

~~_____~~: ~~_____~~ H. Goumier BF.

Onset: 25 July 1944-as right middle ear and sinus.

Admitted: 23 Sept. 1944 from 33rd. Gen. Hosp., from 105 Station Hosp.

Died: 7 October 1944 of Meningitis and ventriculitis.

This patient had a long history dating from July 28, 1944, in the 105th S.H., where he apparently developed a middle ear (right) and sinus infection. He was transferred to the 33rd. G.H. on 31 Aug. and to 12th. G.H. on 23 Sept. 1944. At the 105th S. H. he was known to have a meningitis, thought to be a meningococcal type, coming from the sinus or mastoid, but at the 33rd, what was thought to be a pneumococcus type III was isolated from the cerebro-spinal fluid. At 33rd G.H. the patient had multiple trephine punctures, lumbar punctures, cisternal punctures, a ventri lumbar sac, cisternally, and intraventricularly. He also had a right mastoidectomy. The cerebrum and cerebellum was probed for abscess at several sittings, but no abscess was ever found. In all, localizing neurological signs were never found. His cerebro-spinal fluid continued to be turbid, with a high wbc count. He spoke only Arabic. Clinically the patient showed all the evidence of a fully developed meningitis and ventriculitis. Cerebro-spinal fluid was turbid, with average of 900 wbc, high protein content. No particular change in his condition with repeated lumbar drainage and instillation of 10,000 units penicillin on several occasions. Continued to eat well. In a constant state of marked opisthotonus. No localizing neurological signs. Apparently disoriented most of the time. Fever usually 101 to 103.5, rectally.

Expired suddenly about midnight, oct. 7. No autopsy, since patient was Mohamedan.

Diagnosis: Meningitis, severe, secondary to mastoid infection, type of organism undetermined. Ventriculitis, secondary to meningitis and possibly produced by ventricular punctures.