Indeed, I am unaware of a recurrence having taken place in any case in children, say, under the age of sixteen years, in whom I have employed this method. It will, therefore, only be necessary to consider the results in patients who have reached adult life. Between the years 1912—1915 I operated upon a considerable number of adults, using either this method or the modification, and the results, to the best of my belief, were very satisfactory, though I heard of two or three relapses in subjects of doubtful suitability. The war has been the cause of such an upheaval that it would now be, in all probability, impossible to trace the after-history of any number of these cases. I am, however, by the kindness of the Director-General of the Army Medical Service, able to give some account of a series of cases upon whom I operated in France during the war.

It has already been pointed out that, assuming the truth of the saccular theory, a considerable number of hernias would make their appearance as the result of the change from a more or less sedentary life to the strenuous, active and unaccustomed conditions of military service. This is exactly what did happen, and whereas, in the early days of the war, such cases were invalided home for operation, the number became so large, and the importance of getting the men back to duty quickly became so great, that, unless there was some special indication to the contrary, it was decided that these cases should be treated in hospitals in France.

In March, 1916, instructions were issued to the effect that suitable cases of hernia, varicocele, hydrocele and varicose veins were to be operated upon in certain selected hospitals, one of which was the hospital to which I was attached. These operations were only to be carried out during periods when it was anticipated that there would be no severe pressure upon the accommodation by large numbers of battle casualties. It was further suggested that the cases selected for operation should, as a rule, be men under the age of thirty, and that the hernias should be of small or moderate size, and not of long standing. The instructions to operate only on suitable cases were, however, fairly liberally interpreted, and, provided that the general condition of the patient and the local condition of the inguinal