As regards mercifulness, the following is the order of various projectiles, as determined by the observation of a Naval Medical officer in a recent issue of the Brit. Med. Journal:—

- 1. Mauser.
- 2. Krag-Jörgensen.
- 3. Lee-Metford.
- 4. Lee-Metford with mark IV. projectile.
- 5. Any of the first three, with soft nosed projectile.
- 6. Dum Dum.
- 7. Remington brass coated as used by the Filipinos.
- 8. Remington or Martini-Henry with ordinary leaden bullet.
- 9. Remington brass coated with point of mantle rubbed off.
- 10. Shrapnel.
- 11. Fragments of Shell.

As regards the character of the wounds inflicted, it was found for instance that the wounded after Spion-Kop, in which artillery fire was more severe, were much more seriously hurt than after Colenso where rifle-fire was responsible for nearly all casualties. Gen. Woodgate's much lamented death at Spion-Kop was due to a severe wound of the head by a shell fragment. As an example of ingenuity on the part of a dresser, one man who had had a main artery in the fore-arm cut by a bullet came safely down to Hospital at Chievely all the way from Spion-Kop, with the main artery above the elbow compressed by a tourniquet in the shape of a plug of tobacco tied firmly on with the tape of a puttie.

Classifying wounds according to the region affected, the most interesting and surprising cases of recovery are seen in those shot through the abdomen. The bowels have been in many cases perforated several times, with no worse results than a short stay in hospital. Even important viscera like the liver and kidney have been traversed by the merciful

modern bullet with little worse result than mere shock.

Amputation of limbs have been comparatively rare, and extractions of bullets still more so, as the modern projectile has too great initial velo-

city to "stand upon the manner of its going."

Wounds of the head and neck constitute also a remarkable class, as many times the head and face have been shot through and the patient has recovered, the bullet fortunately not touching a vital part, and the dreaded blood poisoning not following, for reasons roughly stated already.

One striking feature of the campaign is the comparative frequency of injuries to blood vessels, resulting in aneurism. The wounds of entrance and exit are so small. "bug-bites" Tommy Atkins calls them, that even a large vessel if wounded causes little or no visible bleeding, and so primary hemorrhage is comparatively rare, and the interstitial form more common, in which the muscles and spaces between the tissues slowly fill up with blood—this of course means less shock from sudden interference with blood-pressure in the vessels.

Wound's of nerve tissues also constitute a very important class, such as those followed by inclusion of nerve trunks in scar tissue, necessitating later operations for freeing them; or the obtruding, bruising, shattering effects of the passage near a large nerve of the flying missile. Wounds of