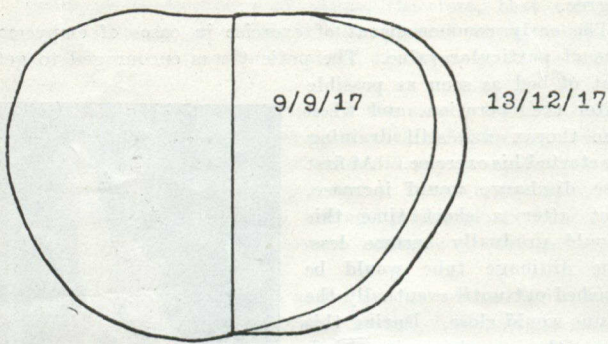
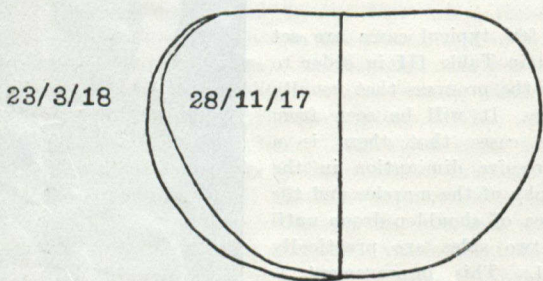


CHART 2.



Gnr. J. T., 21509. Left pyothorax with operation. Outline of Chest Wall before and after a course of Special Physical Exercises.

CHART 3.



Pte. R. E., 233681. Right pneumothorax. Outline of Chest Wall before and after a course of Special Physical Exercises.

The effect of the retention of the foreign body in the lung was carefully followed. In forty-four cases (63 per cent.) there was clear evidence of retention of the missile. These are analysed in the following table :—

TABLE IV.

Position of foreign body	Number of cases	Removed	Remaining
In lung...	35	1	34
In subcutaneous tissues	9	5	4

In the five cases where the foreign body was removed from the subcutaneous tissue it was on account of pain. In only one of the thirty-five cases where the missile was in the lung tissue did any untoward symptoms arise. In this case an abscess developed about the foreign body, from which a sinus led to the wound of entrance. This abscess was situated in the upper part of the right lower lobe, and the sinus was directed downward and backward. The cavity did not completely drain, as periodically the discharge would cease, and there would be coincident rises of temperature. It was therefore considered necessary to remove it. It was localized by X-rays, and under nitrous oxide anæsthesia long forceps were easily introduced into the cavity through the sinus, and the foreign body, which was oblong in shape, was seized at one end and readily removed until it reached the skin, where a slight enlargement of the opening was necessary. After this the patient made an uninterrupted recovery. In all of the other cases the presence of the foreign body in

the lung exerted no untoward influence on the progress of the case.

The length of time that the patients were in hospital before returning to some form of duty or discharge from the Army naturally varied within wide limits (from one to twelve months), the average being four and a half months. The period of stay under our care averaged three months, depending on the condition present, and in nearly every case this was in proportion to the deformity.

The disposal of the patients on the completion of treatment is set forth in Table V.

It will be seen that out of fifty-eight cases which were discharged from hospital fifty-two were considered fit for some form of duty, and the great majority eventually for full duty. Only six cases were discharged from the Army. These were considered unfit for further military service for the reasons given in Table VI.

TABLE VI.

Name	Reasons for discharge from the Service	Present occupation
Pte. J. W. L.	Chest in good condition. Totally blind in right eye, with considerable pain, due to gunshot wound, and deaf in the right ear	Munitions, 52 hours per week.
Pte. C. K. ...	Chest in fair condition. But he had pronounced debility	In hospital in Canada.
Pte. H. G. ...	Extensive destruction of the left pectoral muscles at the time of injury. Inability to use left arm	In hospital in Canada.
Pte. W. C. ...	Spondylitis deformans. Age 51	Light work, 45 hours per week.
Pte. W. T. B.	Pronounced deformity of chest, with displacement of the heart	Farming, 28 hours per week.
Pte. E. W. S.	Pronounced deformity of chest, with displacement of the heart	—

Of these cases, therefore, only two were invalided from the Army on account of conditions directly attributable to the intra-thoracic condition.

The after-history has been determined so far in thirty-nine of the cases discharged. Examination of Table V shows that, of the thirty-four cases retained in the Army who have been traced, eighteen (53 per cent.) are doing full duty; seven (20 per cent.) have been lowered in category; two (6 per cent.) remain in Category B as on discharge from hospital; five (15 per cent.) are still in training at command depots; while two (6 per cent.) are not available for duty at present. The present occupations and length of work per week of five cases who were discharged as permanently unfit are given in Table VI.

It is apparent that injury to the chest is not necessarily a conspicuous factor in invaliding soldiers from the Army. Even when they are discharged from the Army on account of the results of such an injury, they are still capable of doing a considerable amount of work each week in a civilian occupation. Amongst those cases which are not discharged

TABLE V.

Disposal	Number	Number traced 3 months after discharged	PRESENT STATUS OF THOSE TRACED						
			B. E. F.	A. 3	B.	D. 1	In hospital	P. U.	Totals
Furlough I ...	1	1	—	1	—	—	—	—	1
Furlough II (D ¹) ...	47	29	9	7	7 ⁴	4	1 ¹	1 ²	29
B. ...	4	2	—	—	2	—	—	—	2
Convalescent hospital ...	1	1	—	1	—	—	—	—	1
Auxiliary hospital ...	2	1	—	—	—	1	—	—	1
Trans. to other hosps. ...	2	0	—	—	—	—	—	—	0
Remaining in hospital ...	7	0	—	—	—	—	—	—	0
Permanently unfit ...	6	5 ³	—	—	—	—	2 ³	3	5
Totals ...	70	39	9	9	9	5	3	4	39

¹ In hospital for removal of F. B. from subcutaneous tissue of back.
² Sent to Australia for "change."
³ Two cases were invalided to Canada for further treatment other than for the intra-thoracic condition.
⁴ One case is likely to be raised in category.