In addition to the above the following enlisted as volunteers before reaching the military age (20):—

In the standing army:—
- 1-year volunteers: 1,850
- Other volunteers: 23,775
- Schoolmasters specially enlisted: 32

In the navy: 3,125

(Nota.—The total number of 1-year volunteers, including those who enlisted before reaching the military age (20), for the army was 16,158.)

The contingent taken compulsorily for the army and navy was made up as follows:

- Men of 20 years of age: 112,624
- " 21 ": 57,757
- " 22 ": 67,261
- Men above 22 years of age: 2,075

Total: 239,717

Of the numbers taken compulsorily for the army and navy 148,115 were born in the country, and 91,602 in the towns.

It will be observed that the numbers posted to the "Landsturm" and "Ersatz" reserves were less in the year under review than in the preceding year, and the contingent taken for the standing army was larger in 1912 than in 1911. This distribution was necessary in view of the increased establishment provided for by the Army Bill of 1912. There is a marked increase in the number of volunteers in 1912 both for the army and navy. The contingent taken compulsorily for the navy in the year under review shows an increase of 3,019 men.

J. V. F.


correspondence.

"THE RADICAL CURE OF SACULATED INGUINAL HERNIA."

To the editor of "THE JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

Sir,—I beg most heartily to corroborate Major E. E. Ellery's remarks on the "Radical Cure of Inguinal Hernia" in the December number of the Journal. I have operated on the lines he advocates since the year 1907. I was first led to do so by reading in the British Medical Journal of January 26, 1907, a short paper on the "Etiology of Hernia," by Mr. Murray. In the British Medical Journal, November 16, 1907, Mr. Murray published a fuller account of his theory, which went far to prove that all hernias are really of congenital origin. In the same number of the British Medical Journal Mr. George Chiene described his operation, which is so simple and satisfactory that I have followed it out, almost exactly as he described it, ever since I read his article. For a full
description of the method I must refer those interested to the original paper, and will content myself here by saying that the sac is exposed at the internal abdominal ring, the proximal end, after ligature, is returned to the abdominal cavity, and the distal end left in situ. In uncomplicated and recent cases, the operation takes from a quarter of an hour to twenty minutes. The patient is allowed up as soon as the stitches are removed, and a few days afterwards is discharged from hospital. Mr. Chiene recommends overlapping the aponeurosis of the external oblique, but this is quite unnecessary in recent hernia of the bubonocele type which one usually meets in the Service.

The whole question is really one of aetiology. If you believe that a hernia is due to a defect in the abdominal wall then it is reasonable to attempt to repair that structure. If you agree with Mr. Murray that the whole trouble is due to a preformed sac then deal with the sac only. Mr. Murray, in the concluding remarks of his paper, says: "The aetiology of abdominal hernia is not merely of academic interest, but has an important bearing upon the question of treatment. A surgeon who believes that the chief factor in the production of the hernia is the presence of a preformed sac, would, in operating for a radical cure of the complaint, adopt less complicated measures than would be adopted by one who believes that the muscular and aponeurotic structures of the abdominal wall are at fault."

I am, &c.,

FRANK E. GUNTER,
Major, R.A.M.C.

January 4, 1914.

ORGANIZATION OF DIVISIONAL MEDICAL AID.

TO THE EDITOR OF "THE JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

SIR,—At the opening meeting of the United Services Medical Society some very interesting points were raised. Many of us stationed in the provinces, although unable to attend these meetings, take the greatest interest in the proceedings. As the writer happens to be one of these may he be permitted to encroach on your space with a few remarks?

The first point was the proposal to give a battalion organization to the field ambulances of a division. One may presume the battalion would have nine sections or companies. There are, of course, many ways in which divisional medical aid may be organized, and one might sketch out three or four alternative plans, all different to the present organization, any of which would doubtless fulfil its purpose and have something to recommend it. However, it must be remembered that no organization can be devised which will fulfil all requirements, nor can one be found that has not certain inherent disadvantages. This unfortunately is unavoidable from the nature of things, and all that one can do is to