

cases operation was refused, and all went well for some time, then symptoms of sunstroke (headache, mental disturbance, rising of temperature, etc.), followed the least exposure.

A third class of head injuries, are the depressed fractures, which are produced when ball does not penetrate skull, it is really a gutter fracture, giving all signs of compression (slow pulse, paralysis of opposite side, etc.). In great majority of cases, operation is advisable, and in a large percentage imperatively called for. There is no class of cases in which surgeons can effect more. Trepanning is done in all depressed and gutter fractures, also in perforating wounds of cranium, it has been rewarded by good results. Being followed by good air and rest, there is little danger of cerebral hernia or of septic complications. Put patient at rest as soon as possible with hot water bottles around him. Give brandy to stimulate, and then inject morphine hypodermically. As soon as he is in condition give anæsthetic and remove fragments of bone, and after cleaning bring lacerated tissues together. Some use hare-lip pins for face injuries, passed as deeply as possible so as to bring deep tissues together, then unite skin by silk sutures after trimming of any loose tags, put in small drains, and dust with some aseptic powder. After operation, if stimulants are needed give brandy per rectum. Afterwards treat as any operation.

*Should Bullets be Extracted?*—There is a great difference of opinion on this subject. Some say it is unnecessary to remove a bullet which is not giving rise to pain or other inconvenience. Others say remove, as they are movable and are liable to reach places where their presence will cause pain and danger. Another thing is, if removed (when no contraindications) they free the mind of the wounded from all apprehension as to future complications and dangers. With aid of X-rays and telephone probe we can tell the position of bullet and make rules.

Remove the bullet.—(1) If subcutaneous. (2) If pressing on nerves. (3) If deformed. (4) If likely to interfere with union of bone. (5) If there is suppuration. Limbs should be amputated when (1) Severe wounds shattering a whole limb. (2) Infected gunshot wounds which resist treatment. (3) Extensive lacerations of muscles and shattering of bone. (4) Injuries to arteries when collateral circulation will not nourish parts beyond.

*Summary.*—It is safe to conclude that: (1) The modern bullet is more humane than the old one, as only one is killed to every four wounded, and 95 per cent. of wounded recover. (2) That the liability of infection is less, and the cases of empyema, erysipelas, septicæmia, tetanus, osteomyelitis, and the rest of this train are less common. (3) That conditions or surgery are different on the field than in civil prac-