NOTES ON POLIOMYELITIS

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Poliomyelitis first appeared in medical literature in 1789. During the nineteenth century it was regarded as a rare disease of infancy—hence the name. Epidemics have not been reported until 1890 except for one small isolated group of cases reported in Germany in 1840. The problem of severe epidemics of infantile paralysis is one essentially of the temperate zones and is of more importance in the United States of America than in Great Britain. The chances of a child born in the U.S.A. of contracting the disease before reaching adult life are considerably higher than in this country. It has been calculated that on an average one child in 25,000 contracted paralytic poliomyelitis in the British Isles.

Poliomyelitis is caused by a filterable virus, and a curious feature is that during epidemics many members of the affected community harbour the causative agent in the nasopharynx or excrete it in their faeces without themselves being affected by the disease. It has also been established that many abortive cases occur having an influenza-like illness without any signs of paralysis. The mortality rate of paralytic cases is, on an average, 12 per cent. The remainder recover from their paralysis partly or completely and a relatively small proportion are severely crippled. No one could wish to belittle the disease, but the facts are that the chances of any child in Britain contracting the disease in its paralytic form are relatively small, and the odds are in favour of survival, and the likelihood of severe crippling not very great. Nevertheless, this does not exclude the possibility of any child contracting the illness during an epidemic with disastrous consequences, however rare it may be.

Research Into Immunisation

A vast amount of research has been done, chiefly in America, but also in Great Britain and elsewhere in order to provide a safe and effective immunising agent. The main difficulty encountered is that there are three potentially

dangerous strains of the virus and it is still too soon to say that this difficulty has been overcome. Only time and the statistical evaluation of mass inoculation can tell. Nor have we any proof that homœopathic prophylaxis is effective. The remedies which have been mainly used as prophylactics in epidemics are LATHYRUS SATIVA, CAUSTICUM and GELSEMIUM. LATHYRUS SATIVA was given to many thousands of children and young adults in epidemics over a period of more than thirty years in the United States of America and 100 per cent success claimed for it. This has not been my experience, and the fact that those cases which had been given LATHYRUS SATIVA contracted the disease without much residual paralysis only proves that it is not 100 per cent effective. The position is then, that we have no proved completely successful protection against poliomyelitis. It is unlikely that inoculation will be free from the very rare but occasionally disastrous side effects common to other forms of immunisation, but these as a rule are very rare indeed. It is possible that there is more danger with poliomyelitis vaccine, but this remains to be seen.

In deciding what to do about prevention of poliomyelitis by homœopathy or vaccination, if it is desired to do anything at all in that way, it should be kept in mind that it is a rare disease and that, practically speaking, no method of prevention can completely eliminate the chances of a child contracting any acute infection. If LATHYRUS SATIVA is to be used it can be given in the 1m potency—2 tablets half-an-hour before breakfast once every three weeks in an epidemic.

Work is at present being done on an oral vaccine which may prove to be the safest efficient prophylactic.

Other Prophylactic Measures

There are other important prophylactic measures. It is now generally accepted that diphtheria immunisation and other preventive inoculations are better avoided during an epidemic. It is also advisable to postpone operations on the nasopharynx. The main operation in this field being the removal of tonsils and adenoids, it is now customary to defer this operation unless urgent,

Considering the mode of spread of the disease, it is advisable to avoid crowded places and swimming baths. Finally, it has long been recognised that excessive fatigue, chilling and exposure to wet are predisposing factors. Normal exercise is safe, exhaustion and chilling should be carefully avoided.

It should be remembered that poliomyelitis is not a highly infective condition; for instance, more often than not one child in a faimly may develop it and the others remain free. There is danger however in crowded communities of young adults such as in barracks.

Should the disease be contracted in its paralytic form, the chances are that paralysis will be at its worst at the onset of the illness. A minority of cases become further paralysed before the natural improvement characteristic of the disease sets in.

Treatment

Although poliomyelitis is unaffected by chemotherapy a great deal can be done by skilled nursing, orthopædic care and physiotherapy. At first the patient's strength is maintained and potential contractures avoided, later much can be done to nourish and re-educate wasted muscles. Can homœopathy help? Here we are on firmer ground than with prophylaxis. Everyone who has had experience is convinced that homœopathy can play an invaluable part but the other measures outlined are also required. Apart from clinical impressions we know that virus diseases in general, such as measles and influenza, respond well to homœopathy and there is no reason why infantile paralysis should not. Many remedies may be required. There is a certain degree of recovery naturally possible for up to two years after the onset of the illness after which irreversible pathological changes remain.

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