

CONTRIBUTED ARTICLE.

WHOOPIING COUGH IN CHILDREN.

BY MISS BURKE.

WHOOPING cough is undoubtedly a disease of early childhood, though occasionally one does see an adult suffering with it. It has contagious properties and high mortality amongst children. The incubation period is from four to eight days.

The disease is described as having three stages.

The first stage lasts a week or ten days. Symptoms—a dry cough with a peculiar sound called “ringing.” The child is poorly with some fever. It may have a good appetite or none at all. It is usually very fretful. There is always a little bronchitis, but no sputum or phlegm. As the disease progresses the cough becomes noisy and in paroxysms, with nocturnal exacerbations, and the eyes look puffed. The distinct whoop is heard about the end of the second week or later. The child at once knows when a paroxysm is approaching and gets restless, sometimes running for support to any one near at hand (if out of bed). These paroxysms often follow one after the other, until the child gets exhausted. After an attack the child vomits a quantity of sticky mucus and food, occasionally with a little blood. In bad cases there may be from 20 to 30 paroxysms or more in 24 hours. The frequent cough produces a puffy and dusky coloured face, watery eyes, sometimes blood-shot. Rarely there is extravasation of blood beneath the conjunctiva, at times this extravasation appears as a bruise like discoloration of the eye-lids. Occasionally the cough misses a whoop. Children ill with broncho-pneumonia do not whoop. In a severe paroxysm the appearance of the child is as if it were choking. It turns blue in the face, eyeballs almost starting, with tears running down the face. Whooping cough is a disease which is very liable to catarrhal relapses. There is ulceration of the frænum linguæ. The blood shows a general leucocytosis. Whooping cough when severe is generally accompanied by wasting and in very bad cases emaciation is excessive (due to the frequent vomiting after an attack).

The duration of whooping cough varies—usually from six to eight weeks—and sometimes over twelve weeks. It usually attacks children from two to six weeks and even tiny babies of a few months.

The following complications may accompany it:—(1) broncho-pneumonia, (2) convulsions, (3) dropsy, (4) epistaxis, (5) pleurisy, (6) pericarditis, (7) laryngitis, (8) hæmoptysis, (9) hæmorrhage from the nose, mouth or lungs, (10) hæmaturia (rare). In some children a deep stupor occurs instead of convulsions and is a serious sign. The child frequently remains delicate after an attack.

Whooping cough occurs in epidemics and is contagious. It can be conveyed from one child to another through clothing, etc. The specific virus lies in the sputum or vomit or in both. There generally is no second attack. Very frequently children suffering with whooping cough suffer with broncho-pneumonia.

A cat fed on the sputum and vomit after a paroxysm in a child with whooping cough, and shortly after started a cough with a whoop.

The duration of the disease is only six to eight weeks, but the cough with a whoop continues for months. Cold breeze or a change in the weather has a marked effect and increases the coughing.

Six weeks is sufficient quarantine after the whoop has been last heard.

Whooping cough can be distinctly divided into two stages : Catarrhal stage when the child is ill and feverish, (2) the whooping stage.

In the first many treatments are tried—antiseptics, antiseptic vapours ; powdered benzoin and boric acid are blown up the nose by an insufflator 3 or 4 hourly. As a rule drugs do not have much effect at this stage. During the whooping stage drugs such as tinct. bellad, quinine, creasote, bicarb of potash, alum, bromide chloral, citrophen, etc., may be tried. In whooping cough good nourishing food should always be given.

I have once seen a village doctor treat a case suffering with whooping cough and complications with "vaccination," the same vaccine that is used for "small-pox." I am pleased to say the child made a good recovery. Have any of my readers ever heard of this ?

PUBLIC HEALTH SERVICE IN RURAL ENGLAND.

BY HESTER VINEY.

[Reprinted from the I. C. N.]

"It is rather for us to be dedicated here to the unfinished task remaining before us."

Abraham Lincoln.

WHEN the Maternity and Child Act of 1918 became obligatory upon all local authorities, there was a certain degree of latitude allowed to each county in developing their schemes. Like many other movements in England there was no very definite plan laid down from the first but the whole organization arose in response to a growing demand that more provision should be made for the care of the Mothers and Children.

The poverty of the more rural counties rendered it almost essential that they should employ the existing machinery and officers, as far as was practicable ; at the same time, as the work grew, whole time and half time officers were appointed, so that in one county we may find every variety of organization at work.

In some counties the health work is given to the existing district nurses who are subsidized by the local authorities, their work being supervised by the County Superintendent of the nursing association. By this method the nurses undertake midwifery, sick nursing and the supervision of health.

Other counties have organized a staff of whole time health visiting nurses, who undertake the combined offices of health visiting, school nursing and tuberculosis visiting ; the sick nursing and midwifery being left to the district nurses. In other counties the scheme embraces partly one kind of