

previous based upon *results* recommending us to use forced respiration after all other methods of artificial respiration had failed? On the contrary, we do find in every medical work treating on the subject, the "Ready Method in Asphyxia of Marshall Hall," the highest accepted authority, that we *must avoid the use of bellows* or any forcing instrument.

Now, I propose to talk plainly, as it seems entirely unnecessary at this date to mince words upon this subject. *The practical introduction to the world of the value of forced respiration in the saving of human life, the demonstrations which indicated its great possibilities, must be accredited to an American*, and the work of others in the past had nothing to do with the results obtained by him which were original in conception and in the detail of the method of practical application.

The question simply amounts to the difference between failure and success: will the credit be accorded to those who failed or the one who succeeded? In this Columbian year I might ask, if Christopher Columbus had prepared his ships, but not sailed across the Atlantic, *would he have discovered America?*

What also must be admitted by those who are inclined to accord justice to whom it is due is, that the practice of vivisection in the colleges and laboratories of the land had no relation whatever to the saving of human life, or had it been ever taught in medical institutions, systematically or otherwise, as of any value in saving human life. For over eight years prior to my first operation of forced respiration upon a human being, I had been a practical vivisectionist in the physiological laboratory, and during that time I never heard it even hinted that a human life might be saved by the laboratory methods.

It was in the field of paralysis of the respiratory centres from opium that I began my work with forced respiration, and the demonstrations as to its efficacy, from the first, could not be questioned. Each and every case saved had passed beyond the limit of hope, so far as all known and systematically applied methods of resuscitation were concerned. To be denied the credit which should in all fairness be accorded to the practical originator of a method of such far-reaching importance in the saving of

human life is what I could not and will not quietly submit to. "Honor, gentlemen, to whom honor is due."

Let me correct also another impression coming from high authority: Dr. John O'Dwyer, who advocated intubation, states that there are serious objections to the use of the face-mask and tracheotomy in forced respiration. (See his article, Archives of Pediatrics, May, 1892.)

The majority of cases upon which I have operated have been cases of opium narcosis; cases, it is true, which offer the widest demonstrations of the advantage of the method in its long continued use, and yet it must be borne in mind that the life of the patient is not out of danger until the poison is eliminated from the system.

Now, I am quite sure that neither Dr. O'Dwyer nor any other judicious physician would recommend a method which would prevent the imbibing of fluids, through which means we may most readily aid elimination of the poison. Intubation, which he recommended, would certainly do this in preventing closure of the glottis, and therefore I have not used it; also, it is a fact that one of the difficulties we have to contend with in these cases is the danger of vomited fluids entering the larynx and obstructing respiration. I must contend that in such cases tracheotomy offers more hope for our patient than intubation, as there is no interference with the passage of fluids to the stomach. Experience has shown again that intubation will be seldom needed when the face-mask offers us as good results without any of the difficulties which must be necessarily met with in intubation. The objections Dr. O'Dwyer urged against the face-mask are not in many cases borne out in actual experience; views based upon practical experience must be conceded as of more value than those of a semi-hypothetical nature. Nearly to the present time, so far as can be ascertained, I have probably had more systematic operations of forced respiration *upon man* than all the rest of the physicians of the world combined. What I may say upon this subject is based entirely upon this experience.

Dr. O'Dwyer states that: "In forcing air through the mouth or nose of an insensible patient, the tongue, unless secured, is almost certain to cause obstruction, or th"