

arrangement being made for reciprocity of registration. There might be some common standard of qualification adopted for the Dominion, each Province holding its own examination. We will not enter into details at present. What is now urged is the broad principle, that once qualified in any part of the country the holder of such a qualification is entitled to practice his profession in any other part of the country.

### THE LABORDE METHOD IN ASPHYXIA.

In July, 1892, Dr. J. V. Laborde communicated to the Academy of Medicine, Paris, a paper describing an operation called "rhythmic traction of the tongue," which he had used with signal success in several cases of apparent death from drowning.

Since that time the author and several of his imitators have published in the medical journals of France and Italy reports of cases in which "the Laborde method" has been used in treating the asphyxia of new-born children, and also of young animals, such as calves, etc., asphyxia due to emanations from sewer gas, spasmodic and tetanic asphyxia, and that arising from strangulation. The following exemplification of the method and its happy result is taken from an article by Dr. De Minicis Ettore, which is published in an Italian medical journal, the *Gazzetta degli Ospitali*. The writer proceeds to say that the child, which was delivered by forceps, was in a feeble condition, owing to the premature separation of the placenta before birth. The heart beat feebly, but the child gave no other signs of life. Being obliged to confide the child to a nurse, on account of dangerous post-partum hæmorrhage in the mother, he directed that it should be sprinkled with water and plunged alternately into basins containing hot and cold

water respectively. When enabled to leave the mother, he practised Schroeder's method of insufflating air into the trachea through a catheter, with subsequent expression of the air, but in vain. Artificial respiration was subsequently used, but with no better success. Finally, to quote the physician's words, "having placed the infant in a half-sitting posture on the bed, where it was held by an assistant, I opened its mouth, and, taking the tongue between my forefinger and thumb, began to pull the tongue at short and regular intervals (about fifteen times in a minute). After about twenty tractions, the little thorax began to rise, and the child gave a wailing cry. The tractions were continued, aided by sprinkling the body of the infant with cold water: and in a short time regular respiration was established, and the infant cried vigorously."

Similar cases also successfully treated have been recently reported by Dr. Roux, of L'Orient, and Dr. Huchard, of Layrac, France.

A case of severe poisoning from bromidia, a proprietary preparation containing chloral and bromide of potash, yielded a very satisfactory result to Dr. Laborde's method.

Simple traction of the tongue out of the mouth has for years been employed by surgeons in cases where the tongue had dropped back while the patient was under chloroform, thus interfering with the entrance of air through the glottis. But, in Dr. Laborde's opinion, this will not suffice in cases of advanced asphyxia and apparent death after the use of chloroform.

To this plan must be added, reiterated and persistent rhythmic tractions of the tongue, which constitutes the real procedure we are now discussing.

Veterinarian M. Demernisse, Meat Inspector of Paris, has also published recently a paper showing the successful application of Dr. Laborde's method to two dogs which had been hanged.