

covered by integument though diminished in size. He returned home with the column in July, being able to walk by the aid of a stick, complaining only of neuralgic pains of the left lower limb.

Case II.—Lieut. H——, of A. Company, Midland Battalion, of light build and nervous temperament, was, on the 12th May, at about the same place and time as private B——, struck with a rifle ball in the left chest—just beneath the clavicle at the junction of its middle and outer thirds—injuring its under surface and passing backwards and outwards behind the acromion process, lodged in the head of the humerus, from which it was removed under chloroform, by considerable leverage force after its position had been ascertained, first by probing with a Nelaton's probe and secondly by the finger, which was passed through the wound after enlarging it. Several pieces of clothing were also removed, likewise a splinter of wood about $\frac{3}{4}$ of an inch in length, being a longitudinal section of a small branch of a tree which had doubtless been carried before the bullet, as he was in a wooded ravine when hit. The wound was syringed with a weak solution of carbolic acid and water, to free it from any remaining foreign matter, and a pledget of carbolized gauze dusted with iodoform applied to the wound, by means of a figure-of-eight bandage, and the arm placed in a sling. This patient was also sent to hospital at Saskatoon, at the same time and in the same manner as the former one. The shock in this case was severe, and his delicate, nervous organization and apprehensiveness of danger, greatly retarded his recovery. While in hospital several spiculae of bone from the under surface of the clavicle came away, and on meeting him in July about two months after the injury, the wound had not quite healed, and roughened bone could still be felt at the lower border of the clavicle. He carried the arm in a sling—the limb was much atrophied, especially about the shoulder when compared with the right, which was hardly a fair comparison. Two cases also recovered of bullet wounds of the fleshy part of the arm about its middle, without injury to bone or vessels, and one of the calf of the leg. In each case the danger was lessened and trouble saved both patient and surgeon, on account of the balls having passed completely through. These required simply dressing with compress and bandage. These cases were also sent off by steamer Northcote to Saskatoon

—the patient with the wound of the calf of the leg suffering considerable surgical fever. They all returned home with the expedition, little damage resulting from their wounds.

Case VI.—Was a very severe gunshot wound of the hand, the ball entering the ulnar side of it at its hypothenar eminence, and passing deeply and obliquely across the palm, in front of the metacarpal bones, emerging on its radial border opposite the first phalanx of the thumb, in which it caused a compound fracture of that bone, a portion of which was removed by the bone forceps. This injury dressed as the others, was followed by more than ordinary shock, and at Saskatoon gave much fear lest amputation should have to be performed, so great was the inflammation and disorganization of the deeper structures; amputation, however, was not found necessary. I have not received any reliable information of the case of late, but believe it to be doing well.

Case VII.—Lieut.-Col. W——, æt. 48, of excitable, nervous temperament, excellent physique and of temperate habits; looking younger than his years would indicate; had enjoyed unexceptional health and vigor throughout the campaign until the morning of the 26th of June, when he complained of feeling "out of sorts," chilliness, and having pains in his legs and thighs.

Two powders containing gr. xx each of quinine were given, one immediately, the other at bedtime when a stimulant was likewise administered. Next morning, Friday, June 25th, he expressed himself as feeling better, but still complained of muscular pains in his lower extremities: was given six powders of gr. v. each, of Pot. iodidi, to be taken at four hour intervals.

Saturday, June 27th.—He felt still better, ate his food and went about his duties with little less energy than usual.

Sunday, June 28th.—Attended church parade at 10 o'clock a.m., but seemed a little irritable and not in his usual spirits and form, complaining after service of the heat of the sun (which was excessive), and fatigue of standing so long in it; he kept closer than usual to his tent during the remainder of the day, and turned into his blankets early. At 10 o'clock p.m., he was given a stimulant to compose him for sleep, as he was wakeful the night before.

Monday, June 29th.—Still feeling unwell, but