

Complications

Four patients are now dead, including the two found to have malignant disease. It is difficult to determine the part played by pertussis in the deterioration of the others. A 45-year-old woman, known to have had cor pulmonale and mental illness, spent 18 months after her pertussis alternating between acute respiratory and psychiatric units until she died of pulmonary emboli. The fourth patient, a hypertensive woman of 65, was admitted to hospital 11 weeks after onset of pertussis with a chest infection and left ventricular failure. She subsequently developed a hemiplegia and died four weeks later.

Another woman, aged 48, developed a hemiplegia in the second month of coughing and, although mobile, she is now incapacitated and cannot work. The only other patient admitted to hospital (twice) was a respiratory cripple with cor pulmonale; she has now recovered from her pertussis. Bronchiectasis has been diagnosed in one elderly woman after outpatient investigation.

Discussion

The symptomatology in this series is similar to that described by Mannerstedt (1934), with symptoms lasting from 24 to over 80 days. His report differs in recording costal muscle pain in half his patients and throat symptoms in the majority. The most striking finding relevant to NHS general practice at the present time was the large proportion consulting early in their illness. Other patients may have come early, been reassured about a simple cough and not returned. They may then have infected others, for the patients were generally unaware of their condition. (Even among the doctors in the practice there was a marked difference in the number of cases detected.)

Second attacks of whooping cough have been reported by many authors but rarely with bacteriological proof. This paper is no exception, although about a quarter gave such a history. The failure of past immunization could be expected because of the lapse of time since last injection (Lambert, 1965) and because the efficacy of some of the vaccines used before 1968 has been questioned (PHLS, 1969).

There is little value in calculating attack rates in one practice, but the national figures (DHSS, 1981) show the highest adult rate in the 25-34 age group, with women in the majority. The female:male ratio of 3:1 in this series equals that found in adults by Stocks (1933). The true incidence of pertussis in adults is unknown, although there have been suggestions that adults constitute a reservoir of infection (Linnemann and Nasenbeny, 1977). Sixty years ago Phillips (1921) wrote, "The prevalent idea among the laity and sometimes among physicians and nurses, that adults seldom contract whooping cough, is responsible for lack of quarantine." This is probably still true today and may be a significant factor in spreading and maintaining an epidemic.

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Words our patients use

- "I feel empty"—I feel out of sorts (South Yorkshire).
- "I feel neither lost nor won"—I don't know how I feel (South Yorkshire).
- "Towty"—lethargic, or not well (Glasgow).
- "Hinging"—pale, wan or listless (Glasgow).
- "Guttered"—drunk (Dundee).
- "Hangy"—the malaise of an acutely febrile child (South Scotland).
- "Marred"—coddled or protected: "He has been marred all his life" (Staffordshire).
- "Spail" or 'spale"—splinter (Scotland and Northern England).