using ether, chloroform and nitrite of amyl, as some persons are so very sensitive to their action as to become giddy and faint in breathing in a very small quantity. Sometimes I have seen these effects from one drop of chloroform in a pint of hot water. Generally speaking, it is such a powerful remedy that we never realize the danger of using it until some sad accident has thrown its shadow across our path. Dry hot inhalations are of the greatest value in many cases of excessive catarrhal secretion.—*Cincinnati Clinical Brief and Sanitary News.*

McDANIEL'S METHOD OF ARTIFICIAL RESPIRATION.

It is said that for upward of a hundred years after the publication of his Principia, the University in which Newton toiled continued to teach in accordance with views thought to be true up to the time of the enunciation of his. If this be so—we could hope for the honor of humanity that it is not—what a significant commentary is it upon the conservatism, the prejudice, the apathy, in a word, upon all the traits that go to bind men down to grooves previously cut and fashioned for them.

Many instances of like kind might be mentioned, if one were not enough to serve our purpose.

In this issue of this Journal there is a brief review of Esmarch's lectures on aids in injuries and accidents, in which attention is called to the fact that, in resuscitating persons apparently drowned, reference is only made to the methods of Hall and Sylvester, while that of McDaniel is, it would seem, either unknown or ignored.

McDaniel's method of artificial respiration is really best suited to the cases of still-born (not dead) infants, but we think with the author, that it is at the same time the best means of reviving respiration without regard to cause. This being the case, it is high time that men like Esmarch should know that there is such a thing as "McDaniel's Method." If it is not the case, it is then high time that the "Method" should be known of men, and given its proper place as a scientific procedure.

We do not see, however, why the method is not already known, for Dr. McDaniel invited the attention of the medical public to it so long ago as 1869, in a paper read before the American Medical Association, and published in the transactions of that body for that year. He also read an elaborate paper on the same subject before the Alabama State Medical Association at its annual meeting in 1879, which can be found in the transactions for that year. From this it is evident that Dr. McDaniel has not hidden his light under a bushel; notwithstanding, it is apparent from an editorial in the *Philadelphia Medical News* of Aug. 12, 1882, that its learned editor knows nothing of McDaniel's claims.

In regard to the validity of these claims, it is proper to say in this connection that they were submitted by appointment to a committee, selected from among the ablest medical men in Alabama, and, after mature test and deliberation, substantiated and acknowledged.

Dr. McDaniel does not propose to set aside all other methods of artificial respiration "but," as he says, "merely to introduce into general practice a new one of very great efficacy, very safe, of very convenient and speedy application, very easily comprehended, and especially adapted to small patients."

Without further comment, we will now quote from Dr. McDaniel's last paper, only premising that enough favorable reports have been made in the cases of new-born infants to challenge the attention of the profession.

"After," says the author, "the invention of the spirometer, by Hutchinson, it was soon ascertained that the capacity of the chest is greater in the erect form than in any reclined or recumbent position. This is a great fact for physiology, for the diaphragm is a piston whose pump motion varies the chest capacity and causes an ingress and egress of air. In the recumbent position the liver and other contents of the abdomen press upon the diaphragm and diminish the chest capacity. In changing from the recumbent to the erect position, this pressure is gradually removed and the chest capacity is increased. It is obvious that all that is necessary to cause air to enter the lungs is to change the patient from any recumbent or any inclined position to the erect one; and all that is necessary to cause the air to pass out of the lungs is to move the patient back from the erect to any inclined or recumbent position. But I have discovered that the increase of capacity in the chest is slow and small in moving from the recumbent position to an elevation of forty-five degrees, and rapid in ascending from forty-five degrees to the erect position. It is therefore not essential in practicing artificial respiration to move the patient through the whole range from recumbency to erectness, but is sufficient to use only the upper half of this range, merely moving the patient from a forward inclination of forty-five degrees to the erect position and back again. *Every upward and backward movement produces an inspiration and every forward and downward movement an expiration, and the two together a complete respiratory act. By regularly repeating these acts, artificial respiration is rhythmically performed, and can be prolonged at will.* Any one will find that if he leans forward from the erect position to an inclination of say forty-five degrees, he will mechanically and involuntarily expire, and if he moves back to the erect position he will mechanically and involuntarily perform inspiration. He cannot, by any power of volition, prevent the result or reverse it. *This simple movement upward and backward to the erect position, and*