

Prize Case.

ULCERATIVE ENDOCARDITIS (WITH COMPLICATIONS).

By E. R. W.

UNTIL I nursed a case of "Ulcerative Endocarditis" I must frankly acknowledge that I had never heard of it before, and, as the doctors for whom I nursed the patient told me it was by no means a common thing, I have chosen it as my subject, hoping it may interest my "colleagues."

Patient was a colonial, but had lived the last five or six years of her life in England. Her father and mother were strong and healthy, but both she and most of her brothers and sisters were very delicate, in fact she had lost one brother in his infancy from hydrocephalus.

At 15 she had a severe attack of acute rheumatism, which nearly cost her her life, and left her heart in a very weak and diseased condition, the mitral valves being very seriously injured.

At 19 she married, but she never had more than one child.

At 24 she came to England, and almost immediately after her arrival she had another attack of acute rheumatism.

At 29 she received a great mental shock and a sudden change in her circumstances, followed up by an attack of influenza. After that she seems to have become a confirmed invalid. A London doctor was consulted, and his verdict was: "Extreme anæmia, with a diseased valvular condition of the heart." She returned to the country, and was treated by a medical man, who objected to *trained Nurses*, and who therefore allowed her to drag through a long illness with only the attention of a kind relative and maid. She, however, managed to "pull through it," and went to the seaside in hope of recovering; but as she only grew weaker daily she called in a doctor, who at once ordered a Nurse.

He was very hopeful. Peptonized foods, fresh air, iron, good nursing, and she would soon recover! But, alas! a couple of evenings after my arrival she looked so flushed and worn that I took her temperature—it was 100.4°. She was lying on a couch dressed, but I soon got her into bed, where she lay for 11 weeks until her death; and thus was the beginning of her last illness.

The next morning her temperature was only 99.6°. In the evening it rose to 102.4°, and on the following morning to 103°. This was the highest temperature we ever got, the average one being from 100° to 101°, never rising again above 102°, and only once falling below normal. Thus the

fever was never really high, but almost continuous. The character of the chart varied very much, sometimes it was pyæmic and sometimes tubercular (she had the club nails, but her *lungs* were quite sound); then, again, during nearly a week the temperature never rose higher than 99° at nights, falling just a point or two in the mornings. At another time it was highest in the morning and fell at night.

On testing the urine $\frac{1}{3}$ part of albumen was found. This was at first thought to be due to anæmia, but on microscopic examination not only renal casts and epithelial cells were found, but also hyaline tube casts and granular deposits, so that it was quite clear there was kidney disease as well as the heart mischief to cope with, which made the treatment and dieting a very difficult matter.

Both the London and the country doctors were written to with reference to the urine, and both stated that on examination (five months previously) it was free from albumen. The colour, too, varied very much; sometimes it was smoky, sometimes not, and once it assumed a biliary aspect, but again on microscopic examination this was found to be due to an excess of pigment. There was no ascites or swelling of the legs. The average quantity of urine passed daily (except when diuretics were given) was first \bar{x} xl., then \bar{x} xxx., \bar{x} xx., until it came down to \bar{x} xv., but as time advanced the quantity of albumen rose to $\frac{1}{4}$; the sp. gr. fell from 1016 to 1006, and finally "fatty" and "waxy" casts were found.

In the fourth week patient suddenly became very sick, and brought up a thick dark-green fluid. Very hot water seemed the only thing which allayed the sickness, and this she was able to take by mouth and retain; the doctor then ordered rectal feeding, consisting of milk, beef tea, and brandy.

In the sixth week she was sick again (during one day only), suffering the most excruciating pain in the stomach and spleen (which was considerably enlarged), and sharp stabbing pains in her heart. Starvation with a little peptonized milk with very hot water were tried, and the sickness passed off till the eighth week, when it recurred and continued almost incessantly until death.

Gout in the big toe of the left foot, and a thrombus in the left popliteal cavity appeared in the early part of the illness; and, occasionally, slight swellings in some of the joints, and a strong acid reaction in the urine, showed that traces of rheumatism still existed in the system. The doctor ordered lithia-water, and the limbs to be wrapped up in cotton-wool.

Three times in the last few weeks before death patient had very sudden and severe pains in her head on the right side, accompanied

[previous page](#)

[next page](#)