

and to give rise to few acute symptoms, probably here also contraction has immediately taken place around the narrow track of the bullet rapidly followed by permanent occlusion. After penetrating wounds of lung there may be no symptoms beyond an immediate hæmoptysis which is not repeated; in other cases there is surgical emphysema, hæmothorax, pneumothorax and an example or two of empyema. On the whole gunshot wounds of lung do well. It has been said that if a bullet from the modern rifle so much as graze the heart, it imparts to the fluid contents such rapid vibration as to hurt the organ. Treat on general surgical principles. Do not use small probe, but one with a large bulb on end, if any at all. If shock is marked, stimulate patient by external heat, strychnine, whiskey and absolute quiet. Morphine is specific in such cases by relieving pain, quieting the mind, stimulating the heart, and slowing respirations. Ordinary penetrating wounds seldom require any operative treatment, unless to remove splinters of bone. Hæmothorax as a rule subsides spontaneously. If breathing is much interfered with, aspirate pleural cavity, but do not do so unless it is absolutely necessary. Hæmoptysis is stopped by pressure or ligature. It has been advised that all endeavours to obtain asepsis should stop at the parietal wound, as irrigation of pleural cavity does harm by increasing shock and encouraging internal bleeding. If empyema follows, treat in ordinary way, remove portions of ribs, and drain, do not put drains deep as a lesson learned during the war was, that convalescence is often retarded by too long and too deep use of drainage tubes. Another point is the stuffing of gauze into any form of wound called by the Germans "cavernous." When it is removed 24 to 48 hours later, it is adherent to walls of cavity, causes pain, and is liable to start fresh bleeding and to lead to exudation of lymph which is better for cultivation of toxic organisms than blood-clot itself. When the gauze is removed, the walls of the cavity are rigid and the wound which might have fallen together naturally and closed quickly is left gaping open. A case illustrating the treatment of these wounds in our hospitals, is seen in A ward of the M. G. H. at present. A revolver cartridge, No. 22, pierced 6th rib in nipple line on left side. When admitted to hospital two hours after, was in a very bad state. Pulse rapid and weak, and death seemed certain. Stimulants were given and operation was performed to stop internal bleeding. The ball had grazed pericardium and perforated the thin edge of lung over-lapping the heart, severing an artery which was bleeding profusely. A cautery was passed through the wound in lung and then carried out to the edge. The two tags of lung thus formed were ligatured and left to slough off. The operation was carried no further beside sponging blood from