

Examination of the sputum at this time showed streptococci, staphylococci and pneumococci. The onset and subsequent course of this attack of pneumonia make it probable that it was due to the pneumococcus. She improved materially for a time, and then about April 1st extreme tympanites set in. The abdomen was blown up like a balloon. There was no tenderness except about the liver and spleen. This condition lasted for a few weeks, and then gradually disappeared.

For the next two months nothing of importance developed. The temperature continued to run from normal to 100 deg., or occasionally to 101 deg. The ulcers were gradually healing, and the general condition was improving. By the 1st of July she had so far recovered that her friends wished to take her to the country, so she left the hospital on July 7th. Her people were poor and unable to give her proper care and nourishment. They did not send her to the country, but kept her at home, in a small, poorly lighted and ventilated room. After a time she developed bedsores over all the prominences of the back, she grew gradually weaker, and finally died about the middle of September. I did not see her after she left the hospital, but from information received, believe that death was due to the sepsis from these bed sores, and gradual exhaustion. Her leaving the hospital was to be regretted, for at that time she had been gradually gaining for two months, and with proper care would probably have recovered.

To sum up the case, the patient in the first instance had an infection, presumably by the streptococcus and staphylococcus with resulting endocarditis, acute splenic tumor and perisplenitis. She then had a left basal pneumonia and pleurisy, acute nasopharyngitis and double suppurative otitis media, the latter no doubt by direct extension from the naso-pharynx. Then the local effect of the streptococcus was shown in the skin by the attack of erysipelas. Next the rheumatic pains in the joints and limbs developed, and it is interesting in this connection to recall the fact that some of the obscure rheumatic attacks which may develop are of pyogenic origin. The subcutaneous abscesses were demonstrated to be associated with the streptococcus and staphylococcus. The pneumonia at the right apex was apparently of pneumococcic origin judging from its course. The pleurisy, with which it was associated, by extension through the diaphragm, produced the perihepatitis. The intense distention of the abdomen, which appeared later, was probably partly caused by the extension of the peritoneal inflammation from about