- Capt. (Brit) Br. of Service (Unknown)  S.S.

Admission: 15 May 1943, (Direct).
Died: 15 May 1943, of extensive brain damage.

This officer at a Commando Camp was accidentally shot thru the right thenar eminence and left side of the head when he pounded the butt of a tommy gun against the ground in emphasizing a point. The bullet entered the jaw on the left side, passed through the face, base of skull frontal lobe of brain and made exit through the vault. On admission several hours after injury he was unconscious and was taken to operating room immediately, where cranial wound was debrided, depressed bone fragments removed and furious meningeal bleeding encountered. He died without regaining consciousness about an hour after surgery, having a pulse rate of 160 and respiration rate of 50 up to the time of death.

The salient features of the postmortem were:

The head is swathed in bandages which, when removed, reveal a combined traumatic and operative defect in the left parietal bone which extends over the anterior suture line to involve the posterior portion of the frontal bone. The total area of missing skull found beneath the skin flap is about 10 square centimeters. Extending from the mesial edge of the defect is a fracture line which passes just posterior to the anterior fontanelle toward the right parietal bone for a total linear distance of 6 cm. Both eyes show a marked periorbital subcutaneous, to such an extent that the globes are completely hidden. The pupils are found to be dilated bilaterally, but more so on the left side. There is no bleeding from the ears or nose.

The extremities are without remark, save for a recent through and through GSW of the right thenar eminence, the wound of entrance being on the medial palmar aspect and the wound of exit being on the dorso-medial surface just below the anatomical snuff-box.

There is a second wound of entrance in the skin over the middle third of the left ramus of the mandible, the tract (by probing) coursing upwards and slightly mesially, traversing the soft tissues of the cheek, but not entering the oral cavity. The tract passes between the left zygomatic arch and the left maxilla. Further tracking is left for exploration from within the cranial cavity.

Removal of the brain discloses a grossly lacerated left frontal lobe, with a lesser laceration of the anterior tip of the left temporal lobe. There is considerable blood clot mingled with the brain substance. There is a bullet wound of entrance in the floor of the middle fossa, located at extreme left antero-medial edge of that cavity which represents a continuation of the course of the bullet whose tract through the soft tissues of the left cheek has been described previously. The bullet has chipped off a portion of the greater wing of the sphenoid (left) and has severed the left optic nerve completely about 1 cm distal to the chiasm. The left ethmoid air cells have also been uncovered. Immediate section of the brain discloses numerous areas of hemorrhage on the grey and white matter of both frontal and temporal lobes. The left lateral ventricle is filled with blood, but the other spaces are dry.

(Microscopic)
Lung: (2 sec): These sections were taken from the lower lobes of both lungs and reveal an early aspiration bronchopneumonia and purulent bronchitis.
Left Temporal Lobe: (1 sec): There are numerous focal hemorrhages scattered throughout the grey and white matter.

Clinical Diagnoses:

(1) GSW (.45 cal.) of right hand and head.
(Pathological Diagnoses):

(1) Bursting fracture, comminuted, of left parietal and anterior portion of left frontal lobe.

(2) Operative trauma (recent removal of depressed skull fragments, incision of dura; silver clips about severed vessels in underlying brain substance).

(3) Laceration, massive, of left frontal and anterior inferior tip of left temporal lobes, with massive hemorrhage therein.

(4) Bullet wound of entrance at extreme left antero-medial edge of left frontal fossa, with loss of a portion of the greater wing of the sphenoid and severance of the left optic nerve one cm. distal to the chiasm.

(5) Traumatic exposure of the left ethmoid air cells.

(6) Diffuse petichial hemorrhage throughout the white and grey matter of both frontal and temporal lobes; massive hemorrhage into left lateral ventricle.

(7) Bullet tract with wound of entrance over middle third of left ramus of the mandible, the tract coursing upward through the soft tissues of the cheek, passing between the left zygoma and maxilla, entering the anterior fossa as noted above.

(8) Through and through GSW of right thenar eminence.

(9) Aspiration bronchopneumonia, early, of both lower lobes.