of medical instruction in the schools. The scarcity of teachers is more likely to be felt in the laboratory subjects. A possible solution of this difficulty may be found in the combination of the teaching force of two or more schools in a medical center for the joint instruction of medical students. The schools should consider the feasibility of such combinations, and should be prepared to make such arrangements if they become necessary.

GREATER UNIFORMITY OF CURRICULUM DESIRABLE

In the past we have discussed the desirability of greater uniformity in the schedule of the curriculum in the several medical schools with a view to facilitating the transfer of students, or of encouraging the migration of students. In looking ahead to the possible drain on the medical profession, and more especially on the medical teachers, it seems at least possible that some of the schools, especially the smaller ones or those located in the smaller communities, may be obliged to discontinue teaching for a time. Should such a contingency arise, the possibility of transferring the students to other schools, without the loss of standing or of time, should be provided for. A sufficient uniformity of schedule, year by year, to permit such transfer seems a wise provision to make at this time, and it is recommended that the schools give this matter serious consideration. Attention is called to the probability that during the war the summer vacations will no longer be available for readjustment in this respect, as has been the case in the past.

PREMEDICAL STUDENTS

By a ruling of the Provost Marshal General, it is not possible to include premedical students under the provisions of the regulations for medical students. Up to the present time this ruling has not been a serious matter, because comparatively few of these students were 21 years of age, June 5, 1917, and they are in consequence not subject to the draft law.

Even if the law is changed to include men as soon as they attain the age of 21, these students will in all probability not be reached by the draft before they complete their premedical course of training. If the medical schools will adopt the plan of accepting a first-year class on the first of next June, these students could then be matriculated and allowed to enlist in the Medical Enlisted Reserve Corps. Since they began their preparation for the study of medicine two years before this, such action could hardly be regarded fairly as an evasion of the spirit of the draft regulations. Some such arrangement is necessary, or else the supply of medical students will be cut off.

If the colleges will also adopt the plan of a summer term for the premedical students, they will enable subsequent classes to enter on their medical course before they attain the age of 21, and so the problem of the premedical students and of a supply of medical students will be settled.

Tetanus after Preventive Injection of Serum.—A. Lumière has encountered fifty-four cases of tetanus occurring in men who had been given preventive injections of antitetanus serum, and tabulates these with minute detail under eight headings in the *Annales Pasteur*. He urges the necessity for repeating the serotherapy before attempting any operation later, and relates that sodium persulphate seems to be more effectual in relieving established tetanus than magnesium sulphate, while it is only slightly toxic.

STOCK SODIUM SULPHITE SOLUTION FOR ENDO MEDIUM

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With the assistance of Mr. J. E. Jacob, I have shown that a 10 per cent. solution of crystalline sodium sulphite can be heated for twenty minutes at 15 pounds pressure with practically no change, and that the 10 per cent. sodium sulphite solution covered with a layer of liquid petrolatum about 1 cm. thick and sterilized in the autoclave can be kept at room temperature for three weeks and probably much longer with but very slight change.

Such a sterilized stock solution of sodium sulphite might render the preparation of Endo agar a somewhat simpler procedure in field hospitals and base hospitals. If the liquid petrolatum carried over into the agar with the pipet is considered a disturbing element, more than the amount of the sulphite to be used should be pipetted into a sterile vessel, and the necessary portion of this should be immediately transferred to the agar with a second pipet.

The results of the titrations of the sulphite solution, before and after sterilization and after standing for various intervals of time are appended. The titrations were all done by Mr. Jacob.

TITRATIONS OF SODIUM SULPHITE SOLUTIONS

EXPERIMENT 1.—Fifteen gm. of crystalline sodium sulphite were added to 150 c.c. of distilled water in an Erlenmeyer flask, and the latter was immediately covered with a layer of liquid petrolatum about 1 cm. thick. After the sodium sulphite had gone into solution, 5 c.c. were removed for titration. The flask was then heated in the autoclave for twenty minutes at 15 pounds pressure and allowed to cool, when a second series of titrations was made. After a second heating, further titrations were made.

TABLE 1.—TITRATIONS OF 5 C.C. AMOUNTS OF THE SOLUTION (EXPERIMENT 1)

	Tenth- Normal Iodin C.c.	Crystalline Sodium Sulphite
Before sterilization	36.1	equivalent to.... 9.10 per cent.
After first sterilization	36.75	equivalent to.... 9.26 per cent.
After second sterilization	36.3	equivalent to.... 9.15 per cent.

Hence practically no change takes place in the sodium sulphite solution during sterilization.

EXPERIMENT 2.—Fifty gm. of sodium sulphite were dissolved in 500 c.c. of distilled water, and 200 c.c. of the solution were added to each of two 500 c.c. Erlenmeyer flasks. A layer of liquid petrolatum 1.2 cm. thick was poured on the surface of the fluid in one of the flasks. Both flasks were loosely corked, heated in the autoclave twenty minutes at 15 pounds pressure, and then allowed to stand at room temperature. Five c.c. of the solution were withdrawn for each titration. The solutions were prepared, Dec. 24, 1917, and titrated at once and on the dates noted in Table 2. The figures recorded represent an average of two or three titrations.

TABLE 2.—TITRATION AFTER STANDING

Date	With Petrolatum		Without Petrolatum	
	N/10 Iodin C.c.	Na ₂ SO ₃ ·7H ₂ O Per Cent.	N/10 Iodin C.c.	Na ₂ SO ₃ ·7H ₂ O Per Cent.
Dec. 24	33.3	8.39	33.3	8.39
Dec. 27	33.1	8.34	27.1	6.83
Dec. 31	32.7	8.24	13.7	3.45
Jan. 7	32.4	8.14	6.0	1.51
Jan. 14	32.5	8.16		

It is seen that in the flask without petrolatum, more than half the sulphite disappeared in one week's time, and almost all of it in two weeks. The flasks with petrolatum showed only a very slight loss after standing for three weeks.