HE WAY OF HOMOEOPATHY IN THE EXANTHEMATA.

BY ELIZABETH WRIGHT HUBBARD, M.D.

One of the many boons of homœopathy to the modern parent is its power to free them from fear of the contagious diseases. It does this by a medley of means. In the first place, it shows the usefulness of these supposed scourges of our young, to wit, that they are a means of ridding the system of some of its inherited taints, of the accumulated miasms of past generations. Children come out stronger and often with changes for the better in their personalities, after an exanthem wisely handled by a true homœopath. To be sure, although the acute course is either brief or mild, out-croppings follow from the deeper layers which call our attention to the need for a chronic remedy. So much the better: the patient might not have noticed the chronic signposts, nor in these depression days, done anything about it, save for the acute trouble. These symptoms from the deeps should not be the conventional sequelæ: none such should develop, with proper handling; but rather minor items which the wise doctor interprets into radical help for the child's constitution. Never discharge your acute cases in children till they have had a chronic to follow through. The adults who are sickly in a deep chronic way I find to be those who have not had the exanthems in their youth. And many who seem healthy in maturity die sudden deaths, and they also have usually not had the children's diseases.

Mothers have a few instincts left, even in these times, and one is a distinct aversion to having their children shot full of this and that preventive serum or vaccine. Blessed and sane instinct! When they realize that the same good end can be accomplished by mild internal protection by

high potency, without introducing foreign blood rh
and with no fear of bad reaction, they are delighted.

If children have been exposed to, say, whoopingco
I ask the parent whether this would be a convenient ti
to have them get it, in case they need to, by inner nece
sity. If so, no protection, if they are in good state to stand
it. If not, then a prophylactic remedy; if they get it the
case will be mild; if not, no harm is done. For I believe that the potency, instead of suppressing Nature's legitimate urge to measles or whatever, gives Nature an out, releases forces, rouses the body to combat the incipient evil in itself.

A third comfort to parents is the inexpensiveness of the treatment, and the fact that the mild form can be well coped with in the home, and the time out from school reduced to the legal minimum.

May I give you a few cases in illustration?

CASE I: Master B., an interesting but self-willed boy of 13, product of a disharmonious wealthy background—good soil for an eruption!—came down with scarlet fever. Throat abscess had been lanced. Sudden profuse, repeated hæmorrhages occurred, eight in an evening. Pronounced not surgical, probably from the stomach. Liver and spleen enlarged and tender. Called in consultation, I found the patient plethoric, blond, capricious, cantankerous, disobedient; blood bright, gushing; constant nausea, clean tongue. *Ipecac* 2c., 3 doses, one hour apart if needed. No further bleeding after 20 minutes from first dose. Three days after, case study showed *Arum triph.* and *Amm. mur.* as the two most similar remedies. *Arum* was given, 10m., 1 dose, with relief of corrosive saliva, *etc.* This might have carried the case safely from the start. The follow up was a dose of *Nat. mur.* 1m. Swift recovery after the *Ipecac.*

Was the loss of blood therapeutic? Was the *Ipecac* more truly related to the child than even I realized in the emergency prescription?

CASE II: Master A., aged 9, small pallid boy of tubercular stock on both sides, came down with whooping-cough. Red face with cough, better in the air, worse 2 a. m. to 6 a. m. *Dros.* 1m., 1 dose. Only slightly better for three days then cough incessant, weak, short, running from one spell into another; postnasal dropping; ulceration of the alæ nasi. This latter peculiarity, together with the incredible continuance of the cough, led to *Cor. rub.* 2c., 1 dose. Brilliant improvement for exactly one week. Return of cough, though nose clear. *Cor. rub.* 1m., 1 dose. Startling amelioration for ten days. Return of cough as before caused me to give *Sulph.* 2c., 1 dose. Aggravation for several days of general condition rather than cough. Then cough returned in full vigor: *Cor. rub.* 10m., 1 dose and a speedy end to the trouble. Follow up: *Sepia* 1m., 1 dose. Boy gaining weight for the first time in a year and a half, rosy and peppy. Would *Cor. rub.* 10m. have settled the whole thing in the beginning? Was the *Sulph.* an error? Or did it lay some foundation for the *Cor.* to hold by?

CASE III: Master M., 7, mumps, bilateral, hard swelling, constant need to swallow a lump, sensitive to weather change, oily sweat without profit, intense thirst for cold. This textbook picture responded at once to *Merc. viv.* 10m., 1 dose. No symptoms appeared calling for a chronic: as this child comes for one every two months, or so anyway, none was given. This is a very psoric child. Were there no symptoms developed because the case was so perfectly covered by the *Merc.*? Or because the chronic remedies clear away enough anyway?

CASE IV: Master R., 10, slight measles rash on neck, Koplik spots, only symptom subjectively: severe photophobia and aching eyes, with slight yellow pus in canthi. *Euphr.* 1m., 1 dose. Rash blossomed, eyes cleared, in three days felt well. Two weeks later, earache, flushed face, soft

pulse, calm; *Ferr. phos.* 1m. Hives followed; *Sulph.* 1m brought him round fast.

DISCUSSION

Dr. McLaren: About this first case, Dr. Hubbard says it is a good thing for children, probably, to have these children's diseases, and I agree with her—so long as they are mild. Any case I have ever attended where *Arum triphyllum* was indicated has always been very severely ill. In other words, I don't think you get *Arum triphyllum* indicated in a case which is not very ill. I think, had the *Arum triphyllum* been given first she would not have needed the *Ipecac.* To my way of thinking it is a much deeper acting remedy than *Ipecac.*

With regard to the second case, the dose of *Sulphur*, probably the *Sulphur* might not have been given just at that time, but I think the result and the good health of the child were probably due to the *Sulphur.*

Dr. Moore: I have just one comment. It was given by Dr. Hubbard but it wasn't emphasized. That is, where the *Drosera* is used, one dose!

Dr. Grimmer: I am inclined to think with Dr. Hubbard that these acute exanthemata are beneficial in the main, that they do take a great deal of the psoric miasm away, especially if under the remedies good health evolves. No disease evolves ordinarily if we watch it. I think that is why a lot of these shots that are given nowadays are doing harm rather than good. They are suppressing, and these suppressions come out later on in changes, in pathological conditions in kidneys and vital organs. I think there can be no doubt but what the acute diseases are, as Hahnemann says, explosions.

Dr. Roberts: Dr. Hubbard has brought out a point there that is worth while considering, and that is the filling of the vacuum in human life. That is really what it is.

Why is it we have contagious diseases? Why is it one has it once and has it no more? It is because nature has left a vacuum there that has got to be filled, and it is either filled by a constitutional remedy or by the epidemic disease. Either the constitutional remedy—the similar remedy—or the similar disease, cures the patient and produces the immunity. That is the function of the contagious disease.

Dr. McFall: Would you call whoopingcough and diphtheria exanthemata?

Dr. Hubbard: No, I should not.

Dr. Grimmer: Dr. McLaren has suggested that I tell you something about the measles epidemic in Chicago this past spring. It was the greatest in the history of the Health Department.

Another peculiar thing about it was that quite a few of the cases developed so-called sleeping sickness. Of course I didn't have many of those cases. I had a few, but most of my work is chronic. I wondered if the use of coal tar derivatives hasn't something to do with the sleeping sickness.

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