OUR PRIZE COMPETITION.

WHAT DO YOU UNDERSTAND BY ENDOCARDITIS? WHAT ARE THE EARLY AND LATER SYMPTOMS? WHAT ARE THE CHIEF NURSING POINTS?

We have pleasure in awarding the prize this week to Miss E. A. Noblett, London Homœopathic Hospital, Great Ormond Street, London, W.C.1.

PRIZE PAPER.

By endocarditis is meant inflammation of the lining membrane of the interior of the heart. In the great majority of cases the inflammation involves chiefly the endocardium of the valves. The term "valvulitis" is applied to endocarditis of the valves, while inflammation of the endocardium lining the cavities of the heart is referred to as "mural endocarditis." The surface of the valves next the blood-stream, viz., the ventricular surface of the auriculo-ventricular valves, is affected. In adults the left side of the heart is far more commonly affected than the right—the mitral valve being more frequently attacked than the aortic; while, on the other hand, during fœtal life the opposite is the case. Some degree of myocarditis is probably always present with endocarditis.

Endocarditis may be acute or chronic. The acute form is divided into (*a*) simple or benign; (*b*) ulcerative, malignant, or infective.

Acute simple endocarditis occurs most commonly in childhood and adolescence, and is rarely, if ever, a primary disease. Acute rheumatism is responsible for the great majority of cases, the onset of endocarditis occurring usually about the end of the first week. It often occurs in a sub-acute and insidious form. There is not infrequently a total absence of subjective symptoms, or, when present, they are often marked by other manifestations of the causal infection. Sometimes the onset is accompanied by a rise of temperature above that already existing; this increased pyrexia is usually not marked, but occasionally there is a sharp rise of temperature. There may be toxic rashes in the form of urticarial erythema, erythema multiforme, and erythema nodosum. The patient may suffer from palpitation, mild or severe; dyspnœa and præcordial distress may be also present, the former being usually not pronounced, while the latter generally takes the form of an uncomfortable feeling in the præcordium not amounting to actual pain. In cases of severe carditis, however, in which great and rapid dilatation occurs, symptoms of marked cardiac failure may be present even at the onset of the illness. The pulse is usually increased in frequency, and is in some cases irregular.

Fragments may become detached from the affected valves, be carried by the blood to remote parts, and ultimately become impacted in a vessel; this process is known as embolism, and the impacted fragment as an embolus.

In ulcerative endocarditis the left side of the heart is more commonly affected than the right; the mode of onset and symptoms are very varied. Usually there is pyrexia, or the degree of pyrexia increases, the type of temperature also becoming altered. The pyrexia is most commonly of the irregular remittent type, but may be intermittent, or high and continued. In the majority of cases the patient also suffers from rigors, followed by profuse sweating. Sweatings, however, may occur without the existence of rigors. The patient may complain of pains in the limbs or back, and as the case progresses there is an increasing degree of general weakness, loss of flesh, and profound anæmia. Septic embolism is of frequent occurrence, as also is albuminuria, while evidence of nephritis is not uncommon. In the advanced stages low delirium not infrequently sets in, and ultimately the patient may become completely comatose.

Treatment.—Absolute rest in bed is the first essential. The teeth should receive careful attention, and if pyorrhœa alveolaris be present it should be treated. The diet should be fluid and liberal in amount at first, and then light, small in bulk, yet highly nutritious and preferably solid. The daily amount of fluid should be restricted to two pints. The patient should remain in the recumbent posture for at least a month after the fever has subsided. During this time he should on no account be allowed to sit upright in bed, or to get out of bed. Afterwards the amount of exertion should be most carefully graduated.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. D. I. Waugh, Miss Henrietta Ballard, Miss P. Thomson.

Miss Waugh writes:—Subcutaneous injection of an autogenous vaccine—if the organism can be detected in the blood—sometimes yields good results in the malignant type; and in benign endocarditis associated with rheumatism a course of sodium salicylate, in combination with sodium bicarbonate and potassium iodide, may be ordered.

QUESTION FOR NEXT WEEK.

What is aneurysm of the aorta? Mention the principal symptoms. State the general mode of treatment and management.

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