

(HERNIA)

Two-hundred and thirty-three cases of Herniae were treated at the 12th General Hospital; 121 being treated during the African phase; 57 during the Rome phase and 55 during the Leghorn, Italy phase.

Table I - (Incidence of Hernia)

Africa	121
Rome, Italy	57
Leghorn, Italy	55
Total	233

Types of Hernia:

Two-hundred and two, or 86.69% of the total 233 cases were inguinal herniae. Three cases, or 1.29% were femoral herniae. 18 cases, or 7.72% were post operative herniae following appendical operations (16) and the other (2) were abdominal operations. Ten cases, or 4.29% were cases of congenital epigastric herniae (5 cases) and umbilical herniae (5 cases).

Table II - (Types of Hernia)

	Inguinal	Femoral	Post Operative	Congenital	Total
Africa	106	1	12	2	121
Rome, Italy	51	2	1	3	57
Leghorn, Italy	45	0	5	5	55
Total	202	3	18	10	233
Percentage	86.69	1.29	7.72	4.29	100.

Inguinal Hernia:

As to be expected inguinal hernia was the most common type of hernia that occurred in cases treated at the 12th General Hospital. Of the total number of 202 cases of inguinal hernia, 114 cases, or 56.43% occurred on the right side; 60 cases or 29.70% of the total number occurred on the left side. 28 cases, or 13.87% were bilateral herniae. 197 cases or an overwhelming majority of the cases were indirect herniae. Only 5 cases were direct herniae. 36 cases of the total 202 cases of inguinal herniae were recurrent, many had one or more hernial repairs before entrance into the 12th General Hospital.

Table III - (Inguinal Hernia)

	Right	Left	Bilateral	Indirect	Direct	Recurrent
Africa	51	34	21	103	3	26
Rome, Italy	33	13	5	51	0	6
Leghorn, Italy	30	13	2	43	2	4
Total	114	60	28	197	5	36

Of the 36 cases of recurrent herniae which entered the 12th General Hospital, 14 cases were recurrence of the left inguinal herniae and 17 cases were recurrence of right inguinal herniae. There were 5 cases of recurrence of bilateral herniae; 3 of these cases had bilateral recurrence; one had a recurrence of the right side only, and one had a recurrence of the left side only.

Table IV - (Recurrent Hernia)

	Left Side	Right Side	Bilateral	Total
Africa	11	11	(2)both sides (1)right (1)left	26
Rome, Italy	2	3	1	6
Leghorn, Italy	<u>1</u>	<u>3</u>	<u>0</u>	<u>4</u>
Total	14	17	5	36

Duration of Symptoms of Hernia:

Ninety-nine cases, or 42.49% of the total number of 233 cases of Hernia gave a history of symptoms dating from a period of days or months prior to entry into the hospital. In the worst of these cases the patient assigned the cause of his trouble as the result of straining while lifting a heavy weight, or carrying a heavy load over a prolonged period of time. The development of pain in the side with subsequent appearance at sight of pain, a swelling, occurring soon after the injury.

Thirty-nine cases, or 16.73% of the total number of 233 cases were known to have existed for a year or more before entrance into the hospital. 95 cases, or 40.77% were not definitely sure how long symptoms of the condition had been present.

Operations for Hernia:

One-hundred and twenty-five cases of hernia were operated on at the 12th General Hospital; 53 cases had already been operated on prior to entry into the hospital. 55 cases were not operated on. Some of these were sent to other hospitals for operation, while others were sent to limited duty, or to the Zone of Interior on account of some contra-indication to operation in this theater.

Table V - (Operations for Herniae)

(Operation)	(Number)
At 12th Gen. Hosp.	125
Other Hospitals	53
None required	<u>55</u>
Total	233

Reasons why operation for repair of hernia was not done at the 12th General Hospital are given in Table VI. In general mild asymptomatic cases were not operated on. Recurrent and bilateral hernia with poor abdominal musculature were sent either to limited duty, or Zone of Interior; some other cases were referred to other hospitals, because at that particular time beds in this hospital were in demand for treatment of Battle Casualties; others were operated upon on account of more serious battle wounds, accidental injuries, or diseases complicating the hernial condition.

Table VI - (Reasons for Delaying Hernial Repair)

(1) Hernia - asymptomatic	11
(2) Hernia - recurrent with poor abdominal musculature	15
(3) Hernia - bilateral " " " "	1
(4) Return to duty, requested by C.O.	1
(5) Transfer to other hospitals for operation	5
(6) Complicating Battle Wounds	4
(7) Complicating Accidental Injuries	1
(8) Complicating Diseases as:	
(a) Tumor of vocal cord	1
(b) Post-operative cholecystectomy with drainage	1
(c) Chronic cholecystitis	1
(d) Chronic bronchitis	1
(e) Ankylostomiasis	1

Table VI - (Reasons for Delaying Hernial Repair Cont'd)

(f) Spondylolisthesis	1
(g) Psychoneurosis	3
(h) Syphilis and extensive dental caries	1
(i) Chronic prostatitis	2
(j) Pes Planus	2
(k) Spleen and liver disease	1
(l) Poor general physical condition	<u>1</u>
Total	55

Disposition of Hernia Cases:

Of the total number of 233 cases of Hernia, 128, or 54.94% returned to A Duty. 33 or 14.16% of the cases returned to limited duty. Of these, 15 cases went to temporary limited duty and 18 cases went to permanent limited duty. 34 cases, or 14.59% were sent to other hospitals, either for operation, or a more prolonged period of post-operative convalescence. 38 cases, or 16.31% were sent to the Zone of Interior because of some complicating condition which rendered the soldier unfit for duty in this theater of war

Table VII - (Disposition of Cases)

(Type of Duty)	(No. of Cases)
To (A) Duty	128
To (B) (limited) Duty	33
Transferred to other hospitals	34
To Zone of Interior	<u>38</u>
Total	233

The reasons necessitating patients being sent to permanent limited duty are listed in Table VIII.

Table VIII - (Causes for Assignment of Limited Duty)

(Cause)	(No.)
Hernia, recurrent, poor abdominal musculature	8
Hernia, asymptomatic	2
Post-operative-appendicial	1
Chronic arthritis complicating	1
Chronic prostitis complicative	1
Psychoneurosis complicative	2
Pes Planus complicative	2
Poor General Physical Condition	<u>1</u>
Total	18

The reasons for transferring the 38 patients to the Zone of Interior are given in Table IX in detail. Each of the conditions prevented the patient from being fit for overseas duty.

Table IX - (Causes for Transferring Hernia Cases to Z.I.)

(Cause)	(No.)
(1) Hernia- recurrent, poor abdominal musculature	10
(2) Hernia- bilateral, " " musculature	2
(3) Battle Wounds complicating	2
(4) Accidental Injury complicating	1
(5) Disabling disease complicating	-

Table IX Cont'd (Causes for transferring Hernia Cases to Z. I.)

I	(Cause)	(No.)
'	(a) Recurrent duodenal ulcer	' 1 '
'	(b) Post-operative intestinal obstruction	' 1 '
'	(c) Chronic cholecystites	' 1 '
'	(d) Post-operative cholecystectomy w/drainage	' 1 '
'	(e) Chronic bronchitis	' 2 '
'	(f) Post-operative Pulmonary Embolism	' 1 '
'	(g) Psychoneurosis	' 7 '
'	(h) Tumor of the vocal cord	' 1 '
'	(i) Tumor of the penis	' 1 '
'	(j) Post-operative torsion of Spermatic Cord	' 1 '
'	(k) Post-operative incarcerated hernia, hydrocele	1 '
'	(l) Syphilis and extensive dental caries	' 1 '
'	(m) Hemolytic Streptococcus Infection in hernial wound.	' 1 '
'	(n) Defective hearing	' 1 '
'	(o) Deformity of right hand	' 1 '
'	(p) Spondylolisthesis	' <u>1</u> '
'		' '
'	Total	' 38 '

Hospital Days:

The uncomplicated case of post-operative herniorrhaphy was hospitalized for at least 60 days. This includes the actual time spent in the hospital, together with that time spent in rehabilitation and reconditioning the patient for active duty. Such time was spent in a convalescent hospital and a rehabilitation center.

SUMMARY:

233 cases of hernia were treated in the 12th General Hospital.
 202, or 86.69% of the cases were cases of Inguinal Hernia.
 3 cases or 1.29% were cases of Femoral Hernia.
 18 cases or 7.72% were post-operative hernia following appendicial and other abdominal operations.
 10 cases, or 4.29% were cases of congenital epigastric and umbilical herniae.
 The majority (56.43%) of the inguinal herniae occurred on the right side.
 29.70% of the inguinal herniae occurred on the left, while 13.87% were bilateral.
 Practically all the inguinal herniae were indirect as only 5 out of 202 cases were direct.
 36 cases of inguinal herniae were recurrent.
 39 cases of the total 233 cases of all herniae were known to exist for a period of years before entrance into the hospital. This is 16.73% of the total number of cases. These could have and should have been repaired before patient was sent overseas.
 55 cases of the total 233 cases were not operated on. 38 of these on account of contra-indication of some complicating disease or injury
 161 cases or 69.10% of the cases were returned to duty, including A and B Duties.
 38 cases, or 16.31% were transferred to the Zone of Interior, because of some complicating condition which incapacitated them from doing overseas duty.

Summary of Hernia Cases Operated Upon at the 12th General Hospital:

125 cases of Hernia were repaired at the 12th General Hospital. Of these 112 were Inguinal Herniae.

- 64 Right Inguinal Herniae
- 36 Left Inguinal Herniae
- 12 Bilateral Inguinal Herniae
- 2 Femoral Herniae
- 2 Umbilical Herniae
- 9 Post-operative appendicial wound herniae

125 Total cases.

Of these 125 cases, 9 were recurrences, having had previous hernia atrop-
hies, prior to entry into this hospital.

Disposition of Cases:

After treatment in this hospital, these 125 cases were disposed of as follows:

113	cases	were	returned	to	A	Duty					
4	cases	"	"	"	Temporary	B	Duty				
2	cases	"	"	"	Permanent	B	Duty				
6	cases	"			transferred	to	the	Zone	of	Interior	
(125)											

The 4 cases sent to Temporary B Duty needed a longer period of recovery before going to A Duty and were given a Temporary Limited Duty while accustoming themselves to work again.

The two cases sent to Permanent B Duty were cases of recurrent hernia, with poor abdominal musculature and they were given Permanent Limited Duty to avoid likelihood of subsequent recurrence.

The 6 cases transferred to the Zone of Interior were deemed unfit for further military duty in this theater. One of these cases was that of a Bilateral Recurrent Herniae with poor abdominal musculature. Another case suffered a Hemolytic Streptococcus infection in his hernia wound and his general physical condition was impaired.

Three cases were complicated by Psychoneurosis. One case suffered a post-operative pulmonary embolism which necessitated a prolonged period of convalescence.