

septic involvement. Revolver cartridges are more apt than rifle cartridges to have been handled frequently, to have been carried in dirty pockets, and to have come in contact with various infectious materials. Moreover, revolver cartridges are covered with a coating of grease, which encourages an accumulation of microbes, and all the favorable factors which sterilize rifle bullets (velocity, hard coat, and rifling) are lacking. And further, bits of clothing are more liable to be carried in as woollen clothing is worn and it is soft and easily punctured.

Let us for a moment glance at a few constitutional effects, and their treatment and then proceed to wounds of special regions of the body and their treatment.

*Shock.*—This symptom which so commonly follows severe injuries of any kind, has been seldom seen in South Africa, and it has been noted many times that wounds of vital parts have been followed by remarkably little shock. This is probably due to the humanity of the modern bullet, bruising and lacerating the tissues to a minimum extent.

Make as warm as possible, give small doses of brandy, by mouth or rectum, or give strychnine gr. 1/80, hypodermically, in the meantime raise feet and keep blood to head.

*Primary Wound Fever.*—In healing of aseptic wounds there is an absence of inflammation, but a slight febrile movement, temperature rising 3 to 4 degrees and not returning to normal for 3 to 4 days. It is thought to be due to absorption of pyogenic substances derived from the broken-down tissues and blood-clot. This is aseptic fever and calls for no treatment.

*Traumatic Fever.*—A fever which accompanies wounds which are not aseptic. It is due to absorption of ptomaines produced by bacteria in secretions of wounds. There is a rise of temperature 24 to 48 hours after the injury, accompanied by rapid pulse, hot dry skin, and considerable thirst. It lasts 7 to 10 days.

Examine the wound, and all infected areas should be evacuated. If edges are swollen and inflamed, clean with an antiseptic solution, bichloride or hydrogen peroxide, and drain; or reopen and apply moist dressings. If patient is in pain, administer nerve sedatives and opiates.

*Secondary Wound Fever.*—Takes after suppuration is established and is more marked when there is retention of pus. There is a sudden rise in temperature preceded by a chill. If not treated, fever keeps up, pulse becomes weak and rapid. There is marked prostration, so if temperature does not go down in a few days, suspect this and treat as in traumatic fever.

*Simple Flesh Wounds.*—Actual infliction gives rise to little pain, usually a sharp burning sensation; and is followed by remarkably little