tures, one must thoroughly appreciate the changes which have been made in the treatment of wounds of the soft parts.

"All battle casualties are to be considered as infected.

"It is necessary to remove all projectiles, clothing, devitalized tissue, as early as possible, at least before the twelfth hour after injury.

"These wounds can then be considered as aseptic in character and a primary suture made, thus converting compound fractures into simple fractures, and appropriate treatment for these simple fractures thereupon instituted.

"What a marvelous and astounding change is this in the application of surgical principles since that fatal day in August, 1914. One cannot but stand in awe and wonder at the results which have been achieved, as he compares the present with the past: pus, with a clean lineal scar; continued pain caused by the packing of gauze and constant irrigation, with the peace of being left alone; the long and often painful processes in the restoration to function, with function restored almost voluntarily and swiftly; weeks and months of treatment, with recovery in a comparatively short time.

"How have these things come about? By the formation of a trust, a trust composed of the surgeon, the bacteriologist and the radiologist, all working harmoniously and constantly together.

X-Ray.

"Every battle casualty is radiographed immediately on its entrance to the hospital, and, generally, while en route to the operating room. A definite description of the fracture is given, and, if a projectile is present, its exact location is made, generally by means of fluoroscopy. These localizations are generally indicated on the surface by two markings, and the distance and direction from each marking is stated.

Bacteriology.

"The bacteriologist determines for us the type of organism present in the wound. Ninety per cent. of all these wounds are found to be infected by one