

# You Can Share The Breath Of Life

Careful medical research has demonstrated conclusively that the mouth-to-mouth method of lifesaving is superior to all other manual methods for reviving anyone who has stopped breathing, regardless of the cause.

This method is based on the fact that everyone has an ideal built-in "pulmotor" in his own breathing system—ideal because it has the same characteristics as the breathing system of the suffocating person.

**Simple steps of this method of rescue are illustrated in this article. Following are answers to questions likely to arise:**

□ What is the advantage of mouth-to-mouth, or rescue breathing, method over the arm-lift method?

It is a simple way of rescue, in which any obstruction of the air passage is recognized at once.

□ Can this method be used on babies? Is there any difference in the technique for babies and for older persons?

The method is well adaptable to a person of any age. With infants, however, the jaw is pushed forward by pressing at the jawbones rather than by pulling with the thumb as illustrated in the drawings here. Why? Because the thumb might block the child's air passage. Press your mouth over the child's mouth and nose, making a fairly leakproof seal, and breathe into the child, using

shallow puffs of air to prevent damage to his lungs. The breathing rate should be about 20 per minute.

□ What do you do if the victim's jaws are so rigid you can't breathe into the mouth?

Cover the mouth completely with your fingers and then breathe into the nostrils.

□ How about germs, if I'm to put my mouth on a stranger's?

Never mind about germs when a life is at stake. Those who do not wish to come in contact with a person may hold a cloth or handkerchief over the victim's mouth or nose and breathe through it. The cloth does not greatly affect the exchange of air.

□ If I am putting my breath into someone's lungs, is that not bad air filled with carbon dioxide?

Not necessarily. If you inhale deeply before you breathe into the patient, he will get enough oxygen from your breath.

□ Does this mean I should inhale more deeply?

Yes. You are breathing for two persons, so you should inhale about twice as deeply.

□ How can I tell if his tongue is blocking the throat?

The victim's chest will not rise when you breathe, if the air passage is obstructed.

□ What should I do about a blocked air passage?

Attempt to clear the tongue

**Note: The American Red Cross recently officially adopted the "mouth-to-mouth" technique of artificial respiration. A committee of the National Academy of Sciences-National Research Council has declared this method of rescue most practical. For obvious reasons, this method does not lend itself to learning by practice and experience. But it can be learned by reading and studying appropriate diagrams with periodic review to keep the procedures in mind.**

from the throat, readjust the head angle and resume the breathing procedure.

## Of Drowning Victims

□ When should I begin rescue-breathing attempts with a drowning person?

Don't wait until the person is ashore. If possible, begin mouth-to-mouth breathing immediately. The earlier artificial respiration is begun, the better the chances of success.

□ Any special factors to consider with a drowning victim?

Your first attempt at mouth-to-mouth breathing may cause water to come out. Clear his throat and resume breathing. If there is water in the stomach, push gently on the stomach and let the water flow out of his mouth.

□ How do you know if the victim needs rescue breathing?

Your administration of rescue breathing will not harm him if he is breathing all right, but it can save his life if he isn't breathing. You can tell if the victim is short of oxygen by the blue coloration of his lips, tongue and fingernails.

□ How many breaths will be needed to revive a patient? It may require only 10 or 15, or you may have to try for hours.

□ Why are the nostrils pinched?

This prevents air leakage out through the nostrils.

□ How can I tell if the method is working?

The victim's skin color will gradually turn to a glowing pink.

□ What other accidents can produce asphyxiation?

Carbon monoxide poisoning from auto exhaust, electric shock, a foreign body lodged in the throat, an overdose of certain medicines, a convulsive seizure, or a chest injury.

□ What is the first step in saving a victim of electric shock?

Make certain he is disconnected from the source of live current. Immediately begin rescue breathing.

□ Isn't there a chance of blowing air into the stomach with this method?

Yes. All you have to do is push gently on the stomach to remove the air.

□ How long should a breath be? How often breathe into the patient?

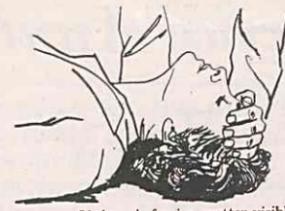
A breath should last only until the victim's chest rises. Remove your mouth and count to three or four and resume breathing in. If you are becoming lightheaded or dizzy, slow down your rate a little.

□ Can a youngster make use of the mouth-to-mouth rescue method?

Yes. A youngster may save the life of an adult by rescue breathing.

□ **Should this method of life restoration be taught to members of my family?**

Definitely. An adult may not be present in a life-and-death emergency. A child's knowledge of this method of lifesaving could rescue the life of a playmate, or even the life of an older person.



1 If there is foreign matter visible in the mouth, wipe it out quickly with your fingers or a cloth wrapped around your fingers. Tilt the head back so the chin is pointing upward.



2 Pull or push the jaw into a jutting-out position.



3



4

Open your mouth wide and place it tightly over victim's mouth. At same time pinch victim's nostrils shut.



5

Or close the nostrils with your cheek.



6

Or close the victim's mouth and place your mouth over the nose.

Blow into the victim's mouth or nose. If you are not getting air exchange, recheck the head and jaw position (see drawings above at left).



7

If you still do not get air exchange, quickly turn the victim on his side and administer several sharp blows between the shoulder blades in the hope of dislodging foreign matter.

Resume breathing procedure.

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## He Saved A Life

Mrs. Charles Smith and five-month-old son Mike of Mt. Holly, with Gaston County Civil Defense chief Ronald Heafner. He saved the youngster's life by mouth-to-mouth respiration.

On duty with two other firemen at Station No. 3 one day in mid-August, Mr. Heafner heard the frantic cries of Mr. and Mrs. Smith when their child stopped breathing, apparently overcome by carbon monoxide. The Smiths had stopped at a nearby service station for automobile repairs.

Mr. Heafner administered mouth-to-mouth resuscitation while the other firemen helped to rush the child to Gaston Memorial Hospital.

The dramatic lifesaving incident led Firestone Textiles to request a "reenactment" demonstration at two plant safety meetings for supervisory personnel, August 17.

## Bus West—To 'America The Beautiful'

Treat yourself to a chartered-bus tour across the Continent, and you'll come home with a deeper appreciation of "America the Beautiful". This was the impression of Miss Myrtle Bradley of Main Office, who was among a party of 21 on a planned trip to California this summer.

The tour, by air conditioned bus, was arranged by a travel agency for Pilots of South Carolina District 5, to attend Pilot International Convention in San Francisco.

With some vacancies, Miss Bradley and one other Pilot from North Carolina were able to join the group—other Pilots going to the convention by various means of transportation. An

educator and his wife from Bedfordshire, England—visiting in Aiken, S. C.—were also among the tourists.

### Westward Ho!

Miss Bradley joined the group in Spartanburg, as the bus headed toward Asheville, across the Smokies to Knoxville, and to Nashville for the first overnight stop.

On through a corner of Kentucky, to Illinois, Missouri, Oklahoma and Kansas, where a highlight was a stopover at Dodge City's Frontier Town of Matt Dillon, U.S. Marshal and Wyatt Earp fame.

At Pikes Peak, Colo., there was the snowfall of July 4 remaining. Through the Garden of

the Gods and on to Denver, the group toured the city, then took off for Cheyenne, Casper, Cody, Wyo.

### High Above the Canyon

Of the drive through Shoshone Gap to the east gate of Yellowstone National Park, Miss Bradley recalls: "Most tense ride I ever had. Higher and higher above the enormous canyon in the thin air of high altitude, the bus driver helplessly sighed 'That's all she'll do.' A highway department truck parked on the curve where the top elevation began, pushed the bus, so we made it without having to unload."

At Geyser Basin, the tourists watched "Old Faithful" erupt, went into Montana, across Idaho and on to Salt Lake City for a hurried tour of landmarks.

By way of Salt Lake Flats and Reno, Nev., the party went to Sacramento, then San Francisco. At the Pilot convention, Miss Bradley joined her roommates, Dr. Mary Ellen Nelson and Mrs. Itara Little, who had come from Gastonia by auto.

Four busy days at the convention allowed limited sight-seeing, but Miss Bradley did visit a dozen places of interest, including Chinatown, Golden Gate Park, Japanese Tea Gardens, redwood forests.

Return itinerary for the group included Disneyland at Hollywood, Los Angeles, the Grand Canyon, Petrified Forest of Arizona, Painted Desert and the

Indian country of New Mexico. From Amarillo, Texas, the group came through Oklahoma, Arkansas, Tennessee, Alabama, Georgia and South Carolina.

"Wonderful trip," summarized Miss Bradley. "Except for beautiful California, I believe the Carolinas are still the best place to live."