

Injured: 5 July 1944 in take off "Crack Up" near Rome, Italy.

Admission: 5 July 1944, direct.

Died: 28 July 1944 of fulminant bronchopneumonia.

This 25 year old Sgt. suffered a fracture-dislocation of the 6th cervical vertebra with complete interruption of cord at that level, both bone fracture of left forearm, both bone fractures of left leg, fracture of right talus, fracture of right malar bone, and numerous lacerations and contusions. He was admitted in shock, with diaphragmatic breathing, absence of all reflexes below umbilicus, no motion in lower extremities, semi-priapism, pulse and blood pressure practically unobtainable. 1000 cc of blood and 1400 cc of plasma restored him to operability, wounds were cleaned and debrided and closed, and casts applied. Crutchfield tongs were applied to skull with 25 pounds traction. The postoperative course was satisfactory, wounds healed and stayed clean, and the cervical fracture was entirely reduced. However there was not return of cord function below the level of C6 at end of three weeks. He had been receiving sulfadiazine, 45 grains daily for three weeks, covered by sod. bicarb and fluids, but this was stopped with the appearance of microscopic hematuria.

On the 27 July there was a sharp chill, a slight rise in temperature, abdominal fullness and restlessness. With this a massive hematuria with 4 plus urinary albumin. He vomited and became irrational. A severe bronchopneumonia resistant to all therapy ended in respiratory failure in 30 hours.

The salient features of the postmortem were:

"The scalp has been recently shaven. There are numerous lacerations of same and bilaterally situated tongue marks are evident in the parietal areas. There is a BB fracture of the left forearm and of the left tibia and fibula, all fragments well positioned but freely movable when relieved of support. In addition there are lacerated minor wounds of the extremities, involving skin and subcutaneous only. There is no gross infection of these, but neither is there any evidence of repair. The cervical cord is exposed. There has been comminution of that structure at the level of the 6th cervical vertebra, and the cord has been reduced here to a pulpy mass of the consistency of watery toothpaste. The arch of the 6th cervical is cracked but has not appreciably injured the cord or its membranes. The posterior processes of this vertebra have been fractured also."

Ancient adhesions bind the right lung to the chest wall. When these are freed about 200 cc of serous fluid is evident in that cavity and a much less amount is found on the ~~maxx~~ left.

The left lung weighs 700 grams. The upper lobe shows a minimal edema; the lower is diffusely involved by early confluent lobular consolidation. The right lung shows a rather marked lobular consolidation in the lower and middle lobes; and the upper shows a beginning consolidation also.

The kidneys weigh a total of 325 grams. They are grossly entirely normal, both externally and on section - except for a few recent pelvic petechiae.

Lung (7 sec): All are essentially similar. There is a diffuse bronchopneumonia, evidently in a phase of rapid dissemination, and accompanied by marked alveolar edema.

Kidney (2 sec): There is some dilation of upper nephrons. There are occasional pigmented casts in the distal convoluted and collecting tubules, some of which have provoked epithelial nuclear activity. These changes are not, however, marked. A peroxidase stain yields negative results. The glomerular tufts are swollen and unusually prominent. Some of the dilated loops contain polynuclears. The vessels of the medulla show similar congestive changes.

Cont'd (2) - Thompson, T/Sgt., 51st T.C. Wing., 64th T.C. Gp.,

Clinical Diagnoses:

- (1) Fracture of C6 with marked anterior displacement (reduced).
- (2) Cervical cord injury.
- (3) Flaccid quadriplegia.
- (4) BB fracture left forearm; BB fracture left lower leg; fracture of right talus.
- (5) Depressed fracture right malar bone.
- (6) Multiple soft tissue wounds of extremities.

Pathologic Diagnoses:

- (1) Bilateral confluent bronchopneumonia, acute, severe.
- (2) Maceration, traumatic, of spinal cord at level of C 6.
- (3) Fractures, linear, of 6th cervical vertebra.
- (4) Indolent soft tissue wounds of extremities.
- (5) BB fracture left forearm with no union.
- (6) BB fracture left lower leg, with no union.
- (7) Fracture of right talus.
- (8) Fracture of right malar bone.
- (9) Indwelling catheter.
- (10) Traumatic cystitis, moderate.
- (11) Hematuria, gross.
- (12) Pleuritis, right lung, ancient, extensive.
- (13) Infectious hyperplasia of the spleen, ancient.
- (14) Periportal hepatitis, ancient, marked.
- (15) Sulfonamide nephropathy, slight.
- (16) Crutchfield tong marks in outer table of both parietal bones..
- (17) Healed lacerations of scalp.