

upon and tie the vessel at once, then elevate the feet, inject salines, and give stimulants. If the hæmorrhage is not so severe, packing the wound may be sufficient. In all cases of aneurysm or aneurysmal varix, when situated where it is possible, cut down and ligature, the collateral circulation will supply parts beyond, if not, after a few days amputation is indicated.

*Bones.*—Few injuries are more common or more important than these. Few exhibit more remarkable features and tax the skill and patience of surgeons more. The damage done to bones by the modern bullet depends:—

(1) Upon the thickness of its metallic sheath. The thicker it is, the less effect, as it will not split when it strikes the bone.

(2) Upon the range from which the bullet is fired. If the shaft of the bone is struck at short range, it will be badly shattered and a fragment of bone will be carried out through wound of exit. In this respect it resembles the effects of the old bullet, but there is rarely any infective material carried in, so osteomyelitis is rare. At long range, if not interfered with, the bullet is more likely to penetrate or groove than shatter the bones.

(3) Upon the bone and the portion of it struck. The illia, scapulæ, sternum and most of the cancellous ends of long bones are drilled. Shafts of long bones upper ends of humerus, and tibia, same of pubis and ischii and the patellæ are often drilled, but often fractured.

*Complications of Fractures.*—

(1) Impairment of mobility in neighboring joint owing to large amount of callous.

(2) Great thickening, due to fragments of bone being attached to periosteum, thus retaining vitality and throwing out callous.

(3) Nerves being involved in callous lose their function.

(4) Injuries to blood vessels by fragments of bone.

*Treatment.*—If bone is simply bored, treat as a simple flesh wound. When fractured, and there is little comminution as usually happens, put up in splints and treat as simple compound fractures. Bone union and soft callous are met with occasionally and should be treated by freshening edges of bone, wiring, etc. If bone is comminuted, put in apposition as well as possible, and as there is not the danger of septic inflammation and necrosis, leave all the pieces in, leave wound open, and treat aseptically, and if small amount of necrosed bone results, it can be removed later, with equal safety and much less loss of bone tissue. If marked infection occurs, wound should be laid open freely, fragments removed, and free drainage provided. This treatment has