

he is convinced that it is the fault of the solution. It may be well then, to bear, in mind the following: This solution without dilution, is admirably suited to what may be termed the gross wounds of the battlefield, for two reasons: first, the men sustaining the wounds have gone into battle in perfect physical condition and are really physically "fit" and the infection being recent and local, the system is depleted only from shock and a normal loss of blood because under these conditions clotting must occur in the normal time. Therefore a great deal of the energy of the solution is used up in the removal of all effete material, and the remaining energy of the sodium hypochlorite serves to disinfect the wound, and to promote healthy granulation of the wounded area. If you will notice Dr. Carrel's method of using the solution, you will see that after the granulations have arrived at a certain point, the irrigating then proceeds only at intervals, and the strength is accordingly decreased.

Take, however, the typical hospital case, first of all, only a very few of the ward cases enter the hospital in good condition. Then if the patient has a septic condition warranting operation, the chances are ten to one that it has passed the local stage. Therefore, a solution containing 0.5 percent sodium hypochlorite will not be isotonic with her blood serum, as she will already have more sodium than she can take care of, due to the infection, and an additional amount in the solution will do more harm than good. It is well, therefore, to begin operations with a dilute solution, and to increase the strength if necessary, and we have found that in the irrigation of a kidney, the bladder or the vagina that the solution should be diluted from one-half to one-third. If, therefore, the strength of the solution is adapted to the individual case, even the most inexperienced practitioner will be able to obtain results, provided that he supplements his treatment with the other salts required for the maintenance of and the restoration of the body balance which has been so disturbed by the septic condition that an anemia or worse may be the result if great care is not used in the after-treatment of the surgical condition.

UNITED STATES PUBLIC HEALTH SERVICE.

List of changes of duties and stations of commissioned and other officers of the United States Public Health Service for the seven days ended February 13, 1918.

Pharmacist J. A. Wolfe. Return to station, Philadelphia, Pennsylvania. Feb. 12, 1918.

Sanitary Engineer C. N. Harrub. Proceed to Augusta, Ga., on special temporary duty. Feb. 8, 1918.

Sanitary Engineer H. W. Van Hovenberg. Proceed to New Orleans, La., for duty in malaria investigations. Feb. 6, 1918.

Sanitary Bacteriologist E. M. Meyer. Proceed to Berea, Kentucky, for duty in investigations of meningitis. Feb. 4, 1918.

Sanitary Inspector Virgil H. Robinson. Relieved at Tacoma, Washington. Proceed to Seattle, Washington. Feb. 8, 1918.

Pharmacist J. M. Bell. Relieved at the

Savannah Quarantine Station. Proceed to Norfolk, Va. Jan. 30, 1918.

Sanitary Engr. J. A. A. Le Prince. Report at Bureau for Conference relative to malaria. Jan. 30, 1918.

Sanitary Bacteriologist C. F. Butterfield. Relieved at Manhattan, Kansas. Proceed to Columbia, S. C., on special temporary duty. Feb. 2, 1918.

Special Expert W. C. Purdy. Proceed to New Orleans, La., for training in laboratory procedures relating to malaria. Feb. 1, 1918.

PROMOTIONS.

Pharmacist Cletus O. Sterns. Promoted and appointed a Pharmacist of the first-class, effective November 5, 1917. Pharmacist Walter H. Keen, promoted and appointed Pharmacist of the first class, effective December 31, 1917. Jan. 23, 1918.