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**Small-pox : Vaccination—both Internal and
External, Symptoms and Homoeopathic
Treatment.**

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DIAGNOSIS.

There are so many forms of small-pox, each presenting itself in a different form, particularly in the early stages, that diagnosis is often difficult. This is particularly true in making an early diagnosis in the varieties ranging from confluent to the varioloid types. In any type of this disease the early symptoms are headache, backache and high fever. In the severe cases of the confluent type, the temperature remains high through the course and seldom falls down to the normal standard until the termination of the malady. When the type of small-pox is severe, there is no likelihood of confusing it with any other disease.

In the discrete and varioloid form, there is more difficulty in arriving at a diagnosis.

The eruption of small-pox can be differentiated from that of chicken-pox, first by the character of the eruption and second by the difference in location. In chicken-pox the eruption is seen under the scarf skin, but in small-pox it is situated under the true skin and as the diseases make

progress it is well distributed over the entire body. The eruption of chicken-pox rarely appears on the palms and soles. In small-pox eruption on the mucous membrane of the mouth will be preceded by complaint on the part of the patient of soreness of the throat, which disappears as the eruption increases over the body.

In case of varfoloid they may not be over half-a-dozen or dozen pustules on the body, but these pustules will be full. It is this form which is most frequently confused with chicken-pox and the duration of the eruption is much shorter.

PROGNOSIS.

This varies in different epidemics and depends on the type of the disease.

Two initial rashes, the intense general erythema and the profuse dark petechial form exhibiting a hæmorrhagic seizure, indicate a most unfavourable case.

In variola discrete, uncomplicated, the prognosis is favourable. In variola confluent, it is grave.

Unfavourable symptoms are an ill-marked remission between the primary and secondary fever, the presence of an active delirium, sleeplessness, epistaxis and other hæmorrhages.

The check which is a very copious crop of pustules must necessarily give to the cutaneous exhalation, and more especially the extreme irritation produced by so extensive a surface suppuration, and perhaps the absorption of the pus itself, are the exciting causes of the fatal character of the confluent variety of the disease. In relation to the form and appearance of the pustules, it may be observed, that the more elevated they are, the more clearly they are surrounded with red areolæ, and the more regularly they become filled with a thick yellowish pus, the more favour-

able is the prognosis. When, on the other hand, the pustules are flat or depressed, coherent or congregated in clusters, warty, empty or filled with a colourless watery fluid, it is a very unfavourable sign. It is a still worse indication when the pustules become filled with blood. The sudden recession of the eruption, soon after its appearance, is always fraught with dangerous consequences.

SEQUELÆ.

Pleurisy, broncho-pneumonia, pneumonia, dysentery, diarrhœa, glandular swellings, various affections of eye-ball and eye-lids.

PRECAUTIONARY MEASURES TO BE OBSERVED BY THE ATTENDING PHYSICIAN.

The fear of the physician carrying the infection of small-pox is not without some foundation in our country, when we realise the gross and unpardonable carelessness of some physicians in the matter of changing their clothing and using disinfection after seeing the patient.

The physician should have some outer garment which he must leave in the shed or some outer room. The ordinary water-proof coat is the best thing; he should wear a wrap of the same material, when he goes into the room to visit the patient. He first observes that his hands are free from abrasions. If he has an abrasion upon the finger or wrist the virus may be absorbed directly. He then takes the temperature. Of course the thermometer should remain there. He now leaves this room and enters another, gives directions to the nurse, and leaves. Before leaving in this outer room he bathes his hands and face carefully and thoroughly with some antiseptic solution. Then he changes his clothing and there is no danger of contagion.

CURATIVE TREATMENT.

Aconite. It is the principal remedy in the first stage.

Antimonium Tartaricum. This medicine has a most decided influence over the clinical history of the disease. It is administered by many during the whole course of the disease. It has, however, gained precious laurels during the pustular stage. It is also used with immense benefit when the eruption does not come out properly and when gastric and pulmonary complications manifest themselves.

Gelsemium. It is used when the fever is high and the patient is drowsy.

Belladonna. It is used when there is high fever; delirium is present; starting and jumping in sleep; eyes red; throbbing carotids.

Bryonia. It is called for when we have pleuritic complications—pains in the chest, aggravated by motion, or when there are rheumatic complications, pains in the joints with swelling and tenderness.

Mercurius Sol. If there be copious sweat without much relief and salivation, it is used. If employed early, it will modify the suppurative process.

Rhus Tox. It is used in papular and vesicular stage, with great burning and itching.

Hyoscyamus. It is used where we get the muttering delirium, hallucinations and delusions, the sleepless nights, accompanied by starting up and attempting to get out of bed.

Echinacea. This medicine has newly been introduced. No remedy has passed through a more severe and extensive investigation than this remedy has had during the past six years. It has been highly praised by both the homœopathic and eclectic physicians. Echinacea is not a cure at all nor will it invariably do all that is claimed for it by its

sanguine admirers like myself and others who have been so well pleased with its action in so large a number of cases that we are lost in admiration of its wide sphere of usefulness and stand ready to give it a high place in our materia medica. It is truly a Sampson among our remedies, and "bad blood" is its keynote. Every homœopath should try it if he has not, and he will yet thank me for asking him to do so.

In the treatment of small-pox conclusive proofs have now furnished us which declare the remedy to be of undoubted efficacy, not only in ameliorating all the phenomena of this fell malady, but in preventing any sequela. I used this medicine in ten bad cases of small-pox and I am glad to publish that all of them were cured speedily.

Sarracenia. It is also a new remedy. It is used in small-pox with good results. It is claimed that in every case it modifies the character of the malady, shortens its course, and prevents sequelæ. It has, as yet, no established place in therapeutics.

Variolinum. The principal symptoms of small-pox are the key note symptoms for the administration of this drug. It bears the same relation to small-pox that antitoxin does to diphtheria. An extended clinical record by eminent and reliable observers demonstrates its efficacy. It has proved itself to be a priceless remedy in the treatment of this disease and if given from the date of exposure to small-pox, it will check it before it reaches the eruptive stage. If given from the appearance of the eruption it will arrest small-pox before it reaches the pustular stage. As a preventive of, or protection against this dreadful malady, it is far superior to crude vaccination and absolutely safe from subsequent complications. Let every honest man put it to the searching test and publish the failures to the public.

Vaccinum. Like *Variolinum* it is used by some in small-pox. Dr. Goodno, the eminent homœopath of America, employed this drug in a routine manner in 60 cases without a fatal result.

In hæmorrhagic cases Arsenic, *Crotalus*, *Secale cornutum*, *Lachesis* and *Phosphorus* are used with great benefit.

Sulphur is an important remedy and will clear up great many cases at the last.

DIET.

The diet should be much the same as in typhoid fever. During the first febrile stage, the diet should consist of milk, sago-water together with plenty of pure water and some fruits.

As the initial fever subsides, the quantity of the diet should be increased with caution. As the secondary fever comes on, the liquid diet should be again resorted to. No solid food should be given until the temperature of the patient has remained in the same normal point in the morning and in the evening at least for four consecutive days.

But it should, at the same time, be borne in mind that we should treat the patient rather than the disease. There are several kinds of liquid food other than milk which can be safely given to the patient without any baneful consequence.

The characteristic symptoms of any drug may be termed the particular effects of that drug which no other drug produces in a precisely similar manner.—E. J. LEE, M.D., 1888.