

seven years. The ages of the patients is shown in the following table.

11-20 years—36 patients

21-30 years—77 patients

31-40 years—18 patients

41-50 years—10 patients

51-60 years— 3 patients

Age not ascertained in eleven cases.

In 4 cases, the affection was right-sided; in 10, bilateral; and left-sided in 131 cases; in 10 cases, the side affected is not recorded. Six cases were associated with an inguinal hernia of the same side, and four with hemorrhoids. In a few cases, the presence of varicose veins of the leg is noted. Though the individual admits individuals of all races, not one of the patients operated upon was colored.

Quain<sup>1</sup> defines varicocele as follows: "A dilated, elongated and tortuous condition of the veins of the spermatic cord, due either to increased pressure within the vessels or to diminished resistance in the walls of the vessels and in the surrounding structures." The pathological dilatation, lengthening, and tortuosity are limited almost always to the spermatic vein and its branches. Exceptionally, the cremasteric and deferential veins and their branches participate in the process. The veins of the scrotum may also show varicose dilatations. The spermatic vein originates at the posterior border of the testis as a thick, closely woven network and forms the pampiniform plexus. This plexus consists of from eight to ten veins most of which lie anterior to the vas deferens; it passes upward, enters into the formation of the spermatic cord, courses through the inguinal canal and finally forms a single trunk in the abdominal cavity. In varicocele the venous lengthening, tortuosity and dilatation are permanent and are associated with histo-anatomical changes in the vessel walls. Temporary dilatation, such as compression of short duration can determine, and which disappears completely after the removal of the compressing agent is not varicocele.