The patients, a native woman and her child, were peacefully sleeping inside their hut, the child being at the mother's left breast. A neighbour who had a grievance against her stole into the room and fired a Martini rifle, wounding both her and the child. He immediately made good his escape. Both woman and child were brought into the native hospital at Parachinar three days later, when I saw them.

All the wounds had been dressed, as is customary in the Kurram, with fresh goatskin, a very septic and foul-smelling dressing indeed. The child was semi-moribund with tetanus, literally resting on head and heels during the spasms.

The course of the bullet, as far as was ascertainable, had been as follows:

\textit{Number of Wounds.}—(1) The child's left forefinger; (2) and (3) the child's right forefinger and thumb; (4) the child's chin; (5) and (6) entrance and exit wounds through the mother's left breast; (7) the child's left eyebrow and underlying frontal bone blown away; (8) the mother's left forefinger lacerated; (9) and (10) the entrance and exit wounds through the mother's left arm, posterior to the humerus and opposite the insertion of the coraco-brachialis. A total of ten separate and distinct wounds.

The child died the following day, but the mother made a quick recovery.

I should be interested to hear if any reader of the Journal had met with a case where more wounds were caused by a single bullet.

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**SUICIDE IN A FIT OF TEMPORARY INSANITY.**

\textbf{By Captain C. D. Myles.}

\textit{Royal Army Medical Corps.}

On June 28th, 1909, when in camp at the Curragh with the 2nd Battalion Essex Regiment, I was called out to see a man who had committed suicide in a fit of temporary insanity. There were two points of interest which I should like to bring to notice and which I am sure will prove instructive.

The first is the explosive effect of the modern Service rifle at very close range.

The deceased committed the act by placing the muzzle of his own Service rifle, which was loaded with ball ammunition, close to his right mastoid region and fired it by pressing the trigger with his finger. This is quite possible with the new short rifle, and of course brought the muzzle close to his head.

The entrance wound situated in the right mastoid region was about \( \frac{1}{4} \) inch in diameter, being burnt and punched out, with inverted edges.
Clinical and other Notes

The exit wound was represented by the floor of his cranium, the details being as follows: The scalp was split into two flaps, the larger being attached to the right side of the head. The whole cranial vault was blown away a little above Reid’s base line and was scattered around the tent in pieces of various sizes, which were stripped of dura mater and in some cases a portion of the periosteum was raised.

On the floor about 1 yard behind where he must have been standing lay both cerebral hemispheres in their membranes apparently intact, having been enucleated en masse from the cranium. There were several radiating fractures of the base of the skull. The face bones were intact, and there was no sign of injury to the face.

He did the act in a tent, and just above where he stood there was one large hole, 1 inch by \frac{1}{2} inch, evidently where the bullet went out, and ten small holes like what would be caused by No. 4 shot, made no doubt by several small pieces of the cranial vault being driven through the tent, showing how small portions of bone may be turned into projectiles capable of doing damage by the impact of the bullet at close quarters.

The second point of interest is the motive for doing such a thing. The deceased was a good soldier and was thought a lot of by his company officer, to whom he was talking a few minutes before, and at the time he seemed quite well.

There was one subject on which he used constantly to dwell in a morose fashion—viz., syphilis—and after one lecture during the winter session he said that if ever he got it he would commit suicide rather than face the possibilities of such a disease. He also left a letter warning young soldiers about going with women of a certain class. I might add that there were no signs of syphilis on the deceased.

There does not seem any doubt that the deceased was a syphilisophobe, and it points out that one should bear this in mind when lecturing on syphilis to soldiers, so that if one paints the picture darkly one should show the silver lining of good treatment as well.

THE ADVANTAGES OF NATIONAL MILITARY TRAINING.

By SERJEANT-MAJOR C. W. KINSELLA.

Royal Army Medical Corps.

In considering this subject, I propose to deal with the advantages accruing to: (1) The individual; (2) the State.

(1) To the first named, more especially if adopted in youth, the training can give nothing but beneficial results, morally by teaching self-reliance, stability of character, the meaning of patriotism in its highest sense, and every quality which tends towards manliness. It also teaches the lessons of obedience, self-restraint, and honour, while the emulation which exists among youths undergoing such training is productive of a rivalry which can have only the best results.