

The small bullet effects the most complete transverse section of the spinal cord. No fewer than 10 cases of paraplegia have come down from the front, usually complete, symmetrical, and with total absence of patellar reflex. Time only will show how complete these injuries are, but one from Belmont died here on the fourth day; the remainder from Modder River have gone down to Wynberg.

*Perforating Wounds of the Chest.*—Perforating wounds of the chest have been numerous, producing remarkably slight symptoms. Hæmoptysis, slight in degree, persisting one to three days, occurs in one-third of the cases; a few have signs of blood in the pleura and a few have cellular emphysema. The only constant sign is a want of respiratory mobility on the injured side and some diminution of breath sounds.

*Wounds of the Abdomen.*—I have seen fourteen wounds of the abdomen; of these, 10 have exhibited no serious symptoms, and will probably all get well. The pulses have not risen above 80, and the only signs have been some local tenderness, rigidity and deficient mobility of the belly; all came here on the third day after the injury; slight vomiting occurred in some of them before arrival. In two cases the injury probably implicated the kidney and in one the liver, but in all three the hæmorrhage must have been very slight.

*Abdominal Sections.*—In four instances peritoneal infection had already occurred, three of the patients being Boers and one an English officer. The latter had suffered an injury to the cæcum; abdominal section was done on the third day, and he is doing well at the end of the week, but still with a discharging wound; abdominal section was also done for a partly intraperitoneal, partly retroperitoneal, injury to ascending colon; retrocolic extravasation and emphysema had already occurred. The wound was found and the affected area drained; the patient is still living (eighth day), but will certainly succumb to sepsis from the large foul cavity in his loin. The remaining 2 were cases of injury to the small intestine. One was too ill for operation. The second was opened, and three perforations in the jejunum were discovered and sutured. Purulent inflammation had, however, already spread as low as the pelvis, and the patient died the day following the operation. All that can be said from this experience is that no patient should be operated upon from the mere fact of apparent traverse of the belly by a Mauser or Lee-Netford bullet. It is possible that if the