



David W Hughes : Neil R Clark : Kyle D Tallett

Kent War Memorials Transcription Project

www.kentfallen.com

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Neil R. Clark BEM, LL.B

3 Heron Walk, Oxen Lease, ASHFORD, Kent. TN23 5GX

England, United Kingdom

Email: clarkneil@hotmail.co.uk

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M McCloon
Naval Historical Branch
No 24 Store
PP20
Main Road
H.M Naval Base
PORTSMOUTH
Hampshire
PO1 3LU

SPECIAL DELIVERY

Re: Request to review 2 of your recent adjudications

I would respectfully ask that you review your decisions regarding these 2 sailors who I am absolutely convinced died as a direct result of their war service -

HOSKINS H.F

You have rejected this man despite the fact he was given the honour of a full military funeral! I find your adjudication extremely harsh in the circumstances. I respectfully ask that you review this case...

Herbert's death certificate gives his cause of death as heart disease. It is recorded (in government provided medical statistics) that 6% of men who were awarded disability pensions by the military authorities in the years after the Great War were given pensions as a result of **HEART DISEASE** caused or aggravated by their war service.

I would again remind you that this man died within **1 month** of a medical discharge (Invalided)! The rules are pretty straightforward regarding this type of situation and surely it is extremely harsh to deny this man a grave on the basis that Heart Disease is recorded on his death certificate as the cause of death!

The local papers reported his death as follows "*Saturday of Herbert Frederick HOSKINS, Royal Navy, the licensee of the Wheatsheaf Public House, Denmark Road, South Ashford who passed away on the previous Wednesday aged 31 years. The deceased who leaves a widow and a baby girl had served 12 years in the navy, and upon the outbreak of war re-*

joined serving on HMS Royal Arthur and on one of the naval trawlers. He was invalided home in December, and died from valvular disease of the heart. His coffin was covered with the union flag and following the mourners was the funeral party in khaki uniforms of members of the 5th Buffs (East Kent Regiment) under Private Cowell who was wearing the Chitral ribbon. At the conclusion of the impressive service, Trumpeters Wells and Wilkinson of 458th Battery, Royal Field Artillery sounded the last post".

The authorities in the early 1920's investigated this man's death and decided he died as a direct consequence of his war service. His name appears on no less than 5 Kent civic war memorials including the recently discovered memorial in Ashford (Tunbridge Wells Equitable Friendly Society).

I am in contact with this man's family and they tell me that Herbert died within 1 month of discharge of the SAME disease. They also state that the authorities missed him off their registers because at the time of his death his next of kin (Wife) was suffering from a mental illness and was unable to respond to letters from the Naval authorities. This seems the reason why his details were not passed on to the IWGC for inclusion on their indexes.

You appear to have rejected this case on the grounds he died from heart disease. I draw your attention to the fact that 6% of war pensions were awarded to men suffering from heart disease!

With regard to the other men of mine you have rejected, I fully accept your adjudications.

I realise that you are undertaking a job without any formal training or guidance and that you are doing your level best to do a good job.

I am working on a further 23 sailors and hope to submit these cases soon.

Would you please acknowledge safe receipt of this letter and it's content.

Thanking you in anticipation.

Cc: The Countess Mountbatten of Burma CBE, JP, DL
New House
Mersham
ASHFORD
Kent TN23 4RR

Rt Hon Damian Green MP
House of Commons
LONDON
SW1 1ER



HOSKINS H.F

[Ashford Railway Rolls](#)

[Dover Marine](#)

[Tunbridge Wells Equitable](#)

Able Seaman 202829 Herbert Frederick HOSKINS. HMS "Royal Arthur". Royal Fleet Reserve (R.F.R). Died 20th January 1915 aged 31 years. Herbert died at 23 Christchurch Road, Ashford, Kent. The given cause of death was heart disease. Brother of Caroline May Wilkins of 23, Christchurch Road, Ashford, Kent. Herbert normally resided at 66 Lower Denmark Road, Ashford, Kent. Buried locally 23rd January 1915 in the old Ashford Cemetery, Canterbury Road, Ashford, Kent. Grave reference - 7004. There is a Mabel Harriet Pilbeam buried in the same burial plot. Mabel was buried here on 2nd February 1966 aged 79 years. She is probably Herbert's sister (or a wife).

Herbert's grave is a disgrace. It is literally falling apart! Not much of a tribute to a man who lost his life in the service of his country...

UPDATE OCTOBER 2007

Christine Smith (Ashford Borough Council) has completely restored his grave and headstone! Fantastic news! We are extremely grateful to Christine for doing this...

Herbert was given the honour of a full military funeral. Trumpeters from the Charing based 458th Battery, Royal Field Artillery sounded the last post.

The 458th (Howitzer) Battery of the Royal Field Artillery was part of the 118th (Howitzer) Brigade, a unit that was created in February of 1915 in order to provide 4.5-inch howitzers one of the divisions sent out to the Western Front without such weapons. While getting ready to go to France, it was stationed at Charing, Kent. As the 118th (Howitzer) Brigade was assigned to the 1st Canadian Division (from March 1915 until June 1916), a copy of its war diary can be found on the [website](#) of the Canadian National Archives.

Herbert's death is not officially recorded as a casualty of war. The Commonwealth War Graves Commission have missed his name off their roll of honour!

Before the outbreak of war Herbert was employed as a Carriage Cleaner at the Ashford Railway Yards. His name appears on the Ashford (SE&CR) Railway Works Rolls of Honour. His death certificate confirms this and also states Herbert was a former sailor. The Kentish Express gives the information that at some stage Herbert was the licensee of the Wheatsheaf Public House, Lower Denmark Road, Ashford.

Death Certificate reference – West Ashford/ASH28/171.

The Ashford Absentee Voters List for 1918 gives –

51, Beaver Road, Ashford

Driver 234110 Frank HOSKINS. Royal Field Artillery (RFA).

The 1901 census gives –

23, Christchurch Road, Ashford

Charles HOSKINS	57	Labourer	Baddeley, Hampshire
Mary	54		Bungay, Suffolk
Arthur	23	Carpenter Joiner	Stepney, London
Catherine	21		Stepney, London
George	19	Hawker	Stepney, London
Frank	12		Stepney, London

Herbert joined the Royal Navy in 1899 for 12 years service. He served on the following ships during this period – St Vincent (1899), Argincourt (1900), Galatea (1900), Empress of India (1900/01), Caesar (1901/02), Wildfire (1903/04), Northampton (1904), Hawke (1904/05). Herbert left the navy on expiry of his service engagement in January 1912. On the outbreak of war in August 1914 Herbert answered the call of his country and rejoined the navy. He was immediately posted to HMS Royal Arthur on the 2nd August 1914 and remained with this ship until 26th November 1914. On the 27th November 1914 he returned to HMS Pembroke in Chatham (Royal Naval Hospital) and was subsequently invalided on 21st December 1914.

Herbert died only 1 month later of heart disease. His death was therefore attributable. 7% of men who were awarded war disablement pensions were as a consequence of heart problems. The case for Herbert is extremely strong taking into account he died only 1 month after being invalided.

CASE REJECTED BY THE NAVAL HISTORICAL BRANCH 2005

In 2006 we were in touch with Mr McAloon in Portsmouth regarding one of my sailors whose case was REJECTED on the following grounds –

1. *“Heart Problems can’t by any stretch of the imagination be attributed to a mans war service”.*

At the time we were very very angry. Whoever arrived at this decision (Mr McAloon?) had done so without getting proper medical advice.

We received a letter from Mr McAloon (after writing 3 letters to Captain Chris Page threatening a formal complaint to the Defence Secretary). In this letter he told us that in view of our appeal he would send the case to the MoD (Army) and ask them if they would reject the case or approve it. That was two years ago and despite writing a further 6 times directly to this idiot in Portsmouth precisely nothing has been done! This is a truly disgraceful set of circumstances and goes to prove our case that whoever is making these adjudications in Portsmouth has little or no interest in the work itself. We are all personally aggrieved that the naval authorities can allow their men to be treated in such a harsh and uncaring manner compared to soldiers and airman.

This man was even given the honour of a FULL military funeral! We provided clear evidence of this in the form of a newspaper cutting. The Buffs provided a guard of honour and a trumpeter from the Royal Field Artillery sounded the last post. Obviously this meant nothing to McAloon and his men? Nor was any weight given to the fact his name appears on so many damn civic war memorials and rolls of honour including the large and impressive Dover Marine railway memorial in Dover.

McAloon even told us at one point that he intended to refuse to do more adjudications when he had finished with his latest batch! Apparently in his view the job had been “foistered” on the Naval Historical Branch by the Royal Navy and they had no interest or expertise in this area at all. According to McAloon he was a Naval Historian period.

When we told the Ashford Borough Council that poor Herbert’s case had been rejected in this manner they immediately agreed to have his grave restored from public funds. We have enclosed before and after pictures with this letter...

We feel that if the adjudication was made by the MoD (Army) this man would have been approved first time round in 2005. The MoD (Army) is afterall now making an excellent job of their non-com cases and the men themselves are rightly being given the benefit of any doubt.



Before Christine Smith



After Christine Smith

Our Medical Evidence

We rely upon the following medical evidence with regard to Herbert Frederick Hoskins. We would draw your attention to the FACT that heart failure can result from infection and poor oral hygiene. We also point out the fact that the Ministry of Pensions in consultation with the service authorities clearly accepted that heart problems can result from war service -

I should now like to quote *T.J Mitchell and G.M Smith in their 1931 publication "Casualties and Medical Statistics of the Great War" (page 349) –*

You will note that nearly 9% of war pensions were awarded to men for HEART PROBLEMS. This table represents all Ministry of Pension awards from 1914 until 1929.

CAUSES OF DISABILITY AMONG BRITISH FIRST WORLD WAR PENSIONERS

Wounds and Amputations 324,722 (38%)
Tuberculosis (TB) 65,370 (7.6%)
Respiratory Diseases 55,383 (6.5%)
Organic Diseases of the heart 31,502 (3.7%)
Functional Diseases of the heart 44,855 (5.2%)
Neurasthenia 58,402 (6.8%)
Malaria 44,749 (5.2%)
Rheumatism 33,908 (4%)
Ear Diseases 23,722 (2.7%)
Phychosis 13,030 (1.5%)
Dysentery 8,025 (0.9%)
Nephritis 15,837 (1.8%)
Other accepted causes 135,933 (15.9%)

TOTAL ALL DISABILITIES: 855,488

It is clear that the service authorities and the Ministry of Pensions both clearly accepted the argument that war service could cause or aggravate Heart problems.

How an earth was this case rejected on the grounds that heart problems can't ever be attributable to war service or that heart problems can't be aggravated by a man's war service?

Heart Problems

Endocarditis

*“Prosthetic Valve Endocarditis - Early Endocarditis occurs up to 60 days after the operation and is typically caused by perioperative bacteraemia from **WOUND INFECTIONS** or contaminated central lines. The most common causative organisms are Staphylococcus Epidermitis, Staphylococcus Aureus or Gram-Negative bacteria. If a dirty needle or medical impliment was used on or near to an open wound then that would be sufficient to cause an infection that might eventually result in Endocarditis.”*

Endocarditis is a rare condition which causes inflammation of the heart lining, heart muscles and heart valves.

The heart is made up of four chambers and four valves which are lined with a membrane (thin layer of cells) called the endocardium. Endocarditis is caused by an infection of the endocardium, usually with bacteria. In most cases, these organisms are streptococci or staphylococci bacteria. However, in rare cases fungi or other infectious micro-organisms can cause the condition.

Endocarditis causes vegetations (clumps of bacteria and cells) to form on the heart valves, making it more difficult for the heart to function properly. It can also cause infection to spread to other parts of the body, such as the kidneys, lungs and brain. In some cases, endocarditis also causes abscesses (collections of infected fluid) to develop in the heart muscle. The bacteria and fungi that cause endocarditis usually enter the body through everyday activities, such as brushing your teeth or eating food. However, in some cases the infection is the result of a dental or medical procedure.

Endocarditis is uncommon in people with a healthy heart. You are more at risk of developing endocarditis if you have a heart defect, such an abnormal heart valve or damaged heart tissue. Men are twice as likely to be affected by endocarditis as women. Endocarditis can occur at any age, but is more common in people aged 50 years and over. Although relatively uncommon, endocarditis is a serious and potentially fatal condition. However, with the appropriate treatment and care, most people with endocarditis recover.

Symptoms

In most cases, endocarditis develops slowly. Symptoms tend to appear gradually, usually over a period of several weeks or months. This is known as sub-acute endocarditis. However, in some cases, the infection can develop very quickly. This is known as acute endocarditis. The symptoms of acute endocarditis tend to be more severe and can develop after just a few days.

Many of the symptoms of endocarditis are not specific to the condition, and it can therefore be difficult to diagnose.

The symptoms of endocarditis may include:

- fever,
- chills,
- a new, or changed, heart murmur,
- sweating, including night sweats,
- muscular aches and pains,
- chest pain,
- coughs,
- weakness and fatigue,
- headache,
- shortness of breath,
- unexplained weight loss,
- small areas of bleeding under fingernails or toenails,
- broken blood vessels on the whites of the eyes and in the skin,
- swelling of feet, legs, abdomen,

- blood in the urine, and
- tender nodules (small lumps) on finger and toes.

The severity of the symptoms will depend on how harmful the bacteria or fungus causing the infection is. Symptoms also tend to be more severe in those who already have heart problems.

Causes

When someone has endocarditis it means that a part of the lining of their heart, which may include one of their heart valves, has become infected. It is more likely to occur if the lining of your heart, called the endocardium, has a damaged surface which makes it easier for bacteria to collect there. It is extremely rare to see endocarditis in someone who doesn't already have structural heart disease.

It's a rare condition; there are only about 1,500 people out of 60 million that get endocarditis a year, in the UK. But it is a serious one, and it can be life-threatening. Today most people who have endocarditis have antibiotics and recover well, although some long-term damage may occur to the valves as a result of the infection.

As the heart valves within the inner chambers of the cardiac muscle do not have a blood supply of their own, they have no defence against infection, as it the white blood cells that cause these defence mechanisms, they can develop bacterial infections very quickly. These organisms can enter the body through various means, but sometimes something as simple as brushing your teeth, especially when the oral cavity tissues are damaged, can introduce them to your system. This process is made particularly easy if there are already defects of the valves themselves, or if an infection is already present elsewhere in the body. Once the bacteria have made their way to, and established themselves on the valves and surrounding anatomy, these tissues can become inflamed causing endocarditis.

Very rarely a fungal infection can be to blame, as can the introduction of foreign bodies or devices to the system such as the needles used in intravenous drug abuse, surgical implants and instruments or even from a urinary catheter that can introduce infection to the internal tissues of the body.

Endocarditis is most commonly caused by bacteria that enters the blood stream and attaches itself to heart valves and tissues. The most common types of bacteria that cause endocarditis are streptococci or staphylococci bacteria. In rare cases, the infection can also be caused by fungi or other micro-organisms. The infection causes inflammation of the endocardium (the thin layer of cells that covers the four heart valves). It can also cause vegetations (clumps of bacteria and cells) and abscesses (collections of infected fluid) to develop on the heart valves and muscles.

Sometimes the bacteria that cause endocarditis are those that live in your mouth, upper respiratory tract or other parts of your body. These bacteria are normally harmless. However, if these organisms make their way into the endocardium, they can attack the heart tissue, causing endocarditis to develop.

Bacteria can also enter the blood stream through:

Everyday activities

Common activities like brushing your teeth or chewing your food can sometimes allow bacteria to enter the bloodstream. This is especially true if your teeth and gums are in bad condition, as this makes it easier for bacteria to enter.

Infection

Bacteria can occasionally spread from areas of your body that are already infected. For example, you may have an infected sore on your skin, or have bleeding gums as a result of gum disease.

Bacteria could also have entered your body as a result of a sexually transmitted infection, such as chlamydia or gonorrhoea. Inestinal disorders such as inflammatory bowel disease may also give bacteria the opportunity to enter your bloodstream.

Dental and medical procedures

In rare cases, certain medical and dental procedures provide an opportunity for bacteria to enter the bloodstream. For example, professional teeth cleaning and scaling can allow bacteria in through the gums.

Some diagnostic tests also pose a risk, including gastrointestinal procedures used to examine the organs which take in and digest food, such as the mouth, stomach and intestines. One of the most common gastrointestinal procedures is a colonoscopy. A colonoscopy involves a specialist nurse or doctor looking into your colon (large intestine) using a thin flexible telescope. The telescope is passed through the anus and into the colon. Your doctor will then look at your colon and take samples of tissue if necessary. Very occasionally the colon can become damaged during the procedure, which can sometimes lead to infection. Some procedures on the genitourinary tract (the kidneys, bladder and urethra) can also lead to infection. For example, a urethral dilation (a procedure where the urethra is expanded using a dilator to improve the flow of urine) has, in rare cases, led to people developing endocarditis. If a catheter is necessary there is also a small risk of infection. A catheter is a thin, hollow tube which is inserted into the bladder to either inject or remove fluid. Catheters are usually used to drain urine from the bladder when you are unable to control or pass urine. Sometimes bacteria may enter through the tube. As a result, approximately one in ten people who have a catheter will develop an infection.

Contaminated needles and syringes also pose a threat for intravenous (IV) drug users. Although the bacteria and fungi that lead to endocarditis can enter the body in a number of ways, there are certain people that are more susceptible to developing endocarditis.

You are much more likely to develop endocarditis if:

- You have an existing disease of the heart,
- you have had heart valve replacement surgery,
- one or more of your heart valves have been damaged by an illness such as rheumatic fever,
- you have been fitted with a heart pacemaker,
- you have a history of intravenous drug use,
- you have a long term condition that suppresses the immune system, such as HIV, cancer, chemotherapy, diabetes, or,
- you are recovering from a serious illness such as pneumonia or meningitis.

Subacute endocarditis is the most common form of endocarditis and is usually caused by streptococci bacteria. Subacute endocarditis tends to affect those with heart valves that are already damaged.

Acute endocarditis occurs when an aggressive form of bacteria, especially staphylococcus, enters the bloodstream. Intravenous drug users are at high risk of this type of infection.

How do you get endocarditis?

It is caused when a particular type of bacteria enters your blood stream, and settles down on a defect in the inside lining of the heart (endocardium). Bacteria may settle on the lining of the heart or the valves. Although it is not possible to stop all bacteria getting into the bloodstream there are some things that you can do to lessen the risk of getting endocarditis:

1. Keep your teeth and mouth clean every day, and go to the dentist for regular check ups.
2. Avoid having body piercings and tattoos.
3. Don't inject recreational drugs, such as heroin, speed or crack cocaine.

Diagnosis

In order to make a diagnosis your GP will look closely at your medical history, paying particular attention to any problems you may have with your heart. Taking a medical history will also allow your GP to identify whether you have undergone any recent medical tests or procedures that may have put you at risk of developing endocarditis. For example, if you have recently had surgery to the valves of your heart, you will be more susceptible to developing endocarditis. Your GP will also examine your physical symptoms, looking for signs such as fever or nodules (small lumps) on your fingers and toes. Your GP will also listen to your heart using a stethoscope to see if you have developed a heart murmur. A heart murmur is when your heartbeat has an extra or unusual sound. It is caused by a disturbed blood flow through the heart. If you already have a heart murmur, your doctor will listen to your heart to check that the murmur has not changed in any way. Your GP may also refer you for a series of tests to help confirm that you have endocarditis. Because the symptoms of endocarditis are very similar to that of other conditions, it is important that your GP rules out any other possible causes. The tests your GP may refer you for include:

Blood tests

A blood culture test is usually taken to check for any bacteria or fungi that may be present in your blood stream. It can be used to isolate the specific organism responsible for the infection. If bacteria or fungi are identified then they can be tested against a variety of antibiotics to see which type of treatment will be most effective. Another blood test is known as erythrocyte sedimentation rate (ESR). In an ESR test a sample of your red blood cells are placed into a test tube of liquid. They are then timed to see how fast they fall to the bottom of the tube in millimetres per hour. If they are sinking faster than usual, this could mean that you have an inflammatory condition such as endocarditis. 90% of endocarditis patients have an elevated ESR.

Echocardiogram

An echocardiogram uses sound waves to scan your heart. These waves can then produce accurate images of the heart muscle, chambers and valves. This will allow your doctor to examine the structure and function of your heart more closely. It is often used to check for any vegetations (clumps of bacteria and cells) that may have formed and can detect infected or damaged heart tissue.

Computerised tomography (CT) scan

This type of scan uses x-rays to take pictures of your body. A computer is used to then piece the images together. A CT scan can be useful for identifying any abscesses in the heart tissue.

Prevention

Endocarditis is much more likely to result from frequent exposure to random bacteremias associated with daily activities than from bacteremia caused by a dental, gastrointestinal (GI) tract, or genitourinary (GU) tract procedure. Prophylaxis may prevent an exceedingly small number of cases of endocarditis, if any, in individuals who undergo a dental, GI tract, or GU tract procedure.

The risk of antibiotic-associated adverse events exceeds the benefit, if any, from prophylactic antibiotic therapy. Maintenance of optimal oral health and hygiene may reduce the incidence of bacteremia from daily activities and is more important than prophylactic antibiotics for a dental procedure to reduce the risk of endocarditis.

Not all cases of endocarditis can be prevented, because we don't always know when a bacteremia occurs. In past years, the American Heart Association has recommended that patients at increased risk for endocarditis take prophylactic antibiotics before certain dental, GI and GU procedures. Recently, the American Heart Association's Endocarditis Committee, together with national and international experts on endocarditis, extensively reviewed published studies in order to determine whether dental, GI or GU tract procedures are possible causes of endocarditis. These experts concluded that there is no conclusive evidence linking dental, GI or GU tract procedures with the development of endocarditis. They

also concluded that endocarditis is much more likely to result from frequent exposure to random bacteremias associated with daily activities than from bacteremia caused by a dental, GI or GU tract procedure.

Treatment

Antibiotics

Most cases of endocarditis will be treated with a course of antibiotics. You will normally have to be admitted to hospital so that the antibiotics can be administered intravenously (through a drip in your arm) Whilst in hospital, blood samples will be taken regularly to measure the effectiveness of the treatment. Once fever and any severe symptoms subside you will usually be allowed to leave hospital and continue taking your antibiotics at home.

If you are taking antibiotics at home you should have regular appointments with your GP to check that the treatment is working and that you are not experiencing any side effects.

The antibiotics you will usually be prescribed are penicillin and gentamicin. However, if you are allergic to penicillin, you may be prescribed vancomycin instead. You will usually have to take these antibiotics for a total of two to six weeks, depending on the severity of your condition.

Your doctor will normally have to take a blood sample prior to prescribing antibiotics. This is because the antibiotics must be specific to the bacteria causing the infection. If your blood sample shows that fungi are causing your infection then you will be prescribed an anti-fungal medicine.

Surgery

Endocarditis can cause serious damage to your heart. You may have to be referred to a cardiologist (someone who specialises in disease of the heart and blood vessels) so that the condition of your heart can be assessed more thoroughly.

One in four cases of acute endocarditis require some form of surgery. This is usually to repair damage to the heart. Surgery may be required when:

- damage to the heart valve is so severe that it causes regurgitation (where the valve does not close tightly enough, allowing blood to flow backward into the heart),
- persistent infection does not respond to antibiotic therapy,
- fungal endocarditis does not respond to antifungal medicines, and
- large vegetations (clumps of bacteria and cells) attach themselves to a heart valve.

The three main surgical procedures you may require if you have endocarditis are

- the repair of the damaged heart valve,
- the replacement of the damaged heart valves with artificial ones,
- the draining of abscesses (collections of infected fluid) that may develop in the heart muscle.

Complications

If endocarditis is left untreated, or if treatment is delayed, then you are more likely to develop complications.

Complications of endocarditis include:

Heart Failure

Endocarditis can cause permanent damage to the heart. It most commonly affects the heart valves. In severe cases this can lead to heart failure. If you develop heart failure, your heart will no longer be pumping blood around your body efficiently. This means your body's tissues may not get enough oxygen and nutrients to keep them working properly. Your body will also struggle to get waste materials to the lungs and kidneys where they would normally be excreted.

Arrhythmias

Endocarditis can also affect the heart's rhythm, causing heartbeats to become erratic. These

abnormal heart rhythms are known as arrhythmias. If you develop an arrhythmia you may be left feeling dizzy, faint and short of breath. You may also experience palpitations (an abnormal awareness of your heart beat).

Infection

Endocarditis can cause infection in both the heart and in other parts of the body. In the heart, endocarditis can cause abscess (collections of infected fluid) in the heart muscle. It is important that abscesses are treated, as if they burst, they can cause infection to spread to other parts of your body. Infection can also develop in other tissues and organs, such as the kidneys, lungs or brain.

Vegetations

Occasionally, the vegetations (clumps of bacteria and cells) that form on the heart valves can break off. These can then be carried by the bloodstream and can cause infections and abscesses anywhere in your body. Larger vegetations can sometimes block the blood flow in an artery. If the vegetation becomes lodged in an artery in the brain, it can cause severe problems such as a stroke, or loss of vision.

With appropriate medical treatment, approximately 90% of people with bacterial endocarditis recover. However, endocarditis is a potentially fatal condition. In severe cases, where the bacteria or fungus is particularly harmful or if the condition is left untreated, then endocarditis can result in death.

Prevention

If you have a high risk of developing endocarditis because of a damaged heart valve or other medical problem, you should inform your dentist and doctor.

Endocarditis is most likely to develop as a result of frequent exposure to bacteria that enter your bloodstream through everyday activities, such as brushing your teeth or chewing food.

Fewer cases of endocarditis are the result of medical tests and procedures.

Practice good oral hygiene

If you are more at risk of endocarditis, then it is important that you practice good oral and dental hygiene. Do not let abscesses and gum disease go untreated. It is important to visit your dentist on a regular basis to ensure you maintain good oral health, and to minimise the risk of bacteria entering your blood stream through your mouth.

However, if you are at risk of developing endocarditis, then some preventative steps can be taken.

Antibiotics

In the past, people who were thought to be at risk of developing endocarditis were offered antibiotics if they were undergoing an invasive medical procedure, such as dental treatment, childbirth, or a bronchoscopy (where a flexible camera is used to examine the inside of your throat). However, antibiotics are no longer recommended when undergoing these types of procedures because they carry little risk of developing endocarditis.

Antibiotics should only be used when absolutely necessary because each time that they are used, there is a risk that bacteria will become resistant to them. Therefore, if you take antibiotics when there is little risk of an infection developing, they may not be as effective in fighting serious infections in the future.

Antibiotics are usually only used if you are having a medical procedure at a site where there is a suspected infection in your gut, stomach, or intestines, or in your reproductive, or urinary, system.