

## A CASE OF INFECTIVE ENDOCARDITIS.

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[Read in the Section of Pathology, February 17, 1905.]

ON the 30th July, 1904, a man was admitted to the Adelaide Hospital under my care. He was forty-eight years of age, had been a soldier, and served in India, and was now employed at some work in connection with one of the military departments. He appears to have been a healthy man, except that he had suffered considerably from malaria whilst abroad, and had had some attacks since he returned home about fifteen years ago. His bowels were always rather constipated, requiring medicine before they acted. Some few weeks before admission he appears to have first shown any signs of ill-health. He suffered from neuralgia in various parts of the body, and an attack of severe pain in the stomach on the 25th July induced him to take a large dose of castor oil. Diarrhœa resulted from this, and as it continued he came to hospital.

On examination I made out the following points:—There was a very faint mitral systolic murmur, but the heart was not enlarged. The liver could be felt below the costal arch on the right side. The urine contained a trace of albumen, and during the week he remained in hospital there was slight irregular pyrexia, the temperature on one occasion reaching  $99.8^{\circ}$ . The diarrhœa ceased the day after his admission, and he left hospital on the 5th August. After returning home he was able to resume his work for a week, but then a return of neuralgic pains in his head, chest, but especially in his legs, compelled him to give up. I again admitted him on the 30th August, as he was evidently suffering acute pain, especially in the calves of both legs. His condition was otherwise unaltered from the time I had last seen him. He remained in hospital for three weeks, and during this time he had again irregular fever; on one occasion the temperature rose to  $103.8^{\circ}$ , but fell to normal the following morning. He

had no fever during the third week of his stay in hospital on this occasion. I thought that possibly the pains and fever might be accounted for by an attack of neuritis.

After leaving hospital he remained at home for a month, and then went back to his work. He did not, however, seem to be in good health, was very cranky and short-tempered, complained of the pains in his head and chest, but his appetite continued as good as usual. On the 26th November he returned home about 12 o'clock in the day, and his wife noticed he seemed queer; he was unsteady on his feet, and she could hardly make out what he was saying. He spoke very little, and kept muttering—"I'm done for." He remained in this condition, so I admitted him to hospital for the third time on the 28th Nov. His condition was as follows:—He was very thin and sallow-looking, and had evidently lost considerable flesh during the past two months. He complained of pains in his head and chest. He had the same type of irregular pyrexia. The mitral systolic murmur was louder than when I last examined him; there was no other cardiac murmur. His pulse was about 100, and the arterial walls were slightly thickened. The liver was slightly enlarged, the bowels rather constipated, and the urine pale in colour, and contained a trace of albumen. He had some cough, and a few rhonchi could be heard through his chest. There was no oedema. He was aphasic—the form of aphasia being word deafness. He could speak; sometimes what he said was fairly intelligible, but as a rule had no reference to any question he was asked. At other times he muttered an unintelligible jargon. He was quite unable to write correctly from dictation, but could read fairly well. He would put out his tongue when asked to do so, and apparently understood some things that were said to him. He never spoke unless spoken to, and remained all day in a semi-stupid state. He slept well, and took his food up to a few days before death. Mr. Swanzy kindly examined his eyes, and found the fundus normal.

A blood examination showed hæmoglobin, 65 per cent.; red blood corpuscles, 3,150,000; white blood corpuscles, 9,200. Professor Scott kindly examined his blood for micro-organisms, but got no growth.

He gradually became more and more stupid, passed under him, refused food, and died on the 8th January.

*Post-mortem Examination.*

*Heart.*—Numerous vegetations on tricuspid, mitral and aortic valves—the vegetations being not confined to the valves, but also found in left auricle and ventricle. There were some small superficial ulcers on the endocardium.

*Lungs.*—A few hæmorrhagic infarcts.

*Spleen.*—A fairly large infarction.

*Kidneys.*—A few small infarctions.

*Brain.*—Several infarcts in brain on right side ; in frontal, temporo-sphenoidal and occipital lobes.