

was ill before her admission to hospital. We then examined various organs and regions of the body to ascertain whether or not suppurative inflammation was present in any of them. Failing to discover any evidence of suppurative inflammation in the parts examined, we concluded that our patient must be suffering from infective endocarditis—the rigors, temperature, sweats and anæmia were suggestive of this, added to which the loud systolic murmur heard at the apex, rendered the diagnosis of malignant endocarditis almost a certainty.

Having decided that the case was one of infective endocarditis, we directed our attention to the discovery of the cause, in which we were not very successful. It is a well recognized fact that this infection is due to the presence of micro-organisms—to no one specific organism but to several, which may act either separately or combined. Streptococci and staphylococci are most frequently the cause, less frequently the diplococcus of pneumonia and still less frequently the specific organisms of typhoid fever, gonorrhœa, diphtheria and tuberculosis. We could not obtain any evidence that the patient had suffered from septic disease in any other part, nor that she had suffered from pneumonia, diphtheria or tuberculosis. We suspected that she might possibly have suffered from gonorrhœa, inasmuch as her illness dated from a time, shortly after that of which several young men—any one of whom or all of whom may have suffered from this disease—had had intercourse with her. I asked Dr. Meek to examine her, to ascertain if possible whether or not she had recently suffered from gonorrhœa. He kindly did so, but was unable to discover any evidence of this affection. Unfortunately a bacteriological examination was not made, either before or after death. In the absence of any positive information as to the cause, we were forced to look upon the case as one of primary infective endocarditis.

Post mortem by Dr. Neu. Cranium was not opened.

The stomach was slightly dilated and the spleen was  $\frac{1}{3}$  larger than normal. Liver normal. Left kidney normal in size, right enlarged, capsule adherent—an infarct in cortex—there was tubal nephritis, evidence of which was found in the urine during life. Uterus normal. Left ovary normal, right showed a dark scar, star shaped,  $\frac{1}{4}$  inch in length. Pancreas normal—intestines nor-