

into a firm solid bolster. We then quickly turn the patient's face downwards and place the bolster beneath the epigastrium, making that the highest point, and the mouth the lowest. We then place both hands upon his back immediately above the bolster, and throw our whole weight forcibly forward, compressing the stomach and lower part of the chest between our hands and the bolster, for a few seconds two or three times with very short intervals. By these means, thorough drainage being combined with thorough compression, the lungs, if they require it, are relieved of water, and the stomach, if distended, of its surplus contents. Artificial respiration has also commenced. We now quickly turn the patient on his back, and place the bolster beneath it, making again the epigastrium and anterior margins of the costal cartilages the highest point of the body, the shoulders and occiput barely resting on the ground. We then seize the patient's wrists, cross them behind his head, forcibly pull on them so as to produce the utmost possible extension, and fixing them on the ground, hand them over to a by-stander to maintain in that position. We next, with the right thumb and forefinger, armed with the corner of a dry pocket-handkerchief, withdraw the tip of the tongue, holding it out of the extreme right corner of the mouth. The man holding the arms can now take charge of the tongue also. In this position two-thirds of the entrance of the mouth is quite free, and the tongue is immovably fixed forward. The epiglottis also, by the backward curvature of the neck, is precluded from pressure and partial closure. The free margins of the costal cartilages are as prominent as they can be made, and there is a degree of fixed thoracic expansion not obtainable in any other manner. The epigastrium being the highest point, the abdominal viscera, instead of embarrassing the movements of the diaphragm, tend to gravitate away from it.

Having completed these important preliminaries, we proceed to produce respiration. For this purpose we kneel astride the patient's hips, and rest the ball of each thumb upon the corresponding costo-xiphoid ligaments, when the fingers will fall naturally into the lower intercostal spaces. We now rest the elbows against our sides, and, using our knees as a pivot, throw the whole weight of the body slowly and steadily forward, until the mouth nearly touches the mouth of the patient, and while we can slowly count one—two—three, then suddenly, by a final push, spring back to our first erect position on the knees, where we remain while we might slowly count one—two; then repeat; and so on for about eight or ten times a minute.

Dr. Howard says that "this method is called the 'Direct Method,' because by it the few things needed to be done are simply done. The tongue needs holding forward—it is held; the ribs, pressing—they are pressed. It is so simple that a harbour policeman, after a single lesson, can do it as well as any physician. It is not fatiguing; the force employed is the weight of the operator, who remains in an easy position with alternations of complete rest. It can be practised by anybody, anywhere; before division of the funis, or after; in a bath, bed, or boat; and such adjunctive measures as friction, electricity, insufflation, or even tracheotomy, can be used simultaneously." *** By this method there is obtained—

1st.—*A clear passage through the lips to the lungs.*

2nd.—*The greatest possible expansion of the thorax.*

3rd.—*The greatest practicable diminution of the thorax; the last two occurring with regular alternation and rhythm."*

Correspondence.

GOA POWDER AS A REMEDY IN PSORIASIS.

TO THE EDITOR OF THE "INDIAN MEDICAL GAZETTE."

SIR,—A patient who had suffered from a most obstinate and intractable attack of psoriasis (for 1½ years) scattered over different parts of the body, and which resisted all kinds of treatment, both internally and locally, including the application of Dr. Squire's glycerole of subacetate of lead, was speedily cured by the use of Goa powder, which was applied according to the directions supplied with the bottle. The diseased parts of the skin were gently rubbed with water, by means of a small piece of sponge, and while wet a little of the powder was applied with the finger. This was repeated every morning; the remedy acted like a "charm," and within two weeks the disease had disappeared. For the first few days the patches assumed a white appearance in the centre, surrounded by a circular rosy areola with slight irritation of the skin; this disappeared on giving up the use of the powder for a few days.

This patient also suffered for more than seven months from agonising attacks of facial neuralgia (left inferior dental nerve.) The paroxysms came on periodically at certain fixed hours, and as suddenly in their approach as an electric shock, and lasted for two hours. Every kind of remedy, constitutional and local, including the far-famed gelseminum, proved ineffectual. The patient's life was rendered utterly miserable. The only remedy that gave relief to the paroxysms was the inhalation of chloroform, but the after effects were so disagreeable that this had to be given up. The endermic application of morphia for a short time postponed the paroxysms for a few days, but as soon as the system became used to the sedative, the attacks returned with renewed fury. The disease evidently had a malarious origin from the fact of its having taken the place of attacks of ague to which the patient had been subjected since a severe attack of "Terai Fever" during the mutiny. In fact his system was thoroughly saturated with "Malaria." Unfortunately he could not take quinine for any length of time without being almost crazy from it, but when the quinine was given in 5-grain doses, dissolved in hydrobromic acid, (*Vide Brit. Med. Journal*, Mar. 31st, 1877, pp. 398-99) night and morning, the noise in the ears and deafness disappeared, and the neuralgia rapidly left the unhappy patient, whose general health had been fearfully broken down by the frightful agony he had endured for so long, which no words can describe, and which must be experienced to be appreciated. It must be mentioned that the cure of the psoriasis was entirely due to the "chrysarobine," as the disease had disappeared before the solution of quinine was given.

I am,
Sir, yours, &c., &c.,

THEOBALD RINGER.

DALHOUSIE, 30th August 1877.

Medical News.

Deaths in Madras from week ending 22nd June to that ending 20th July.

| Week ending | Small-pox. | Measles. | Fever. | Dysentery. | Diarrhoea. | Cholera. | Other Diseases. | Total. | |
|-------------|------------|----------|--------|------------|------------|----------|-----------------|--------|-------|
| June 22nd | ... | 111 | ... | 106 | 169 | 122 | 65 | 263 | 836 |
| " 29th | ... | 90 | ... | 127 | 196 | 139 | 57 | 253 | 862 |
| July 6th | ... | 88 | ... | 151 | 213 | 156 | 68 | 261 | 937 |
| " 13th | ... | 83 | ... | 158 | 273 | 187 | 96 | 238 | 1,035 |
| " 20th | ... | 76 | ... | 144 | 321 | 202 | 101 | 306 | 1,150 |