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The ladies then made the offer to the French Government, by which it was accepted with thanks. The hospital was assigned to the Balkan region. During the severity of winter and in the midst of plague-stricken and war-cursed Serbia these Scottish women endured the greatest possible hardships without flinching. In the midst of all these trials they kept their hospital intact and it is still doing splendid work. This is one of the most unique achievements of the war.

INFECTION WOUNDS IN WAR.

Professor Broca, M.D., reported in *The Medical Press and Circular*, makes some very excellent observations on this topic. One of his catagorical assertions is that "It was a mistake to suppose that wounds in warfare could be made or expected to run an aseptic course. While it does happen occasionally that a portion of a shell may be driven into the tissues and the wound remain free from infection. This is certainly the exception. Even in clean cut small bullet wounds the probabilities of infection are very great."

Then he remarks that too much has been made of the difference between bullet wounds and shell wounds. It has been too commonly held that the former are innocuous. Infection in bullet wounds occurs far more frequently than surgeons had been led to believe from the standard works on surgery. It is necessary to discount a good deal what has been said about the humane wounds made by these small bullets, which, it has been contended, are rendered aseptic by their rapid passage through the air. It has often been said that these conical bullets separate the tissues rather than lacerating them. This, again, is a mistake, as vessels and nerves are frequently torn, and fatal hæmorrhage may follow a very small wound. But the point of exit is frequently lacerated and is a source for the entry of infection. The condition of the body is another source of infection, as many times men are wounded who have been unable to have had a bath for weeks.

But these small bullets carry with them vastly more frequently than is thought particles of the clothing, or other foreign matter into the wound. It is quite a common experience to find bits of rag in the suppurating wounds. Sometimes pus is found round a bullet, piece of shrapnel, or shell, that was thought to be aseptic, as there was no local disturbance nor fever. In many of these cases serious trouble may come on later.

Experience in the present war has made it clear that it was a mistake to plug wounds or to close them with sutures. To put any form of clip in the surgeon's kit is to tempt him to go wrong. In wounds of