

In the instability of flight and the tendency of the bullet to revolve around a transverse axis, however, the travelling bullet is endowed with a capacity of wounding the soft parts to a degree which no form of expanding or soft-nosed bullet has exhibited before. A dum-dum or a soft-nosed bullet traversing the soft parts alone seldom acquires any deformation or increased wounding power, and, as far as my own experience of the dangers of the soft-nosed Mauser or Mannlicher bullet occasionally used by the Boers in the South African campaign went, I came to the conclusion that they were practically negligible.

On reviewing a long series of the bullet wounds observed during the last two months of the present campaign I have become more and more impressed with the gravity of a considerable proportion of the rifle and machine-gun wounds, which seem to me to correspond much more nearly with the experimental results obtained by von Fessler and others than with the reports furnished by many of the surgeons working during the Balkan campaign, the majority of whom regarded the wounding power of the pointed bullet to be very similar to that of the older dome or ogival tipped bullets of small calibre. That the pointed bullet causes small, clean apertures of entry and exit when it strikes fairly at right angles, even when travelling at high degrees of velocity, there is no doubt. Such wounds are numerous, although in my experience the cases in which occurs perforation or division of small narrow structures such as the peripheral nerves and arteries are not so common as was the case in wounds produced by the Mauser or Lee-*Metford* bullet.¹ Neither arterial hematmata nor aneurysmal varices have been frequently seen in the more serious cases reserved for treatment in France, although I am not in a position to know what may have been observed amongst the large number of less severe wounds transferred at once to England. The same remark applies to isolated injuries of individual peripheral nerves, while the larger area afforded by the brachial plexus has resulted in many paralysed arms complicating the very common wound from the base of the neck to the shoulder region, the result of the attitude so often assumed in the fighting during this campaign.

Allowing the capacity of the pointed bullet to produce the small apertures of entry and exit and the narrow intervening canal made by the older bullet, yet it is clear that as a cleanly perforating instrument it needs to strike with extreme accuracy and precision, and if this be not the case wounds of a vastly different character result. A slight inaccuracy of impact causing

¹ *The Lancet*, Dec. 20th, 1913, p. 1743.