[redacted]: - M/Sgt., [redacted] FA.

Wounded in Action, 28 April 1943, in Tunisia

Admitted to 12th General Hospital, 12 May 1943, from 15th. Evac. Hosp.

Died, 20 June 1943, of pneumococcal abseess of the brain and meningitis resulting from his wounds.

This 26 year old soldier received a shell fragment wound of the head entering over the right eye and passing out through the left temporal area, involving both frontal sinuses, with loss of a large area of frontal bone and extensive cerebral injury. A compound comminuted fracture of the right tibia was of incidental interest only. Operation was performed at the 15th. Evac. Hosp. and when the patient reached the 12th. Gen. Hosp., on 12 May 1943, the operative wound had healed and the wound of exit was bearly healed. The patient was in good condition, alert, in good humor and eating well. The frontalarea was depressed, pulsating but not tender, and except for headache, a diplopia on looking laterally and downward, and a silly talkative, childish euphoria, there were surprisingly few cerebral symptoms. Two days after admission the patient developed a severe headache, the frontal area began to bulge, a stiff neck developed, the temperature rose to 102, and a papilledema of 2 diopters was found in both eyes. By noon of the following day (15 May) the patient was delerious, the temperature rose to 105, rectally and the bulging frontal area became quite tense. He was given 200 cc. of 50% glucose, followed by 2500 cc of fluid, and sulfadiazine intravenously. He recovered from this episode, but from then on his course was characterized by alternating, comparatively asymptomatic periods during which he was rational, ate and talked with men on the ward, and periods of fever, severe headaches and delerium, during which the frontal defect was tense and bulging. There were no localizing signs until 13 June, when evidence pointed to a right parietal abcess. Burr holes were placed over this area and punctures made, but without discovering pus. From then on the course was rapidly down hill, the temperature shot up, and the patient became comatose, remaining so until his death, 20 June 1943.

Significant Autopsy findings were:

> "There is a traumatic loss of frontal bone in the midline about 3 cm in diameter. Both frontal sinuses have been unroofed by this loss, particularly the right, There is an extensive right frontal lobe abscess of some duration which has destroyed nearly one-half of the lobe. There is beginning abscess formation of the left frontal lobe. There is extensive meningitis in and about the frontal lobes, but it is limited superiorly to those structures. There has been spread, however, into the meninges of the base of the brain, and this last does not appear organized. Immediate section of the brain discloses that the subpial spaces are not grossly involved. The ventricles are all intact."

Clinical Diagnoses:

(1) GSW right frontal lobe.
(2) Right frontal lobe abscess.
(3) Compound, comminuted fracture of right tibia.

Pathological Diagnoses:

RESPIRATORY SYSTEM: Hypostatic bronchopneumonia, both lower lobes; Healed tuberculosis, left lung apex.
SPLEEN & HEMATOPOIETIC TISSUES: Acute splenitis.
CENTRAL NERVOUS SYSTEM: Bilateral frontal lobes abscess (pneumococcic); spreading pneumococcal meningitis.
BONES AND JOINTS: Traumatic loss of a portion of the mid-frontal area of the frontal bone; traumatic exposure of both frontal sinuses. Compound, comminuted fracture of right tibia.
MISCELLANEOUS: Healed operative wound over right frontal area; bulging of mid-frontal area.