

Bia

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Pvt. General Hospital

Injured: 16 Sept. 1944 by fall into moat at 12th. G.H. Pietralata, Rome, Italy.

Admitted: Direct.

Died: 17 Sept. 1944 approximately 2 1/2 hours after injury.

This medical soldier (age ?) fell into the moat at 12th. G.H. and was brought at once into the operating room. He had a laceration of the left ear, abrasion of left side of the face and left temple region, a dislocated finger, a fracture of the distal third of the left clavicle, and a laceration of the right palm. Patient was in deep coma, his respirations were noisy, extremely labored, and accompanied by exaggerated facial grimaces, and he did not move the left lower extremity, though the others were in a state of almost constant agitation. His blood pressure was 80/? when first taken, and dropped later to 60/?. This rose, on the administration of plasma and fluids, to 108/70. The tissues of the left posterior axillary line and of the left side of the neck became slightly crepitant with subcutaneous air, and we were able to palpate several fractured ribs just lateral to the neck, about mid-thoracic region. Those intercostal spaces corresponding to the ribs were injected with 1% novocaine with possibly some relief of the respiratory difficulty, and later the administration of oxygen # seemed to help. He did not have any localizing neurological signs, the pupils stayed equal, and at one point he became able to respond to simple questions. Approximately 2 1/2 hours after he was brought to the operating room, patient expired, apparently because of increased respiratory embarrassment.

Autopsy - as on certificate:

A. The cause of death was a lacerated left temporal lobe and extradural hematoma in the same region, both lesions the direct result of a skull fracture which extended from the posterior region of the right parietal bone to the left squama of the temporal bone, traversing the base of the skull in this region to intercept the petrous ridge, which was exposed.

B. Of secondary importance was a bilateral tension hemopneumothorax, that on the left being the direct result of fracture of the eighth rib at its costovertebral angle, with internal compounding and laceration of the posterior surface of the left lower lung lobe. The changes in the right chest were due to a tear in the posterior surface of the middle lobe.

C. Additional injuries were fractures of the left 4th, 5th, and 6th ribs at their angles, and a fracture of the left clavicle. The scalp was lacerated over the left tempore-parietal area.

D. The autopsy disclosed no evidence of chronic disease. The deceased had not been under the influence of alcohol or drugs at the time the accident occurred.

Diagnoses: Clinical and Pathologic.

- (1) Skull fracture with laceration of left temporal lobe of brain.
- (2) Extra dural hematoma beneath left temporal lobe.
- (3) Fracture, compounded internally, of 8th left rib with puncture of lung and bilateral pneumothorax.
- (4) Fracture, simple, of 4th, 5th, 6th, ribs right.
- (5) Lacerations scalp, left ear, and right palm.
- (6) Dislocation of finger (? right or left, or what finger).