TETANUS

There were two cases diagnosed as tetanus among our entire series of battle casualty and accidental wounded. Both cases were in battle casualty wounded, one a German PW who survived after enormous doses of tetanus antitoxin, the other an American soldier who died of anaphylactic shock from the antitoxin. The disease in the German PW was full blown and unmistakable, the course was typical and recovery slow but satisfactory. Details of his case are lacking, but much can be supplied by Captain Hiram Langston to supplement the meagre note here attached. On the case of the American soldier the diagnosis was made on very early symptoms as outlined in history. Death occurred from anaphylactic shock and further substantiation of the diagnosis was not possible. It is believed that this man had early tetanus.

Case 1: An 18 year old German POW was wounded by a rifle bullet, 7 July 1944, near Castellano, Italy, sustaining a penetrating wound of the right shoulder with fracture of the left scapula and penetration of the chest. The wound was debrided and the foreign body removed at a forward hospital. On arrival at the 12th General Hospital, 12 July 1944 the wound was found to be a moderately infected. A suppurative pleurisy developed which required rib resection for drainage. Approximately a week after admission to the hospital symptoms of tetanus appeared, involving first the arms, especially the left, later the back musculature and the face. Under sedation, intravenous and duodenal tube feeding and oxygen, and enormous intravenous and intramuscular doses of tetanus antitoxin the patient recovered. He was evacuated to a hospital in the Zone of Interior on 24 September 1944.

Case 2: This 21 year old soldier was wounded in action, 9 September 1944, North of Florence, Italy, by enemy mine, receiving typical mine injuries, namely multiple penetrating and perforating wounds of the entire left lower extremity, both buttocks, right leg with traumatic amputation of the foot, entire left upper extremity, including hand and shoulder, the right hand and scrotum with loss of one testis. The amputation of the right leg was completed at a British hospital and the patient was sent to an American evacuation hospital where further debridement was accomplished. On arrival at the 12th General Hospital from the evacuation hospital, 13 September 1944, the patient looked ill, the skin was moist and flushed, he was in pain and the temperature was 101 degrees F. Fluids and transfusion were given and three days later the wounds were uncovered in the operating room. They were very dirty, and some further debridement was done and closure was accomplished only on the scrotal wound. Six inches of the right tibia were exposed and a slightly higher amputation was done, and traction applied. The day following operation the patient was nauseated and feverish, complained of chills and vomited several times. There was tenseness of the neck muscles, and a slight suggestion of risus. A clinical diagnosis of tetanus was made and proper therapy instituted. Rectal sedation with avertin was started and skin testing with tetanus antitoxin done. There was no reaction up to 40 minutes after the wheal was made and a Venoclysis of 80,000 A.T.S. units in normal saline was started. Approximately 10 cc. of the solution had entered the vein when the patient complained of difficulty in respiration, followed almost immediately by cessation of respiration and heart beat. All efforts at resuscitation failed. He died, 17 September 1944 of anaphylactic shock due to tetanus antitoxin.