dyspnœa, bloody expectoration, hurried breathing, etc., but recovered rapidly and perfectly without any serious pleural or pulmonary inflammation. I saw him on the 18th of July, on his return to Calgary to report for duty. He was then apparently in perfect health.

In gunshot wounds of the chest, the important point in prognosis is, of course, whether the bullet has penetrated the chest walls or not. In the surgical history of the American Rebellion, the mortality in a group of over 8000 cases of penetrating wounds is given at 62.5 per cent., while in a similar group of non-penetrating wounds the mortality is 2 per cent. The four cases which I have reported show the difficulty of making an exact diagnosis, unless the patient can be kept under the observation of the same surgeon throughout his illness; and as our knowledge of such wounds must be mainly derived from military surgery, this is, of course, nearly always impossible.

Case II of this series was not thought to be a penetrating wound when treated on the field. Cases III and IV were so diagnosed, and yet, I think, the subsequent histories show that Case II was undoubtedly a penetrating wound, and that the others were not. One could hardly help making such a diagnosis, however, with the symptoms shown by these men at the time of receiving the wound—cough, distressed and hurried breathing, and bloody expectoration. The fact that the symptoms did not persist beyond a few days, and that there was no evidence of pleural or pulmonary inflammation, or of the results of such inflammation, makes it quite clear, I think, that these were only wounds of the soft parts of the chest wall, external to the pleura, and the blood expectorated at the time of the wound may be explained by the contusion produced by the bullet. I consider Case I an extraordinary recovery, under all the circumstances, and considering the nature of the injury and its termination in gangrene, which destroyed a large portion of the lung. Empyema followed as a matter of course, but, fortunately, the axillary wound was favorably situated for the evacuation of the pus and the removal of the necrosed pulmonary tissue.