

A CASE OF SEPTICAEMIA, PROBABLY GONOCOCCAL  
IN ORIGIN.\*

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The interest of the following case lies in the fact that it is one of general gonococcal septicaemia, originating from the suppurative salpingitis and pelvic cellulitis, but unaccompanied by endocarditis or arthritic lesions. For permission to report the clinical history I am indebted to Dr. Wm. E. Studdiford, Assistant Gynecologist, Bellevue Hospital:

The patient was a young colored woman, 23 years of age, whose previous history had no bearing on this illness. Three weeks before admission to Bellevue Hospital she had severe pains in her abdomen and noticed a vaginal discharge. This was all the history which was obtained, as the patient was delirious on admission. She was in the hospital from March 3 to March 25, and during that time ran a persistent irregular temperature, 101° to 104°, and was constantly delirious. She developed rather marked meningeal symptoms, so much so that meningitis was suspected. The spinal fluid, however, was clear and sterile. A blood culture which was taken shortly after she entered the hospital was also sterile. Pelvic examination showed the presence of a large mass in the posterior fornix. There was a profuse purulent vaginal discharge, smears from which showed Gram negative diplococci. A gonococcal septicaemia was suspected, and from March 16 until she died she was treated with injections of Dr. Torrey's anti-gonococcus serum. The only effect noted was a slight lowering of the temperature.

The post-mortem examination was interesting chiefly from a negative point of view. An encapsulated abscess containing a few drachms of thick pus was found in the posterior cul-de-sac between the uterus, rectum and right Falopian tube. There was no general peritonitis. In general, with the exception of the heart, the organs showed nothing but slight parenchymatous changes. The myocardium, on histological examination, showed areas of round-celled infiltration, degenerative changes in the nuclei, and oedema. There was no meningitis.

Smears made from the pus of the abscess showed typical gonococci. Unfortunately the abscess cavity was opened before its presence was recognized and the cultures were overgrown by contaminating bacilli.

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Smears from the spleen contained a great number of Gram negative diplococci; some of these were morphologically typical; others were irregular in size and staining, resembling the involution forms of old cultures, and were difficult to identify positively as bacteria. Ascitic agar streak plates were made from the spleen, but only a few extraneous colonies developed.