May 18, 1912

CLINICAL NOTES ON SOME COMMON AILMENTS.

BY A. KNYVETT GORDON, M.B. CANTAB.

WHOOPING COUGH.

We now come to a disease which is very common, and for which it may be justly said that familiarity has bred most undeserved contempt; in fact, its appearance is often regarded by the well-to-do merely as a social nuisance, and by the poorer classes with a complacent satisfaction, not infrequently accompanied by a broad grin !

If, however, one studies that excellent and most instructive volume—which deserves to be much better known than it is; in fact, many sermons might be most appropriately preached from it — I mean the Registrar-General's returns, one finds that this insignificant ailment is responsible for a large number of deaths, and is certainly not the excellent joke that some parents appear to make of it. So we may as well see what it is and how it can best be treated.

In the first place, it is an infectious disease, and is almost certainly due to a microbe of some kind or another, though none has as yet been satisfactorily isolated; in this respect it resembles measles and scarlet fever. It is very " catching," and is usually transmitted directly from one person to another, though infected clothing is sometimes to blame. It is undoubtedly conveyed sometimes through the air, though probably not over very long distances; the presence of a case at a children's party, for instance, generally results in the infection of almost all present who have not previously suffered from it. One attack protects from another almost invariably.

When the disease has been contracted there is an incubation period of from seven to twentyone days, during which nothing is noticed, except, perhaps, a little malaise. Two groups of symptoms then develop—one due to an inflammation of the respiratory tract caused by the irritation of the organisms themselves, and another set which are due to the absorption into the blood of their poisons or toxins, and which are most manifest in the nervous system, though they may affect the intestinal canal also.

At first the disease is indistinguishable from a mild attack of ordinary bronchitis; thus there is a cough which in no way differs from the ordinary variety, and on listening to the chest one hears a few sounds due to the bubbling of air through secretion from inflamed bronchial tubes. This is the reason why the disease is so

widespread, for there is, at first, nothing to show that the patient should be isolated from others, though there can be no doubt that the disease is really infectious at this period. Sooner or later, though gradually, the character of the cough changes, and it becomes spasmodic, coming on in fits, with quiet intervals. The paroxysms get more severe, and after several sharp coughs, repeated in rapid succession, the patient struggles to get air into his lungs; when he at last succeeds, the air rushes in with a peculiar crowing noise, which gives the name to the disease. During the paroxysm there is intense distress, and the patient becomes very blue, and afterwards sinks down exhausted, or may even lose consciousness for a few moments. At the conclusion of the fit a pellet of tough mucus is usually coughed up, and the patient very frequently vomits.

In an uncomplicated case these fits of coughing last for from four to six weeks, gradually diminishing in frequency and intensity after the third week or thereabouts. Sometimes there is no definite whoop at all, but a paroxysmal cough, accompanied by blueness of the face, and terminating in vomiting, is usually sufficiently conclusive of the presence of whooping cough.

Whooping cough occurs most commonly in children of from one to eight years of age, and it is very much more fatal in those under two than over. Infants in arms are occasionally attacked, though they generally do not whoop. Unfortunately, it often occurs in children who have recently recovered from measles, and is then a very serious matter, as the previous illness has weakened the resisting powers of the patient, especially in his respiratory tract. After the age of four the outlook improves considerably; in fact, the death-rate falls to about two per cent. or less. Adults seldom contract the disease, probably because the great majority have suffered from it in childhood.

The most important aspect of whooping cough is the liability that it entails to certain complications. Of these the most serious and frequent is broncho-pneumonia, from extension of the inflammation from the tubes to the cells of the lung itself, and it is the despair of the physician. It is really a terrible complaint; day after day the temperature stays up, and just as one thinks that the patient is improving a little, one finds a fresh patch of pneumonia, and back the child goes again. The gravity lies in the fact that the patient gets no ease between the attacks of spasm, which are succeeded, instead, by persistent dyspnœa from



