

six doses. This also was of value. Of course if this failed, the after-treatment was the same as above.

The other special disease was the veldt sores. These are ulcers found on exposed parts, mainly on backs of hands, but sometimes on legs, never on face. It commenced usually as a small red papule, changing in a few hours to a vesicle about one quarter inch in diameter, filled with a watery or blood-stained serum. This broke and an ulcer was present which also extended till one-half to one inch in diameter. The ulcer was deep with overhanging edges and involved the true skin. I never saw it involve deeper structures. It had a slightly reddened margin, was slightly painful, and healed leaving a definite scar, slightly pigmented. A streptococcus was stated to be always present, when the fluid of bleb was examined, but since cellulitis or even adenitis was rare, its virulence was slight. The ulcers healed readily under cleanliness with aseptic dressing and rest of part.

I might also mention that an occurrence of an epidemic of jaundice closely simulating Weil's disease was noted as several spots in South Africa, one of the chief being at Kroonstadt. Malaria was absent in the parts of the country we traversed, although in a warm climate with standing water. The absence of mosquitoes may have some bearing on this.

I had a total of 24 cases of wounds in my regiment; three cases of bullets passing through lungs, all on left side, in second interspace. No sign of involvement of lung tissue. No hæmoptysis. No shock. Uninterrupted recovery. My first case was unfortunately given an excessive amount of alcohol so that he was almost uncontrollable about one hour after being wounded. In spite of this the man was walking on the second day after being shot, and was discharged from hospital in nine days. However, I would not advocate alcohol as a routine treatment for penetrating wounds of the lungs. I had no penetrating wound of the abdomen. Two cases of neck wound, one from side to side just posterior to angle of jaw, and one in front of left sternomastoid about centre and emerging just to left of median line. In neither case did any symptoms occur. Whether bullets went through blood-vessels or around them I do not know, but I never saw a case of severe hæmorrhage following a Mauser bullet wound. It was found in case of penetrating Mauser bullet wounds of abdomen, that it was better not to operate immediately. Rest, abstinence from food for 24 hours and no operative procedure, unless plain evidence of peritonitis or severe hæmorrhage occurred, gave the best results; of course no opium.

Venereal disease caused an absolutely appalling number of invalids.