

## Lives May be Saved by Artificial Respiration

Timely Article from "Health," the Official Organ of the Health League of Canada. Some Popular Fallacies Upset. Advice to Keep Up Resuscitation Work. Some Striking Examples of Lives Saved.

In the June issue of "Health," there will be published a very timely article on artificial respiration. Articles in The Advance in recent weeks by A. R. Fisher and the discussion of swimming pools here give special interest to this article from "Health." While the idea of the swimming pools and the purpose of Mr. Fisher alike are to prevent danger to swimmers in the water, the article in "Health" deals with the situation when danger has arisen. In the "Health" article special emphasis is given to the idea of the need for continued efforts at artificial respiration, even when considerable time elapses without any apparent success. Several cases are cited where success was eventually won after several hours of effort. It is something well worth remembering. It is one of the things that add to the truth of the keynote of the article—that artificial respiration may be a life-saver.

The article in "Health" is by Wills MacLachlan, Consulting Engineer of the Ontario Hydro Electric Commission, chairman of the Canadian Electrical Association Resuscitation Medal Committee, and a member of every resuscitation commission in Canada and the United States since 1917.

### Artificial Respiration

(By Wills MacLachlan)  
Artificial respiration may be a life-saver. It is a tragedy that lives have been sacrificed because it has not been used soon enough, or because it has not been carried on long enough, or because of misunderstanding as to its possibilities.

Artificial respiration may be successful even when there have been no signs of life whatever for several hours. There may have been no perceptible pulse and it may have been impossible to hear the sounds of the heart through a stethoscope for a long time.

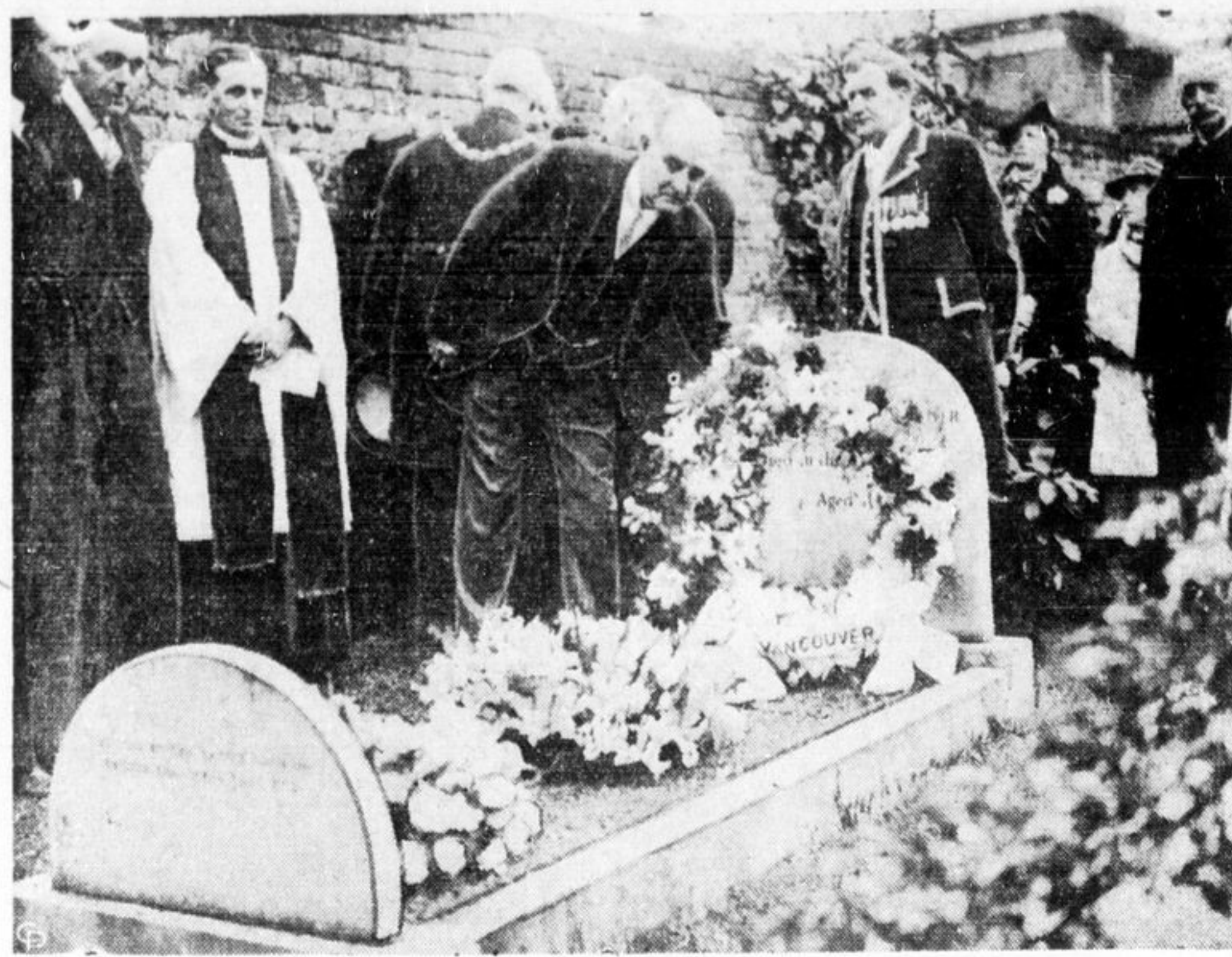
A commonly held opinion is that it is impossible to revive a person who has been under water for more than three or four minutes. This is not correct. It is possible for life to be restored even after submersion up to half an hour.

The actual death of the human body may not take place for several hours after apparent death. Therefore, in all cases of the types referred to in Mr. MacLachlan's article efforts to revive should be kept up for at least four hours. It is pointed out that in electrical shock cases artificial respiration has been successful after eight hours. There is no apparent reason for believing that prolonged efforts might be not equally successful in drowning as in other accidents.

In maintaining electrical service to the communities one of the greatest hazards to the employees of public utilities is that of coming in contact with charged electrical wires or equipment and receiving an electrical shock. It is for this reason that those interested in preventing accidents in public utilities and in the treatment of these cases have given particular study to remedial measures that are required after electrical shock and to seeing that the employees are thoroughly trained in these measures. As a result of this training and the requirement that the employees regularly practice artificial respiration, a considerable number of lives have been saved, not only among fellow-employees but also members of the public who have received electrical shock, have been overcome with gas or who have been almost drowned. It is quite evident from a study of the cases that the prompt application of artificial respiration is necessary to save life. There is not time to send for a doctor or skilled help and it is certainly felt that if training in artificial respiration were generally known among the public, a considerable number of lives would be saved each year from drowning and gas poisoning. The method that is most effective is so simple that children can be taught and no apparatus is needed to endeavour to resuscitate in these emergencies.

The first thing to do is to clear the patient from contact with the electrical circuit, the gas or the water. In electrical shock cases, the patient is usually found thrown clear from the

## MEMORY OF CAPT. GEORGE VANCOUVER HONORED



H. R. Pooley, K.C., former attorney-general of British Columbia, is pictured placing a wreath on the grave of Capt. George Vancouver, in Petersham churchyard, Surrey, Eng., during the annual ceremony in honour of the great explorer who founded the city of Vancouver.

contact with the electrical wire, as one of the effects of the passage of the current through the body is to tighten the muscles. If the patient is not clear of the contact, take hold of the patient's clothing or use a dry rope or a broom to break the contact between the patient and the apparatus. Do not touch the person's body while it is in contact with the apparatus or wire. If the patient is found unconscious in a "garage with a motor running, or in a room into which gas is leaking, remove the patient from the garage or room and place in a room clear of the gas.

It is quite obvious in drowning cases that the patient must be taken from the water as quickly as possible and removed to a point where resuscitation can be applied. This resuscitation of the patient should be carried out with as little delay as possible.

As soon as the patient is clear of the contact or gas or water, artificial respiration by the standard techniques—prone pressure method, based upon the work of Sir Edward Sharpey-Schafer—should be carried out. There should be as little delay as possible between the accident and the application of artificial respiration. If this can be cut down to seconds, the chance of resuscitating the patient is very much increased. Experience has clearly shown that in an emergency, persons who are trained in artificial respiration and who have regularly practised it, are very much more effective. In emergency there is little time to read the details of how to carry out artificial respiration.

Due to the effect of electric shock, gas poisoning and drowning, the body loses heat rapidly and at the same time when artificial respiration is being carried out, warmth should be applied by the use of blankets, hot water bottles or the equivalent. It is very useful to get a blanket placed under the patient but in doing this, no time should be wasted.

Those who have had considerable experience in dealing with these types of cases have issued instructions that artificial respiration shall be carried out until the patient breathes or there are definite signs of the onset of Rigor Mortis. Most public utility employees are trained not to stop artificial respiration until the patient breathes or artificial respiration has been carried on for four hours. No harm will be done to the patient by carrying out this extended artificial respiration if it is not successful, but many cases have recovered after the efficient application of artificial respiration for a number of hours.

After the patient has started to breathe, he should be transported in a lying down position to his home or to hospital and put to bed. He should not be allowed to sit up, to stand or to walk. Experience has taught that the heart is in no condition to stand the strain of sitting up and in the past, lives have been lost of patients after being resuscitated, who have been allowed to stand up or walk. In bed, the patient should be treated as for surgical shock—that is, warmth, quiet and the necessary stimulants.

On May 21st, 1926, a young man, in carrying out cleaning in a power house, received a shock of 22,000 V. In this remote power house, fellow employees immediately started artificial respiration and in about 45 minutes the man was breathing. His burns were so severe that he could not be moved and a doctor and nurses were brought to the point, where he was kept for four days. He was removed to a large city hospital where his injuries were found to be so severe that a large piece of his skull had to be removed. He has made a thorough recovery and is carrying on a useful life with the same organization.

On July 7th, 1937, a little girl was playing on a raft near a power house. She fell into the water and sank. Two boys swimming near the spot dove 17 times before they found the child on the bottom near the wall. She was brought to shore, artificial respiration started by a lineman and after 35 minutes she was breathing normally but was unconscious. After 24 hours in hospital she made a complete recovery.

On May 20, 1927, a young lineman, came in contact with 26,000 V. at 2 o'clock in the afternoon. He was conscious and not breathing. He was lowered to the ground and artificial respiration started by fellow-employees; this was continued on the floor of the ambulance while he was being transported to hospital; also on boards on

top of a cot at the hospital. Communication was established between the local doctor and consultants in a large city and it was not until 10 o'clock at night that the man was breathing by himself.

In this case it required 8 hours of artificial respiration until the man was safe. This is the longest case of resuscitation from electrical shock of which there is any record.

On November 18, 1934, a young man was at his home and heard a commotion in a nearby house. On going to be of some assistance, it was found that the lady resident in the house had been overcome by gas. She was unconscious and not breathing.

The young man had been trained by his father and immediately started the application of artificial respiration; after a lapse of some time and with the assistance of the father natural breathing was restored and the woman made an uneventful recovery.

On March 18th, 1936, a wife went out to the garage to see why her husband was delayed and on opening the garage found him unconscious and not breathing, and screamed. Two young boys were in the next yard and went to find out what was the trouble. One was the son of a lineman and immediately pulled the man clear of the garage and started artificial respiration while the other boy went for help at the Fire Department and for a doctor. When this help arrived, the young man had the patient breathing.

These are but a few typical cases of the application of artificial respiration by trained people. If this training were made general, there is no doubt that a very considerable number of lives would be saved each year. Effective practice in resuscitation of course is necessary, but the method is extremely simple. There are five points to remember:

1. Clear the patient quickly.
2. Start artificial respiration without delay.
3. Use warmth.
4. Do not stop artificial respiration until the patient breathes or there are definite signs of the onset of Rigor Mortis.
5. After the patient is breathing do not allow him to sit up, stand or walk, but transport him in a lying down position and put him to bed.

### Eskimos Amused at the Weird Logic of White Men

Montreal, June 8th.—On their way to the Eucharistic Congress at Quebec, three Eskimos have arrived in Montreal after travelling more than 1,950 miles from Chesterfield Inlet. The first part of their memorable journey was ordinary enough. Just 450 miles on the ice along the shore of Hudson Bay, hunting seals to feed the 19 dogs which hauled them.

When they reached Churchill and boarded the Canadian National train,

they were in a new world. Never having seen an engine bigger than an outboard motor, they were overawed by the locomotives, which grew bigger and bigger as they neared Montreal. Sleeping cars intrigued them, too. They slept in "moving igloos" which carried them incredibly faster than dog sleighs over the hundreds of miles.

Given his first taste of ice cream in the diner, Simon, seven, youngest member of the party, asked: "Why is it cold? You can have things hot here, can't you?" When hot tea followed the ice cream, the Eskimos laughed merrily at the weird logic of the white man.

The eldest of the group is Alphonse Kellitsier, 35, who bears his name "The Fat One." John Ayarnar ("Strong-Pusher") is 27 and the father of Simon. Rev. Father L. Ducharme, O.M.I., accompanied them on the trip, which began at the end of April. He speaks Eskimo. Alphonse, John and Simon speak neither English nor French.

### Ontario May Well be Proud of Its Weekly Newspapers

(An editorial from Friday's Globe and Mail).

When a convention of weekly newspapers assemblies, such as that held in Toronto yesterday, the city becomes aware of a public force which was unknown not many years ago. By getting together, exchanging ideas, and planning improvements, publishers of weeklies throughout the country have established for themselves an important and enduring place within the realm of the Fourth Estate. The development has led to political independence which, supported by a high degree of editorial intelligence, has made them a power for good government and community leadership. At the same time the close contact they are able to maintain with their readers enables them to interpret public opinion with manifest accuracy. Collectively the weeklies picture Canadian life more truly than any other medium.

It is acknowledged that the weekly paper is closely read. It is neighbourly and friendly, occupying a place in community life which is not otherwise filled. The publishers, for this reason, have a serious responsibility in giving direction to thought. That they are observing this so admirably must be gratifying to the readers as well as themselves.

Ontario may well be proud of its weekly papers. It is doubtful that a higher standard of service is maintained anywhere.

Stratford Beacon-Herald.—The boys of Western Canada's Ukrainian Youth Federation are going to boycott girls wearing silk stockings. Down here in the East the lads won't date young ladies unless they do wear silk hosiery. No national unity on socks.

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### Low Interest Planned for Municipal Loans

Finance Minister Dunning Tuesday moved for the introduction to the House of Commons at Ottawa of his bill to provide for low interest loans to municipalities. Speaking on the resolution preliminary to the bill he said:

"It is an entirely new departure for the Federal Government to make loans direct to municipalities for municipal purposes. But I think it is desirable that wherever possible the credit of the Dominion should be used for the purposes of stimulating employment on useful works."

The object of the bill was to extend to municipalities the credit of the Dominion at the exceedingly low rate of two per cent.

The Government in the bill sought to guard against any invasion of the autonomous rights of the provinces by

requiring provincial approval of any project and also a provincial guarantee of repayment.

Many municipalities, during the depression, had been unable to maintain their self-financing services. The investment markets were closed to them. Now they would have a chance to finance construction, repairs and renewals of works of a self-liquidating character.

It was not intended to induce municipalities to embark on projects which would increase their tax rates. The projects had to be such that they would increase the revenues of the municipalities and provide a margin for repayment of principal and interest on the loans.

Hamilton Spectator.—We may not have many great fiction writers in Canada, but our politicians can do pretty well when they explain tax increases.

## YOUR BANKER CANNOT PERFORM MIRACLES

★ ★

There would be more banks than grocery stores all over Canada if banks could perform the miracle of "creating" the means of payment out of nothing.

It is easy to confuse these two things:

- (a) The business of commercial banking, and
- (b) Control of a nation's monetary system.

Commercial banking has to do with the safe-keeping and lending of money and credit.

Control of a monetary system is a matter of national, governmental policy.

Chartered banks finance production and commerce.

Monetary policy in any country is a matter for the national government itself, either directly, or through a central bank.

The Dominion Parliament established Canada's central bank in 1934—the Bank of Canada. Its purpose was declared by Parliament in the very first paragraph of the Act of Incorporation, as follows:

"To regulate credit and currency in the best interests of the economic life of the nation, to control and protect the external value of the national monetary unit and to mitigate by its influence fluctuations in the general level of production, trade, prices and employment so far as may be possible within the scope of monetary action, and generally to promote the economic and financial welfare of the Dominion."

It is for governments alone to determine a nation's monetary policy. Differing conditions of debt and trade may make what is wise for one country unwise for another.

Printing "tickets"—as currency has been called in some sections—entirely out of step with production would make everything you buy cost you more. A Canadian woman living in Germany during that country's inflation in 1923 had to pay 65,000,000 marks for an overcoat, and later 1,000,000,000 marks for a postage stamp!

The business of commercial banking is something to be considered by itself, apart from central banking.

A commercial bank takes deposits. There are two kinds of them. For convenience, call them "savings" and "current". Say you are a workman, or a farmer. After you've paid your living costs out of your wage, or out of the proceeds of your crop, you have some dollars left over. Because you do not want to spend them at once you deposit them in a savings account.

That is a savings deposit. As distinguished from this is the "current" account. Say you are a merchant. You have expenses to meet day by day and therefore always carry a balance in an account against which you issue cheques for your business needs.

That is a current account. Let us say you have \$100 in that account and you need \$1,000 to meet some bills. You borrow it from the bank.

You give the manager your note and he places \$1,000 to your credit as a deposit in your

current account. Immediately your balance goes up to \$1,100—\$1,000 of it being derived directly from a loan.

It is unlike a savings deposit in this respect: You intend to spend it at once. You immediately issue cheques against it. You borrowed the money for business purposes, prepared to pay interest because the transaction was a profitable one to you. Soon most of the thousand has been paid out.

For most of the rest of the term of the loan your deposit is at its lowest. Then, before your note is due, you gather money to repay. Up goes your deposit to its peak again.

Then you repay. Your deposit abruptly drops back to say your original \$100—plus the profit you have made, by the use of the borrowed money.

No matter whether bank deposits are savings or current, your bank must keep on hand cash reserves adequate to meet any demands from day to day. When its loans are increased, not only is more cash paid out—as was the case with your \$1,000 loan; but your bank's cash reserves also become lower in proportion to total deposits.

A bank must not unduly expand its lending operations, for then its cash will fall below the proportion which experience has shown to be necessary to meet the day-to-day demands of depositors. This very fact serves as an automatic check against excessive lending.

Your bank cannot know just when you will walk in to withdraw your deposit—but it must be ready to pay you, in full, in cash, when you do turn up.

## THE CHARTERED BANKS OF CANADA

Your local branch bank manager will be glad to talk banking with you. He will be glad to answer your questions from the standpoint of his own experience. The next article in this series will appear in this newspaper. Watch for it.

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The Mutual Life of Canada has a special plan for the young man who wants to provide adequate protection for his family during the years when the children are growing up, and under the same policy create a fund that will guarantee him a monthly income at age 60.

This is the "Security at 60" policy, and the protection provided for the annual premium required is particularly attractive. For instance, if you are age 30, a monthly premium of \$11.60 gives you \$5,000 insurance to age 60, when you will receive an income FOR LIFE of \$25 per month. (Should you not live to receive the payments for at least ten years, the income of \$25 per month would be continued to your beneficiary for the balance of the ten year period.) Annual Dividends are paid on this policy.

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