

██████ - F/O, ██████ T.C. Sqdn., ██████ T.C. Gp.

E.D.

Injured: 5 Sept. 1944 on highway near Rome, Italy.

Admission: 5 Sept 1944, direct.

Died: 7 Sept. 1944, 36 hours after injury of massive brain damage.

This flight officer was injured in some unknown manner on the highway and brought to hospital in deep coma from which he did not recover. He was found to have a fractured dislocation of right thumb, fracture of right malleolus, multiple abrasions, and a severe cerebral injury leaving him in state resembling decerebration. His stupor persisted, a left Babinski and increased deep tendon reflexes on left with widening right pupil suggested intracranial hematoma. This diagnosis was not supported by temporal burr holes. Pressure rose to 155/90 and patient died some 36 hours post injury.

The salient features of the postmortem were:

"The calvarium is unusually thin. Removal of the brain discloses a marked laceration of the brain substance of the left temporal lobe, extending inwards for a depth of several centimeters but not involving the ventricle. There has been some excavation of the brain substance about this wound, evidently the result of hemorrhage. The subdural and subarachnoidal spaces in this area are stuffed with clotted blood. The petrous ridges are remarkably prominent and has razor-thin edges. It is believed that contrecoup against the left petrous apex is responsible for the changes observed."

"Of considerable anatomical interest is the fact that the petrous and sphenoid ridges in this patient are thin and sharp to a degree not previously observed by the prosector. The whole calvarium, in fact, was unusually thin. It is believed that this patient "sliced his own brain", so to speak. Death was evidently the result of increased intracranial pressure from a severely damaged brain. Recovery was anatomically impossible.

Clinical Diagnoses:

- (1) Cerebral contusions, severe.
- (2) Basilar hemorrhage.

Pathologic Diagnoses:

- (1) Laceration, severe, of inferior surface of left temporal lobe.
- (2) Basilar subdural hemorrhage, severe, with hematoma formation.
- (3) Acute passive congestion of all parenchymatous viscera.
- (4) Acute passive congestion of the lungs (cerebral lung)
- (5) Pulmonary edema, moderate, early, acute.

Additional microscopic diagnoses:

- (6) Focal necrosis of the liver, minimal