The advantages of this method of treatment are, I think:—

(1) The almost immediate relief from tenesmus; (2) Its rapid beneficial action, blood first disappearing from the stools and then mucus; (3) freedom from relapse of the disease, all patients have remained quite well; (4) the absence of nausea, vomiting and depression, &c., caused by the treatment with ipecacuanha in large doses. The disadvantages, if such a word can be used, are none of them serious.

It will be noticed that there was a slight rise of temperature, headache, &c., in each case after the injection. In one case temperature rose to 104° F., but fell to 100°8 F. after sponging. These "disadvantages," however, only lasted a day or two.

There was some delirium in one case, only lasting for a night.

A rash appeared in every case except one, and was very irritating, but this could be readily controlled by calcium chloride in large doses.

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REPORT OF A CASE OF FEMORAL AND INGUINAL HERNIA ON THE SAME SIDE, IN WHICH RADICAL CURE OF THE FORMER WAS DONE BY A NEW METHOD.

By Major F. J. W. Porter, D.S.O.

Royal Army Medical Corps.

Private S. was admitted to the Military Hospital, Colchester, on January 20, 1906, with a femoral and an inguinal hernia on the right side. The latter was well marked, and had been present for several years. The former was a large bubonocele.

The femoral hernia was exposed by the usual vertical incision. The walls of the crural canal were developed to an extraordinary degree, and formed a very distinct sac. This contained a structure which at first sight looked like a coil of intestine, but closer examination showed it to consist of a sac proper, coated thickly with fatty tissue. The inguinal hernia was now dealt with by extending the first incision upwards and outwards, and the aponeurosis of the external oblique divided over the inguinal canal. There being no proper sac, the conjoined tendon and muscles were drawn across by kangaroo tendon, and sutured near Poupart's ligament after MacEwen's method, and the divided aponeurosis sutured with the same material. Before doing this, the sac of the femoral hernia was seized in a pair of forceps and pushed from below upwards, out of the crural canal. The structures which lay between it and the upper edge of Poupart's ligament were then scratched through, the sac pulled out, transfixed and tied with kangaroo tendon. The excess was cut away, and the stump dropped. Three deep sutures of kangaroo tendon were then passed through the crural ring, Poupart's ligament,
and the pectineal fascia and superficial fibres of the muscle. On being
tightened they completely closed the crural ring.

The operation was suggested to me by Lieutenant Painton, R.A.M.C.,
who was assisting.

A CASE OF GUNSHOT WOUND OF THE HEAD.

BY LIEUTENANT E. M. GLANVILL.

Royal Army Medical Corps.

The following case of gunshot wound of the head (self-inflicted) may
be of interest from a medico-legal point of view, as the position of the
wounds was peculiar. The importance of noting collateral circumstances
when on the medical evidence may depend the answer to the question:
"Accident, suicide or murder?" was also emphasised.

I was called to the barracks, two miles away, and on arrival found,
in a barrack room, the dead body of a private soldier lying on its back on
two bed-boards placed side by side, on supports about a foot high, the
feet resting on a similar bench at right angles to the first. The head,
which was covered with a cloth, was much mutilated, evidently as the
result of a gunshot wound. The right foot was bare. Half the barrack
room in question was disarranged, as the result of festivities the night
before, and at this end the body lay. The other end of the room was
stated to have been full of men when the shot was fired. All the evidence
that could be obtained from those who were in the room at the time was
to the effect that they heard a shot fired, and saw the deceased, who was
sitting on the form above referred to with his rifle, fall backwards.

On examining the body a small entrance wound was found in the back
of the head and a large exit wound between the eyes. The entrance wound
was situated three inches behind the right ear. It was just large enough
to admit a rifle bullet and was clean cut and circular. Blood was welling
from it. No singeing of the hair could, however, be seen. The surrounding
parts were not lacerated in any way. The exit wound was situated
between the eyes at the root of the nose. It was a large wound of
irregular shape and four flaps of skin were everted over it, giving the
wound a star-shaped appearance. Neither of the eyes had been damaged,
though the left orbit was opened into. The bone was considerably
lacerated and no singeing of the skin could be observed.

On inspecting the rifle, which was standing in a corner of the barrack
room near the body, a loop, formed by a boot-lace, was found attached to
the trigger. The right foot had already been noticed to be bare, and
after some search, the right boot was discovered at the other end of the
barrack room minus a boot-lace. The bullet mark was found in the roof
above and slightly behind the spot where the man was sitting when the
shot was fired. It thus became evident that the rifle must have been