

CHRONIC INFECTIOUS ENDOCARDITIS

By WILLIAM OSLER,¹

AN endocarditis with fever as its only symptom may be prolonged for weeks or months under many different circumstances. Following rheumatic fever in a child an endocardial complication may keep up a temperature of from 100° to 101° for several months, during which time there may be no other symptoms and the general condition may remain fairly good. In chronic valvular disease in the stage of broken compensation slight irregular fever may persist for months, associated with the presence of fresh endocarditis. As a rule, the form of endocarditis to which we give the term infective, septic, or ulcerative runs its course under three months. That occasional instances were characterized by a very protracted course was noted by Wilks, Bristowe, Coupland, and Lancereaux. In my Goulstonian Lectures, 1885, I stated that this type had the following characteristics: the fever was irregular and intermittent, resembling ague; the cold, hot, and sweating stages might succeed each other with great regularity; in the intervals fever might be absent; two or three paroxysms could occur in the course of a day. In many of the instances the disease was prolonged to three or four months, and I give the notes of a case of Bristowe's, in which the condition persisted for five months. The recurring chills usually led to the diagnosis of malaria and also gave rise to the opinion widely held, particularly by French writers, that ulcerative endocarditis could be caused by this disease. The cases to which I wish to call attention in this communication are of this chronic character, not marked specially by chills, but by a protracted fever, often not very high but from four to twelve months' duration. At the time of the delivery of the Goulstonian Lectures I had not seen a case of this type. In the past twenty years I have seen ten cases of this form, two of which I have already reported (*Practitioner*, 1893). I have put them together in tabular form to indicate their main features.

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