

deliberately planned or fostered, there was no necessity for deliberate inoculation, as has been charged, for the German authorities knew their method was equally efficacious, and less troublesome for them."

Here we have "confirmation strong as proofs from Holy Writ". When the war is over will it ever be possible for the medical profession of the Allied countries to meet in friendly terms the medical men of Germany, who have prostituted the knowledge regarding the spread of disease to commit murder in such wholesale manner. It is the same as if a physician gave his patient a dose of a deadly poison while he was pretending to give some curative drug. That the members of the medical profession of any country could descend so low as to be willing tools for the commitment of murder is almost unthinkable. But here we have it.

It should be many a long day before the doctors of the Ally countries should meet in conference in Germany, and then only when the German doctors have repented in sackcloth and ashes.

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#### THE PREVENTION AND TREATMENT OF ARMY SHOCK.

Shock is one of the most difficult problems the army medical officer has to cope with. This is more especially so in wet and cold weather, which proves so depressing to the wounded and exhausted soldier who may have to lie for some time in the open.

The first essential is to gather in the wounded with as little delay as possible. By this means the duration of exposure to the wet and cold is materially reduced, and the effects of shock mitigated thereby.

Another matter of importance is that of having the ambulances warm. This is accomplished by passing the heat from the engine through the conveying portion of the ambulance. This improvement has now been perfected to a great degree.

Then warm drinks have been found most helpful. These are furnished to the stretcher and ambulance cases. There are stations along the way at which walking cases may have a hot drink.

Special wards and tents have been arranged in connection with the hospitals in which shock cases are treated. In these wards and tents arrangements have been made for supplying heat to each bed, stretcher or couch.

Experience has amply borne out the value of pituitary extract, and as amply shown the lack of value in intra-venous injections of normal saline. It has been suggested that hypertonic saline solutions would be more effective.

Professor Bayliss, who has been especially studying the subject of shock, has advised that 2 per cent. gum arabic be added to the fluid used