

shock. External hæmorrhage is slight except where a large vessel is struck, and even here it is more common to get secondary than primary bleeding. Though external hæmorrhage is slight, internal bleeding into limbs or cavities during first hours after injury, is common. Traumatic aneurisms are frequent, and contusion of nerves gives rise to more or less paralysis or neuralgia. Tendency to run an aseptic course is marked, and deep suppuration or diffuse cellulitis is rare.

During progress of healing the aperture, and with them the tracts, gradually contract. Aperture of entry is closed by a dry clot. The aperture of exit heals with a red cicatrix. The denseness of the cicatrix is often of much importance as it binds parts together (tendons, nerves, etc.), and causes impairment of motion or signs of nerve pressure. The scars left do not differ from large acne scars.

*Treatment.*—The first treatment of any wound now in military life, is the "first aid," and to this the remarkable results reported obtained are due; it is simply the general application of antiseptic surgery. Every soldier carries his first aid package and will not be without it. It consists simply of little packets of sterilized gauze wrapped in a piece of oiled silk. As soon as injured, he himself or a companion binds this on the wound and it gets no further contamination, as he lies on the field waiting for the surgeon, who, when he arrives, finds the wound usually aseptic, or a little infection on the clot, at aperture of exit. He simply removes clot, dresses with new dressings, and wound being put at rest heals rapidly after a few days. If wound is infected it is opened and washed out and left to drain. The proceeding is advised in all flesh wounds produced by a revolver bullet. There is some disagreement as to this being the proper treatment, Tarel argues that antiseptic washes and medicinal cleaning only weaken resistance of tissues.

*Blood Vessels.*—It is wonderful how the blood vessels have escaped injury in many cases where it would seem impossible. Cases are reported of bullets penetrating the neck and finding their way among the great vessels there without injuring them. From the number of such cases, it is thought the vessels are pushed aside by the rapidly moving bullet, unless struck fair, when, if the artery is large, fatal hæmorrhage ensues. If the artery is small it is cut clean off, and the ends curl up. This explains the absence of primary bleeding. Often the artery is grazed and aneurisms develop, which may rupture in a few days and cause secondary hæmorrhage and, if not treated, death. Or the bullet may cause an aneurysmal varix. Severe external hæmorrhage or symptoms of internal hæmorrhage (rapid, weak, fluttering pulse, blanched face, profuse perspiration), demand immediate operation. Cut down