

Many imaginary obstacles may arise, in the minds of the individual, as he endeavors to apply the shorter hours to his own business, but experiment will convince the most skeptical that this is one of the problems of the drug business that can be most easily solved.

In summing up, I would have you thoroughly appreciate the fact, that this is not merely a suggestion or theory, but my personal experience of short hours in the past ten years of my business life.

Any druggist can demonstrate the practicability of shorter hours to his entire satisfaction, if he will but make a determined start, necessarily with the co-operation of his clerk and help in general, along the lines of systematic labor.

Isn't it really worth the while when a better-kept, and "up-to-the-minute" store naturally producing more business, is the result, while at the same time, health and recreation are not sacrificed, but on the contrary, are a direct outcome of the whole scheme?

Surely you will find that much of the weariness and dissatisfaction with our work, which we as employers experience, and much of the unrest and shifting around of our clerks will disappear.

TREATMENT OF WOUNDS IN WAR.

A striking fact observed in the treatment of wounded in the present war, whether on land or sea, is the great prevalence of sepsis. In the author's own experience, all the wounds he had seen so far were septic, some of them very badly so. Tetanus and acute spreading gangrene are also common, though tetanus has not yet been seen in the naval wounded, and this can be understood when it is remembered that the tetanus bacillus reaches wounds from the soil. The prevalence of sepsis in the large wounds is possibly to be accounted for by the length of time which may elapse after the injury before the patient comes under treatment. As to the treatment of this class of wounds, the author lays it down as an axiom of practice that if the treatment can be carried out within the first twenty-four hours (and, in the case of wounds soiled with earth, forty-eight hours) an attempt should be made to kill the organisms which have entered the wound. For this purpose, chemical antiseptics are probably the only means available, and in this connection there are two important points to be taken into consideration—namely, to kill actively-growing bacteria, and also the spores of bacilli. A saturated aqueous solution of carbolic acid (1 in 20) will kill naked, actively growing bacteria in a few seconds, but will not kill spores with certainty under twelve to fifteen hours. Liquefied carbolic acid, however, will kill spores in a very few minutes, and this must be used for wounds soiled with earth. Carbolic acid is an anæsthetic, and its application causes very slight pain, which subsides almost immediately. But iodine, though practically of the same antiseptic power as carbolic acid, has a number of disadvantages, one of them being the great pain it causes, this lasting for a considerable time. Therefore, the author prefers carbolic acid to iodine not only for the disinfection of the skin, but also, and more especially, as a means of destroying the bacteria which have already entered wounds before they come under the care of the surgeon.—*Sir W. Watson Cheyne, Bart. (Brit. Med. Journ., November 21, 1914, 865).*