

obtained, not only in chest wounds, but in perforating abdominal wounds, and in cases even where the bones are shattered. When one considers the perfect storm of bullets which can be thrown upon a force, advancing across an open plain, by magazine rifles and machine guns, it would seem as if men must be endowed with more than ordinary courage to face it.

Under date of Orange River, Dec. 3, 1899, Mr. Makins, F.R.C.S., Consulting Surgeon with the Field Force in South Africa, writes to the *British Medical Journal*. We make a few extracts :

I may say at once that the immense majority of the the wounds have been inflicted by the Mauser or Lee-Metford bullets, and a small proportion by Martini bullets and large projectiles. I shall refer to the wounds by the small calibre bullets only.

*The Mauser and Lee-Metford.*—A wounded Boer referred to the Lee-Metford as a "gentlemanly bullet," and this remark is equally applicable to the Mauser. The wounds made by them are small, clean and little disposed to suppurate, and the tendency to suppuration is no doubt decreased by the excellent physical condition of the patients and the healthiness of the district. Shock as a sign has been conspicuous by its absence even in the most serious cases, and gives little or no aid in the diagnosis of visceral injury. Retained bullets are comparatively uncommon, no doubt on account of the fact that most of the men have been wounded in rapid advances. The bullets met with have been little deformed, unless they have struck stones before entering, and I have seen no single instance which would suggest the use of either flattened or so-called explosive bullets among the wounded here. The only large exit wounds have been one or two opposite comminuted fractures.

*Wounds of Vessels.*—Wounds of the soft parts are, as a rule, simple tracks, with but little difference between the aperture of entry and exit; such wounds heal in a few days with no surrounding induration or œdema. In cases where vessels of any size are implicated, especially in such regions as beneath the deltoid, gluteus maximus, or the two layers of the calf, considerable deep hæmorrhages often occur and are rapidly absorbed, but free hæmorrhage from the wound itself is rare.

Wounds of great vessels naturally have not come under