoting respiration.

RULE 7.—Persevere. Be not discouraged by hours of apparently unsuccessful toil. Life may yet be saved.

RULE 8.—Avoid all confusion, but hasten, hasten! Every moment which passes unimproved is lost, and the hope of restoration dimmed, therefore hasten!

Remember that although these rules are placed in a certain consecutive order, it is not intended that this particular order must be strictly followed in every case. Indeed, all the various processes require as far as possible to be commenced and carried on simultaneously. And the labour should be divided among reliable hands. One attends to the tongue; one to the artificial respiration; two or three to the friction of the body, several to the supply of warmth.

RULE 9.—Should the effort be crowned with success, place the patient in a warm bed, surrounded with plenty of fresh air, and as soon as he can swallow, give him hot milk, tea, or coffee. Under no circumstances whatever, allow any fluids to be administered, unless the patient can easily and certainly swallow.