

Warm cloth kept for a few moments on the part will aid the process. There must be no oozing. Where there is much surface of wound, it is advisable to protect it with a little isinglass plaster or a bit of lint from the smarting effects of the chloroform, which, however, pass off when the first coat dries. If the coats are put on in too rapid succession it does not consolidate nearly so rapidly, nor is it so effectual as a bond. It adheres to the dry skin for a long time. The approach of a warm iron at any time softens it to a removable consistence, or it peels off in due course naturally.—*Dublin Med. Press*, Jan. 23, 1861.

12. *Purifying and Scenting Cod-Liver Oil and Castor Oil.*—M. JEANNEL, calling to mind the remarkable effect which bitter almonds exert in removing the odour of so powerful a scent as musk, has made various experiments on the removal of the disagreeable odour and taste of cod-liver oil. The results are : 1. That the essential oil of bitter almonds in the proportion of seven and a half grains to twenty-five drachms of even the most infected oil, is completely successful : the dose of the essence requisite varying with the degree of the fetidity of the oil. 2. One grain of anhydrous hydrocyanic acid dissolved in water, will disinfect, but does not perfume, the same amount of oil. 3. Distilled laurel-water is, however, the best means of effecting the result, it sufficing to shake well in a bottle, the oil with once or twice its volume of distilled laurel-water, according to the strength of this, and the degree of infection of the oil. The liquids are then to be separated by a funnel after forty-eight hours' rest ; and if the oil is not sufficiently clarified, it may be rendered limpid by filtering through paper. This confers upon even the brownest oil a slight and pleasant flavour of bitter almonds, which abides in the mouth. Of course it does not remove rancidity, which is a very different thing from the fishy odour and taste. Three drops of essence of bitter almonds communicate a very agreeable flavour to twenty-five drachms of even nauseous castor oil, and render its administration easy.—*Med. Times and Gaz.*, Dec. 29, 1860, from *Journ. de Pharm.*, 1860.

## MEDICAL PATHOLOGY AND THERAPEUTICS, AND PRACTICAL MEDICINE.

13. *Restoration of Suspended Animation in Persons apparently drowned.*—A paper on this subject, by Dr. CHRISTIAN, was recently (Jan. 22, 1861) read before the Royal Medical and Chirurgical Society.

Two societies, the Royal Humane Society and the National Life-boat Institution, issue instructions, which are widely circulated, as to the best mode of restoring suspended animation in persons apparently drowned. These rules differ not only in detail, but in principle. 1st. As to the mode of performing artificial respiration. 2d. As to the propriety of using the warm bath. On each of these matters the author stated his desire to elicit an expression of opinion from the Fellows of the Society, after laying before them some considerable experience acquired during twelve years as Medical Officer to the Royal Humane Society in Hyde-park. The number of cases of submersion for twelve years was 443. Of these, 181 were rescued and recovered without treatment ; 165 were brought to and recovered by treatment at the Receiving-house ; and 97 were brought dead or the treatment was unsuccessful. The number of cases of submersion for the last four years was 140. Of these 68 were rescued and recovered without treatment ; 38 were brought to Receiving-house and recovered ; and 34 were brought dead or were not restored. 15 of these cases were treated by the Marshall Hall Method, and 3 recoveries followed : the rest were treated by the rules mentioned below. As to the mode of performing artificial respiration, the method recommended by the Life-boat Institution is what Dr. Marshall Hall called his "Ready Method," while that now used by the Royal Humane Society is the method of Dr. Silvester. On Dr. Marshall Hall bringing his method under the notice of the Royal Humane Society, the committee

adopted means immediately to give it a fair trial. Copies of his instructions were sent to all their medical officers, numbering 120, and the boats of the Society on the Serpentine had a platform made to each, on which to manipulate directly the body was taken from the water, and the boatmen were instructed and practised in the performance of the operations as he directs. After giving the method a full trial in about fifteen cases, the very intelligent superintendent, the boatmen, and the author became so satisfied of its inefficiency to restore animation, and of the difficulty of properly carrying out the manipulations, that he felt himself justified in representing those facts to the committee, and in adopting the plan recommended by Dr. Silvester, which he believed in every way to be superior, more manageable, less likely to injure the patient, will fill the chest with and expel air from it more fully, and will not force the contents of the stomach upwards, and in the way of respiration. The following are the directions for treating the asphyxiated at the Receiving-house, Hyde Park:—“Wipe the mouth and nostrils directly the body is taken from the water. Use Dr. Silvester’s method; at the same time let the body be taken as quickly as possible, to the Receiving-house, and place it in the bath up to the neck. Raise the body in 20 seconds from the water, and dash cold water against the chest. Pass ammonia under the nose. Use again Dr. Silvester’s method, and the inflating apparatus if it fail. Remove the body from the bath, and rub the surface with dry hot towels, perseveringly continuing the other treatment.” After many experiments the author had come to the conclusion, that inflation of the lungs by Dr. Silvester’s method, or by the Society’s apparatus, is the first remedy, and the shock of the warm bath the second; that, after eight minutes’ complete submersion, recovery is hopeless, and that, when ten minutes elapse after being taken from the water without any effort at respiration, it is equally so. On the subject of the warm bath, which has excited so much discussion as a remedy, he remarked, that it must be understood that it is used as an immediate and powerful excitant; and it had so frequently happened (twice while he was actually present) that a person brought in as asphyxiated, who to the bystanders was apparently quite dead, immediately on being placed in the bath gave the sob or gasp which is the precursor of respiration, that it might be boldly stated to be a most valuable adjunct to treatment, and, properly managed, in no way pernicious. He concluded by citing a letter from Sir Benjamin Brodie to the Royal Humane Society, confirming the preceding conclusions.

Dr. Sharpey said that he had on one occasion spoken favourably of Dr. Marshall Hall’s method, but after more mature consideration and after hearing the practical experience of the officers of the Royal Humane Society, he had found reason to alter his opinion. Dr. Sharpey considered that Dr. Marshall Hall’s method could only claim one advantage; and it was not clear that it had even that. The supposed advantage being that the tongue falls forward and thus does not embarrass respiration. He thought that Dr. Silvester’s method attained this object without any of the disadvantages of the “ready method.” The disadvantages of the “ready method” were several. It must be remembered that a body which has been some time submerged is an insensible and inert body, and serious mischief has not unfrequently arisen from rough handling. Again, the constant turning of the body, renders it very difficult to apply warmth, or carry out the other auxiliary means systematically, but the greatest objection is, that it does not even fulfil its professed object, viz., that of changing the air in the lungs. Dr. Marshall Hall had cited experiments in support of his views; but the want of precision in making them was very apparent from his description. He (Dr. Sharpey) could not attach any importance to the results of experiments so loosely conducted. Dr. Silvester had repeated them with greater care, and did not succeed in getting a displacement of more than a cubic inch of air. It would be said, however, What answer should be made to the many statements of the success of the ready method? He would reply that the subjects of many of these cases were still-born infants, and probably would have recovered without any assistance if left to themselves. Then, again, there is no air to be displaced in the lungs of infants. In reference to adults, he (Dr. Sharpey) believed himself right in saying that in many of the cases of recovery after submersion, respiration commences spontaneously soon after the

patient reaches the air. If in such cases Dr. Marshall Hall's method were begun at once, it would be unfair to give the credit solely to it. May it not even be, as suggested by Sir Benjamin Brodie, that recovery often follows, not from the means, but in spite of them? Dr. Sharpey considered that there were just grounds for reviving the old method of insufflation, which was, he thought, given up without sufficient reason. The objection to this plan was that it produced emphysema; but then, as he knew by experiment, this was from forcing in air too quickly and in too great quantity. Dr. Sharpey then alluded to the various instruments which might be used in insufflation. In reply to the objection that often insufflation could not be practised from the want of instruments, etc., he would remark that there could be no reason why the insufflation should not be carried on with the mouth, through a pipe put into one nostril of the patient. A card, or letter-envelope, might be made into a pipe till better was got. The force and pressure used would be no more than that sustained by the operator's own lung. He believed that emphysema in reference to these cases was a hmgbear. Dr. Christian had observed that in unsuccessful cases in which insufflation had been practised, no emphysema was found at the autopsy; and a friend had told him (Dr. Sharpey) that he had never found emphysema in the lungs of still-born children who had been unsuccessfully treated by insufflation at the Edinburgh Royal Maternity Charity. The objection that the air would be deficient in oxygen was not practically valid, as the operator might, by several deep inspirations, quite change the air in his lungs, and then, by employing his chest for insufflation quickly after an inspiration, he would not leave time for any considerable change in it. There was an outcry against the warm-bath, founded on mere speculation. The Royal Humane Society's officers had found it to be very efficacious. Edwards and Dr. Brown-Séquard made their experiments on puppies and kittens, and their experiments were not, he believed, to be fairly compared with the use of the warm-bath in cases of suspended animation.

Dr. SIBSON had recently been engaged in prosecuting experiments on the restoration of suspended animation by the "ready method." They were only eight in number, and were not yet complete. In only one of them did the "ready method" appear to answer. The experiments were not complete, and he did not therefore speak decidedly from them. So far, however, they did not bear out Dr. Marshall Hall's plan. There was very little change produced in respiration, but more than one cubic inch—generally two or three. Dr. Sibson believed that emphysema did occasionally happen, and alluded to three cases of restoration of suspended animation, in one of which it had occurred. He then alluded to a case in which dislocation and fracture between the fourth and sixth cervical vertebrae had been produced by, he believed, zealously, but too roughly, carrying out Marshall Hall's method. The result of the injury was complete paralysis below the seat of injury.

Mr. SPENCER WELLS believed that insufflation from the mouth was the best method, and that it was best accomplished by passing a tube through the nostril into the glottis.

The PRESIDENT remarked on the importance of the subject, which made it a matter of great regret that such a wide difference of opinion should still prevail.—*Med. Times and Gaz.*, Feb. 2, 1861.

14. *Palliative Treatment of Asthma.*—M. T. L. PRIDHAM, in an interesting paper on the treatment of asthma (*British Medical Journal*, Nov. 10, 17, and Dec. 22, 29, 1860), mentions the following as the most effectual palliative remedies which he has employed, though he states that no one of them is to be relied on in any second attack, for what succeeds to-day may fail to-morrow:—

"The first on the list is stramonium, the fumes of which may be collected in an inverted glass bowl with a narrow mouth; the bowl being charged to its full is placed under the mouth of the patient, who is directed to inhale to the fullest extent in his power the smoke which has been collected in the bowl, taking care to hold his head away from the bowl when an expiration takes place. Chloroform, both taken internally or inhaled, is a powerful remedy, but it must be employed with caution, and never administered except by a medical attendant.