TABLE 6.—STATUS ON DISCHARGE FROM HOSPITAL BY ETIOLOGY AND TREATMENT GROUP

Etiology and regimen	Category of patients studied: No apparent defect		Recovery with sequelae		Fatal outcome		Total number of patients
	Number	Percent	Number	Percent	Number	Percent	
Haemophilus influenzae:							
Ampicillin	56	85.0	6	9.0	4	6.0	66
Control groups	86	80.4	11	10.3	10	9.3	107
Neisseria meningitidis:							
Ampicillin	45	80.4	8	14.3	3	5.3	56
Control groups	63	82.0	7	9.1	7	9.1	77
Diplococcus pneumoniae:							
Ampicillin	24	58.5	8	19.5	9	22.0	41
Control groups	22	52.5	8	9.0	12	28.7	42
Unknown:							
Ampicillin	27	93.1	2	6.9	0	0	29
Control groups	31	88.6	2	5.7	2	5.7	35
Total:							
Ampicillin	152	79.2	24	12.5	16	8.3	192
Control groups	202	77.5	28	10.7	31	11.8	261
Grand total	354	78.1	52	11.5	47	10.4	453

Both the case fatality rate and the frequency of sequelae upon recovery were extremely high in the pneumoccocal category. This can be expected, since many of the older patients were alcoholics and in poor nutritional state, and, at times, substantial delay was encountered before hospitalization. The slightly decreased fatality rate in those receiving ampicillin is without significance, since, as was noted earlier, a slight excess of patients in the older, poor-risk category received penicillin G. The neurological sequelae in this category represented major defects, including mental retardation (1), hearing loss (2), definite weakness or paresis involving one or more extremities (2), expressive aphasia (1), and other similar defects. The types of residual defects noted were similar in both control and ampicillin groups, since three patients in the ampicillin category had definite hearing loss, one a spastic hemiparesis, and others had defects as noted above with penicillin G.

No differences in sequelae or fatality rates were seen among patients in the purulent unknown category. This is particularly interesting in view of the fact that the randomization of the patients in this category yielded almost identical age and severity distribution figures. Patients receiving both chloramphenicol and penicillin G in large doses had similar responses with ampicillin alone.

With respect to the overall figures, 47 deaths occurred among the 453 patients treated for purulent meningitis in the various categories. Although this was a 10.4% case fatality rate, it must be remembered that our Service accepts all age groups, and a substantial portion of our patients come to us with delayed diagnoses, are severe alcoholics, or are persons found in their residence by an interested neighbor who has not seen them for sometime. All patients with detectable heart sounds on admission to the hospital have been included in this report, whether or not respiratory aids were required. It is of particular interest to note that there is no significant difference with regard to either fatality or number and type of sequelae between the ampicillin and contol categories.

TABLE 7.—POSSIBLE COMPLICATIONS OF THERAPY

Category considered	Ampicillin		Control		Total	
	Number	Percent	Number	Percent	Number	Percent
Total treated	192	100	261	100	453	100
Phlebitis	32	16.7	39	15.0	71	15.7
Rash	18	9.4	20	7.7	38	8.4
Local	4	2.1	5	1.9	9	2.0
Eosinophilia 10 percent	20	10.4	18	6.9	38	8.4
Other hematological [1]	7	3.6	23	8.8	30	6.6
Other	8	4.2	14	5.4	22	4.9

[1] Depression of reticulocytes<0.1 percent, or marked reduction in platelets on smear, or 4,000 white blood cells/cm, or <15 percentpolymorphonucleocytes and bands.