

into the wound, and death often resulted from comparatively slight wounds. What a different picture is presented by the modern gunshot wounds? First we notice the straight course the bullet has taken, the direction of which, of course, depends upon the position of the body at time of receipt of injury. Secondly, the small calibre of the track and slight contusion and condensation of the tissues immediately surrounding the wound. The force of the bullet seems to be mainly exerted on tissues immediately before it. Thirdly, the aperture of entry and exit are extremely small and in wounds of soft parts often differ little in appearance. If the bullet strikes at right angles the aperture of entry is circular, clean punctured out, about $\frac{1}{8}$ inch in diameter, margin just slightly depressed and contused wound of exit is more slit-like, and surrounding contusion even less marked, is about same size as entry and there are no signs of laceration. If it strikes obliquely, aperture of entry is oval, and when supported by bone as on head is of considerable size. The damage done depends on the range; at 1,500 to 2,000 yards it penetrates like a needle; at 500 yards it will smash a bone to fragments. And here is a point of interest and importance from a medico-legal standpoint in the fact that there has been no scorching and tattooing of the tissues, although the rifle has been held very close to the skin, as seen in cases of suicide and accident. So it appears that where cordite is used it is no longer possible to judge from these features at what distance from the surface of the body the muzzle of the rifle may have been at time of discharge.

Another remarkable feature is that wounds produced by the modern bullet are rarely infected, and tend to run an uneventful course to recovery. From this it is evident no bacteria are carried into the wound. So the bullet must be sterile. To what is this due? There are many answers. I will give some of them and leave you to judge as to their correctness:—

(1) Heat formed by explosive and friction of bullet against barrel of rifle during its discharge is sufficient to kill all germs. This is not generally accepted.

(2) The hard smooth surface of the bullet which bruises and lacerates tissues to slight extent and does not carry foreign substances into the wound, assisted by the velocity of the missile which in its flight is rendered sterile, and by the hard character of the skin which is torn not punctured, so there is no piece to be carried away.

Thus theories are borne out by the fact that soft nosed bullets and those from low velocity projectiles are more commonly the cause of infected wounds.

Wounds in civil life differ from these in the greater after danger of