

wave conferred immunity against the second wave, a very fortunate factor indeed.

Comment

Often the first case in a house was a child and nearly always all members of the household succumbed. The severity seemed to increase with the number of cases, yet the old people usually escaped. The first case in a person over the age of 50 occurred midway in the epidemic. Children formed a much smaller proportion of cases than expected. As the epidemic progressed, cases became more difficult and took a little longer to recover. Complications usually occurred on the 3rd—6th days. In this epidemic, chronic bronchitis did very well—much better than in the 1949 epidemic.

Overheating, especially central heating increased the incidence of complications and prolonged the illness. There were two very cold, dry days about the 19th September, during which time new cases were less frequent.

People were frightened, probably because of press comment. One comes to the conclusion that this influenza was no more severe than any previous influenza epidemic. Like other influenzas it should be treated with the utmost respect.

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INFLUENZA IN A RURAL PRACTICE, 1957

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Between May 17th and 31st 1957 there occurred, in this rural practice, a small epidemic illness possessing fairly constant features.

The typical case started with upper abdominal pain and vomiting, with or without headache and cough. The temperature reached 100°F—102°F and persisted for three to seven days. Some patients had signs of upper respiratory tract infection.

Out of a total of seven cases visited, five occurred in one village, and the remaining two cases in a village five miles distant. One adult, aged 31, and six children, aged between 3 and 10 years, were affected.

Virus complement fixation tests were done on the serum of the adult and that of two of the children. Two of the three revealed recent infection by virus influenza "A".

Attention is drawn to the fact that only one adult was visited. The prominence of gastric symptoms appears unusual.

These families were again observed during the Asian influenza

epidemic in September, October and November 1957. The results are recorded in the table below.

Patient's age	Number in household (excluding patient)	Number of these contracting Asian influenza	Patient's experience with Asian influenza
4	6	4	nil
9	5	nil	mild
6	2	nil	mild
31	3	1	nil
3	3	1	nil
10	3	3	mild
4	3	nil	nil

An attack was regarded as mild if the patient had completely recovered within 48 hours.

All children born between June 1st 1947 and June 1st 1954 and residing in the two villages were then investigated (this included the six children who were visited in May). One child who, from the history, had a doubtful influenzal illness in May was excluded.

Total number of children	..	..	..	47
Number who had no attack of influenza	..	..	..	24 (51 %)
Number who had influenza in May	..	..	..	11 (23 %)
Number who had Asian influenza	..	..	..	16 (34 %)
Number who had influenza in May	..	..	..	11
Number of these who had Asian influenza	..	..	..	4 (36 %)
Typical attacks	..	..	..	nil
Mild attacks	..	..	..	4 (100 %)
Number who had no influenza in May	..	..	..	36
Number of these who had Asian influenza	..	..	..	12 (33 %)
Typical attacks	..	..	..	11 (92 %)
Mild attacks	..	..	..	1 (8 %)

It will be seen that whereas the attack rate does not vary significantly in the two groups, the children who had influenza in May were, unlike the other group, entirely affected by a mild disease.

Conclusion

The influenza virus "A" attack during May 1957 did not give any protection to these patients against a fresh infection by the new strain, but appeared to modify the severity of their reaction to infection by the Asian strain of virus "A".

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