inguinal hernia.* He regarded the presence of these adventitious sacs as strong evidence for the saccular theory as regards these forms of hernia. Inguinal hernia is often bilateral, and it is by no means uncommon for a patient who has been operated upon for a hernia to apply later on for treatment of a hernia which has subsequently appeared on the opposite side.

Some surgeons have advised that, when operating for hernia, the inguinal canal of the apparently sound side should also be explored for the presence of a potential hernial sac. Thus Mr. E. W. Roughton,† in eighteen operations for unilateral hernia, found a potential sac on the opposite side in ten cases. The frequency of the double sac does not, however, seem to be sufficiently great to warrant this as a routine measure. I once found a potential sac under the following circumstances: A patient was admitted with a right inguinal hernia, but, inadvertently, the house surgeon had written up a diagnosis of left inguinal hernia. At the operation, the left inguinal canal was opened, and a sac of fair size was removed. The following day the patient complained that the wrong side had been operated upon, and, on coughing, the typical swelling made its appearance in the right inguinal canal. A few days later, another anæsthetic was given, and a very similar sac was removed from the right side.

The actual appearance of the hernia will depend upon a sudden or unaccustomed strain forcing some structure which should normally occupy the abdominal cavity into the pre-existing sac. Thus one would expect a considerable number of hernias to develop if a large body of men were taken from their ordinary occupations, especially if these were of a sedentary nature, and put to new duties calling for severe muscular exertion. This is exactly what occurred among the large numbers of men who were called from their civil occupations to military service. Large numbers of recruits developed hernias, either during the period of training at home or when sent for service abroad. In many, the hernia appeared to be an entirely new development, in others there was a history of a hernia during

* *Lancet*, 1904, Vol. I., p. 707.

† E. W. Roughton, "Bilateral Operation for Inguinal Hernia: its Advantages in Operating for Radical Cure in Young Adults," *Lancet*, 1912, Vol. I., p. 1534.