

Mental deficiency in children.

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In this paper on the mental deficiency in children I shall confine myself to a discussion of the classic type of cretinism, as being the type which I am most familiar.

There are certain types of mental abnormality, and conditions of failure of normal development of the mentally defective, which have been definitely related to defects of the endocrine glands. The effect of the internal secretions on tissues and on the mind is so great that, even if the ultimate causes lie beyond the endocrine system, the actual clinical picture is largely due to the abnormal endocrine make-up. This is shown by the enormous influence on mind and body of the thyroid, pituitary, sex glands and adrenal cortex.

The cretin who has not enough thyroid or is void of thyroid is an imbecile because of the deficiency. Supply him with thyroid or the homœopathic remedy that will enable him to assimilate the necessary thyroid substance and he will be restored to at least a moderate intelligence. To Dr. W. W. Nuss of Elkland, Penn., we owe a great deal along this line, as he is working out a theory and says that "if the endocrine and chemical balance of the body are maintained to a normal balance, cell metabolism will throw off disease from the body, the body being given help until the disease has disappeared".

Cretinism is an infection beginning in infancy, characterized by retarded and imperfect physical development, due to deficiency of the thyroid gland, a feeble-mindedness, ranging from stupidity to imbecility, a direct effect of insufficient endocrine supplied to the brain cells. Such children present the peasant's face with the broad nose, a tough skin, coarse straight hair and an enlarged lower lip drooping with salivation. They show an undergrowth, both mental and physical, and a retarded self-control. On

being aroused in the morning they are still tired, dull and restless, slow in dressing, dawdle over everything and have to be coaxed or forced to wash and dress. They are always dirty, with no idea of cleanliness, and they are usually late for school. There they show their backwardness in nearly all branches of study, for their comprehension is slow or prolonged as compared with the average, yet they seem energetic, and as a rule are the best in athletics or gym work. They perspire little, even after exertion; are subject to frequent colds and tonsillitis, have adenoids, and acquire every disease of childhood that happens along.

It is a known fact that such mental qualities as irritability, stupidity, the power to recover quickly or slowly from fatigue, sexual potency and impotence, apathy and enthusiasm are endocrine qualities. Included in this are all sorts of examples of feeble-mindedness from the moron to the imbecile and idiot.

While it is quite true that our general knowledge of symptom-complexes is not yet quite adequate to enable us to definitely fix upon the exact gland or glands involved in many cases, except through the electronic reactions, it is equally true that a single gland may be primarily involved in many instances. These manifestations are attributed to a derangement in varying degree and proportion of the whole endocrine system.

The chief thing in the care of these cases is that they must be made to obey; they must have routine duties, and are best when dressed in uniform as soldiers or sailors, and well-disciplined. Obedience and routinism is the best and most effective method of caring for them.

The typical classic cretin, due to endocrine insufficiency, once looked upon as an eternally damned defective, can be transformed by feeding thyroid and administering the well selected homœopathic remedy into an apparently normal being, as instanced in the following cases:

CASE I.

May 12, 1922. F. G., female, age 6. Short, stocky, broad hands and short nails, light tow hair, which mats easily; complexion ruddy and clear; nose broad at nostrils and flattened at bridge; eyes blue and restless; a frog-like appearance of face. There is no sense of obedience and there is a marked tendency to cruelty, shown in great pleasure when hurting animals or humans. She contradicts everyone by shouting "no, no, no" to everything. If reprimanded, she rushes at once, trying to bite and kick. There is enuresis and she masturbates during sleep. A marked strabismus is corrected by glasses. She is subject to colds and frequent attacks of tonsillitis. There have been three unsuccessful vaccinations.

Bufo 30th helped considerably after the fifth day. She showed a little less temper for ten days, then was aggravated again.

May 30, 1922. Repeated *Bufo* 30. This helped right away, and she seemed better in every way. The improvement lasted about twenty days, then signs of irritability appeared.

June 15, 1922. Not so well. *Sac lac*.

June 20, 1922. Worse every way. *Bufo* 30. Improved in about forty-eight hours.

July 1, 1922. Not so well. *Bufo* 200.

July 10, 1922. Somewhat improved. *Sac lac*.

August 1, 1922. Has changed somewhat in appearance and has grown a little. The hair is not so dry, but still mats to some extent. There has developed a foul stool with attacks of diarrhoea. The body has a marked odor and there is a discharge from navel. Pediculosis. Complains of food not tasting right and will spit it all over table. Temper bad. *Psor*. 42M.

August 10, 1922. Has developed a bad attack of quinsy, tonsils enlarged, covered with mucous patches, breath offensive and cussed beyond words. *Sac lac*.

August 15, 1922. Marked improvement. Throat clearing up actions much better. *Sac. lac.*

August 20, 1922. Up and taking an interest in her playthings and playing with cat without hurting it. *Sac. lac.*

Sept. 30, 1922. I have just returned from the country and see a decided improvement. The temper is more controllable and she will play with other children with less tendency to quarrel. *Sac. lac.*

Nov. 10, 1922. Not so well again. Another cold and showing signs of temper. *Sac. lac.*

Nov. 20, 1922. No better and showing signs of old tricks. *Sac. lac.*

Jan. 5, 1923. Has been real good over the holidays, taking an interest in her toys but still masturbates and wets the bed. Body odor gone or not noticeable. Face has changed its appearance a little. Will now wear a ribbon in her hair, which is also more natural. Face is showing a tendency to becoming greasy. *Sac lac.*

Feb. 1, 1923. Has been bad for a week. *Psor. CM.* Apparently not much change for ten days, then improvement began.

March 2, 1923. Warts are seen appearing on hands and neck, hair greasy, also face. *Thuja 1 M.*

March 8, 1923. Has broken out with what seems to be a bad case of chicken-pox but feels fairly well and has taken off her glasses as eyes are straight. Much improved in temper. *Sac lac.*

Feb. 10, 1924. Improvement continued under *Thuja* for nearly a year.

Jan. 10, 1925. Shows that she has not progressed in her lessons to any extent but better tempered. Does not masturbate and only occasionally wets the bed. *Baryta carb. 200.*

Jan. 25, 1925. Much improved. *Baryta carb. 10M.*

Jan. 10, 1926. Under *Baryta carb.* she has gained for a year. Not so well again. *Baryta carb. CM.* Improvement continued for about nine months.

Oct. 10, 1926. Has still gained in her physical condition but mentally has become tired. Does not show as much interest in her work, is listless, wants to sleep and at times shows decided signs of irritability. Began at this time giving her thyroid extract, and since then she has steadily improved, catching up with the average ones in her class.

I have not prescribed for her for two years except for an odd cold now and then.

CASE II.

A. T., age 16. Mentally backward. Has the mentality of a child six years, and the growth of a boy of about twelve. He is short, fat and well nourished. For six years he has been under the care of old school specialists who diagnosed the case as hypopituitary, and have been administering pluriglandular remedies. The most important symptoms are mental associated with lack of growth.

Nov. 15, 1928. *Baryta carb.* 200. This did not seem to improve his condition any.

Dec. 15, 1928. *Baryta carb.* 10M. Thought we noticed a little improvement but nothing startling.

Jan. 15, 1929. *Sulphur* CM. This stirred him up and produced quite an irritability, so much so that we were obliged to change his surroundings. I sent him to the country where he could be outdoors, which seemed to improve him for a short time.

March 20, 1929. *Baryta carb.* CM. Under this he showed an improvement which continued until July, when we sent him to a boy's camp. There a very annoying feature developed of involuntary stool, resulting in his expulsion from the camp. He was placed in a farmhouse in the district under the care of a motherly woman.

August 1, 1929. On going over his case again, I found he had grown about two inches. Seems more intelligent, can follow a line of conversation and is able to hold his attention longer. *Baryta carb.* CM.

October 5, 1929. Has grown another inch, *Sac. lac.*

Jan. 11, 1930. *Baryta iod.* 1 M.

Feb. 2, 1930. Still improving. Has grown another inch. Lost some of the excessive fat and since the *Baryta iod.*, involuntary stool has ceased. Has passed out of the class he was in for four years and has become organist in the country Sunday school. Takes more interest in being with other children. *Sac. lac.*

May 5, 1930. Not so well. More self willed. *Baryta iod.* 50M.

June 30, 1930. Has mentally improved but still very juvenile. The height inspite of above growth is only four feet, three inches. *Sac. lac.*

July 20, 1930. At summer camp again and the instructor tells me that the change in him is remarkable from last year. He is now eighteen years old this summer and learning to swim. I might say that the mother of the boy informed me that involuntary stools were a marked feature during his early infancy. He is much thinner, has grown taller and is beginning to look like a boy of his age. *Sac. lac.*

Dec. 1, 1930. Has remained in the country and is going to school there. The last I heard of him, he was still progressing.

I quote these two cases as being interesting, in that the first showed an improvement on the homœopathic remedies, and appeared to come to a standstill, and yet under the action of thyroid extract has gone on steadily improving, while the second, who had been under treatment for years with the pluriglandular remedies and had come to a decided standstill, where he had been given up by the specialists, under the influence of the potentized homœopathic remedies, in two years has taken on new growth, both mentally and physically, and will, I believe, eventually become self-supporting.

The Homœopathic Recorder.