

# A CASE OF MYXOMA AND LYMPHATIC LEUKAEMIA\*

*JULIA M. Green, M.D.*

J.T.M., age 5 years, was an unusually healthy child, apparently ; sturdy, straight, fair, high colour in his cheeks, a ravenous appetite always and strong enough to climb and lift and run equal to boys twice his age. He lived an outdoor life on a farm.

The only suggestion of chronic miasmatic trouble was nocturnal enuresis, in winter only, and rather large tonsils.

In June, 1935, the boy's parents first noticed a swelling on the left temple. This grew steadily, becoming oval, hard, painless extending toward the eye socket. About the middle of July, during my absence, he was taken to Dr. Custis who, suspecting sarcoma, opened the tumor to get a specimen for laboratory examination. He could not obtain a specimen and closed the wound. x-ray at this time showed nothing ; skull and periosteum were intact. The child was as active and rosy and hungry as ever.

On September 10, he was brought to my office ; the growth was larger by that time, the size of half a hen's egg and about that shape : general health apparently perfect. I gave him a dose of *Silicea* 10M. September 24 the tumor was a little flatter and softened about the lower third, the rest as hard as ever. More x-rays showed nothing new.

The growth spread laterally and at one time protruded from the temple enough to show beyond the ear when viewed from behind.

---

\*Read before I.H.A., Bureau of Clinical Medicine, June 27, 1936.

October 8 the *Silicea* 10M. was repeated. October 22 the tumor was spreading but flatter, extending downward toward the jaw enough to interfere slightly with opening the mouth wide : also toward the eye and upward further. General health remained excellent. I gave him *Calc. fluor.* CM.

The boy's uncle, one of our homoeopathic doctors, urged x-ray treatment to reduce the tumor, feeling that this was the only thing to be done. Early in November, the father decided to try it and the child had treatment November 7, 11, 12, 13, 14, A½ erythema dose was used and the length of exposure was fifteen minutes, I believe. After this series, which reduced the tumor considerably, there was a rest of two weeks, then another series of exposures of the same strength on November 28, 30, December 1 and 2. By this time the whole tumor had apparently disappeared. The child looked a little less vigorous and acted somewhat listless. We began taking his temperature regularly and found it between 100 and 102.

On December 16 I gave another dose of *Calc. fluor.* CM. because a rim of the tumor remained from which more hard swelling had spread nearer his eye making him cry with pain and nearer his jaw causing stiffness there. On account of this he had five more x-ray treatments on the five days before Christmas, this time using the ray fifteen minutes about eye and twenty minutes near the jaw.

This removed every vestige of the tumor and it did not return. The hair was burned off where the x-ray touched it, the skin over the area treated became discoloured a yellow-red, fear of loss of vision in the left eye was expressed but this did not happen. The temperature never came down to normal and the maximum was higher, 103.5 ; the curve was erratic, causing the x-ray man and a laboratory man who was consulted, to search for some focus of infection never found.

From mid-December on the boy looked ill and acted rather listless, although he ate well and was very anxious to be up and out to play. After the last series of x-ray treatments, his nose was filled with bloody crusts necessitating mouth breathing and

causing pathetic nervousness ; the left eye was closed at first by swelling of the lids which gradually subsided ; colour, whiter or perhaps bluish ; strength waning. He persisted that he felt well and wanted to get up and play.

Early in January examination of the blood showed lymphatic leukaemia quite advanced and highest temperature 104° and 104.5°. Blood transfusion was tried only once, for it sent the temperature to 106 and caused more weakness.

No hope was held out for recovery and he was taken home on January 10 to die. Weakness progressed steadily until death February 10.

I never had a case break me up more than this one did. I advised against x-ray treatment but, naturally, the parents wished to follow the advice of the physician of the family. This doctor begged me to keep on prescribing and I did for a time without hope that our potencies would act. Near the time leukaemia was established, the few symptoms I could find pointed distinctly to *Phosphorus* and I gave two doses without reaction.

I have maintained all along that the x-ray treatment caused the leukaemia because right up to the time that was started circulation, colour and vigor were splendid. The x-ray man, and the child specialist who was called in, both disagree with this opinion.

Of course no blood examination was made before the x-rays were started, nor was the temperature taken, but the fever began very soon afterward. The child specialist says he has had this fever accompany leukaemia and the x-ray man says he never used x-rays on so young a child before.

It is strange that a tumor should come on the temple without history of known injury and with general health unusually good; this in itself means serious ultimating of disorder but, in such a vigorous youngster, I believe the correct remedy would cure.

I am reporting this sad case to show the difficulties under which we must work and in the hope of useful comment.

*Washington, D.C.*

## DISCUSSION

**Dr. Panos :** This excellent paper reminds me of the contrast that was brought out between Hippocrates and Galen. Galen, of course, never had failures. Hippocrates had plenty.

Dr. Green brings before us this failure of the potencies to act. Of course, to many of us it is clear why the potencies didn't act. Naturally, with the x-rays and other interference, we don't expect much of the potencies, but it is a very appropriate paper because so far we have had success after success and it is very well brought out to have some of the failures.

**Dr. Stevens :** One of the most successful physicians that I have ever known said to me that he felt the x-ray treatment often rendered it absolutely impossible to do anything with our potencies afterwards.

**Dr. McLaren :** As we know, x-ray and radium are destructive. They are among the most terribly destructive agents in the whole universe. For instance, if a woman is having haemorrhages from no known cause that can be discovered, and she is a young woman and doesn't want to go through a major operation it is quite customary for them to give a series of x-ray treatments to control the haemorrhage. In order to do that they don't need to give more than eight exposures, two series of three each or four each ; we will say six to eight exposures will usually control that and render that woman sterile for the rest of her life.

Anything so powerful that will completely change the course of that woman's life from then on is a terribly destructive agent.

What chance have our minute potencies, even though they are packed with energy, against such destructive bombing ? It is like comparing the huge guns in the German front to a balloon or a popgun in a child's hand.

[*Courtesy : The Homoeopathic Recorder, June, 1937.*]



## **SOME CHILD TYPES AND THEIR TREATMENT**

*Address to Annual Meeting of Children's  
Homoeopathic Dispensary*

BEFORE I begin this paper I must ask you to forgive its scantiness and sketchiness. I will offer no excuses, just ask your forbearance.

My subject is "Some Child Types and their Treatment", and there are two comments I wish to make on this title. First, I did not say, "their homoeopathic treatment", because heretical as it may sound here, there are sometimes other forms of treatment even more important than the homoeopathic. Secondly, I am not at all sure that the title otherwise is a very wise one, as it might give the impression that I regard it as advisable, or even necessary, to classify child patients in this way in order to treat them. This is not so. Such typing of patients is purely for convenience in discussing them. We must ever keep in mind that we have to treat *the patient*, whatever his or her type or disease. Labels are always dangerous in medicine—except on bottles.

Now, what are the types of child one most frequently hears spoken of? They are, I think, the backward child, the nervous child, the catarrhal child and the precocious child. One might make subdivisions of some of these types, but we have quite enough for our consideration this afternoon.

Let me say at the outset, before beginning to discuss these types, that a knowledge of homoeopathy alters one's whole attitude of mind towards these children. One approaches their treatment with a spirit of confidence and feels that no child,

however apparently hopeless, need be given up without the chance of at least some improvement.

Now, the backward child has been chosen as the subject for the forthcoming British Homoeopathic Congress, so I shall not go into great detail as regards that type, though some of the most striking results of homoeopathic treatment are to be found here. Dr. Tyler in this hospital has had especial experience in the treatment of such children, and some of her results are astonishing. It is largely due to a tip I once had from her in regard to the treatment of the Mongol child that I always undertake such a case with almost a certainty of being able to effect a considerable degree of improvement.

Mongolism, I may explain, is the term applied to a condition of mental and physical backwardness in a child, accompanied by the typical facial appearance from which the disease gets its name (slanting eyes, etc.). It is a congenital defect, i.e. present at birth, though not generally noticed until the child is some months old.

These children differ from the ordinary mental defective. Although clumsy in their manner and movements, often unintelligible in speech, they have remarkably agile minds, possess a keen sense of humour and quick repartee, are very fond of music and are unusually affectionate—in short, they are distinctly likeable little people. (Very inquisitive.—Ed.)

I was recently discussing the subject of backward children with a doctor on the staff of one of our great London hospitals, and this gentleman confidently stated that absolutely nothing could be done to improve the condition of the Mongol child.

I was able to contradict his statement and say that not only could the mental state of these children be greatly improved, but that sometimes even their Mongolian appearance could be markedly modified.

The remedy that is undoubtedly of the greatest value in such cases is *Medorrhinum* (a disease product remedy), which makes it look at least possible that there is a venereal basis for Mongolism.

That the other venereal disease is responsible for a large proportion of other forms of mental deficiency is undoubted, and here one frequently finds the nosode *Lueticum* of the greatest value.

A remedy that has a great reputation amongst those practising homoeopathy in the treatment of backward children in general is *Baryta carbonica*\* (Barium carbonate), but it is a mistake to have predilections in medicine, and each case must be treated on its individual symptoms.

A word now about the Nervous Type of child.

This, I consider, is the most important type of all, because the child's whole future health and happiness depend on careful and sympathetic treatment in early years.

This type is nearly always misunderstood, and this causes to develop a constant feeling of being aggrieved and an inferiority complex. He is often punished for not trying, when it is his shyness that prevents him from giving of his best. He feels alone and makes few friends. Having myself belonged to this type, I can speak feelingly and from knowledge.

There is a tendency to night terrors and a fear of the dark, and still more often a morbid fear of ridicule.

As a matter of fact, all children hate being treated lightly and made fun of. I will remember an incident in my own childhood, when having done something that displeased my father, he rather contemptuously flicked my ear with his finger. I will not say that I never forgave him for it, but I never forgot it. I should have forgotten much sooner a good thrashing.

This type often suffers from over-conscientiousness, though this is not always apparent. His school work gets too much on his mind.

There is generally a distaste for, or actual fear of, the rough and tumble of ordinary school life, and there are some of this type who should certainly never be sent to boarding school—unless

---

\*Shyness is a great 'pointer' to *Baryta carb.*—Ed.

both parents unite in misunderstanding the child, when school away may be the lesser evil.

In this connection I must say my say about school homework. This is an invention of the evil one and should be forbidden by law. To make a child who has worked at his lessons all day sit down to more work when he gets home, often up till a much too late bedtime, is nothing short of criminal. The evening should be devoted to games and hobbies and to seeing something of one's family. The powers that be cannot even let the poor child enjoy his holidays free and unencumbered, but must set those diabolical things called holiday tasks, which sit upon one's holiday like an incubus—much in the same way as an after-dinner speech sits on us grown-ups.

The cause of all the trouble is, of course, the same old root of all evil, economic pressure, which leads to competitive examinations and cramming. Many highly-strung children have had their nervous system ruined thereby.

The very hypersensitiveness of this type can and should prove one of the highest assets to the individual himself and to the world, if carefully respected and nurtured. But the conditions of modern existence unhappily do not tend to this much-desired end.

As to homoeopathic remedies for the nervous type, to mention only a very few, many of these patients need either *Phosphorus*, *Lycopodium*, *Pulsatilla*, *Silica*, or *Tuberculinum*.

If the child worries intensely about his lessons, this I have come to look upon as a very important keynote of *Lycopodium*; and if further he hates mathematics, this remedy is still more probably indicated. *Lycopodium* may sometimes have an orderly mind, but it is rarely a mathematical orderliness, usually on artistic one.

If the patient, as so often happens in the nervous type, suffers under a fear of getting or having some dreaded disease, think of *Phosphorus*, but you will find this particular symptom very

difficult to elicit. *Phosphorus* tends to flush easily, from self-consciousness or even from sudden thought. I would say that, of these two remedies, *Lycopodium* has the greater power of self-control, which may be so great as to mask his great sensitiveness from the unseeing eye.

As a contrast, watch two small children being examined by the doctor, one a *Lycopodium* patient, the other a *Calcarea carb.* Both may be quiet and good under the examination, but the *Calcarea* child is so from lack of imagination, the *Lycopodium* child from a rigid control of his hypersensitiveness. Carry the examination of *Lycopodium* child a little too far and he will go to pieces and suddenly become absolutely refractory—self-control has its limits.

The comparative lack of control of the *Phosphorus* patient is manifested in his ticklishness, which is often extreme. He is also often very talkative, whereas *Lycopodium* is as a rule reserved and silent, though sometimes chatters to hide his shyness. Both these remedies are easily discouraged, yet neither so easily as *Pulsatilla* or *Silica*. *Silica* is the great remedy that lacks "backbone", and *Pulsatilla* is of course its close relation.

All of them are easily moved to tears, though *Pulsatilla* in this holds pride of place (if that be a fitting term!).

If any or all of the above-mentioned characteristics are found in a delicate child, with long dark lashes, blue sclerotics, bright red lips, and an excessive tendency to take cold or to suffer from enlarged tonsils or glands in the neck, and if, in addition, there is fear of dogs, you will not be far wrong in prescribing *Tuberculinum bovinum*.

This reminds me of another remedy for the nervous child, which till now had escaped my memory, viz., *Stramonium*. *Stramonium* also has very strongly the fear of dogs, and is still more indicated if the little patient has at any time been seriously frightened by a dog. The fright (either from a dog or any other cause) may have induced stammering, and night terrors are here a strong feature, as well as violent fits of temper (though *Lycopodium* too can cover the most violent tempers).

One other little hint in passing : in the case of a highly nervous delicate child, who cannot sleep and shows commencing signs of brain-irritation, do not forget *Hellebore*, which may save that child from meningitis.

The precocious child can fittingly be mentioned now. Precocity is, of course, a relative term. The precocious child of the last generation would be considered normal today. Especially since the war, evolution and growth have quickened up all round. The war, in fact, seemed to blow restraint to pieces, and amongst the rest restraint in development. The babies of this generation get their teeth at an earlier age ; the fourth or fifth month is quite average now, whereas a generation back the eight or ninth month was common in quite healthy children. Children also walk and talk earlier, and we increasingly often find girls becoming young women at the age of twelve or thereabouts. And with all this, intelligence is undoubtedly more forward also.

These forward children require to be specially guarded against being forced on at school. The natural tendency for school authorities is to make the most of unusual talent and send such children in for scholarships, and otherwise overtax their developing brains. Such children rather need keeping back in their mental work. There is also the danger of their getting conceited, and a conceited precocious child is about *the* most undesirable thing on earth.

Remedies like *Phosphorus* and *Lycopodium* may come in here, but I think the remedy *par excellence* for abnormally early development is *Tuberculinum*. It is a remedy I always have in mind for instance in children who have cut their first teeth at a very early age.\*

Then there is the catarrhal type. These children are always taking cold; they are subject to enlarged tonsils and adenoids and attacks of bronchitis.

---

\**Tuberculinum* has also the opposite—i.e. : delayed development ; delayed teething; delayed onset of Menses—in a child of T B. family history.—Ed.

In this group particularly diet is of primary importance.

Time was when I used to think that diet did not matter, that the right homoeopathic remedy would cure, whatever food was eaten. Experience has forced me to the conviction that the correct food is even more important than the homoeopathic medicine, and that although the indicated remedy may act well in spite of wrong diet, if the latter be persisted in, remedies will in time fail to act.

*"Tolle causam"*—remove the cause, should be the first rule in treatment.

Now, in the children of this type you will nearly always find that they have been allowed to indulge to excess in starchy and sugary foods. In these patients, of the hospital class especially, cakes, biscuits, sweets are consumed at meals and between meals, and many parents seem helpless to correct this state of things, as great an admission of unfitness for parenthood as well could be.

As a matter of fact, I tell all my patients, children or grown-ups, suffering from whatever complaint, to beware of pure white foods. Absolutely white food, such as is seen in white flour, white sugar or polished rice, does not exist in Nature ; it is an invention of man (I had almost said of someone else !) and implies destruction of the most valuable elements in such foods.

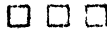
This denatured food is bad from all points of view, and it worse for any particular kind of patient, it is for the growing child, with bones and teeth to be formed.

It is beginning to be recognized that these deficient and excessively starchy and sugary foods definitely predispose to catarrh with all its implications.

In brief, children should eat only wholemeal bread or stone-ground flour, have plenty of honey in place of ordinary sugar, and eat ripe uncooked fruit (whih the peel of apples and pears, as well as of potatoes), and be allowed as much butter as they want.

As to homoeopathic remedies, we meet again chiefly the same so-called polychrests, *Tuberculinum*, *Sulphur*, *Calcarea carb.* and *Calcarea phos.*, *Baryta carb.*, *Silica*, etc., and these in combination with a reformed diet will generally suffice to clear the little patient of his trouble.

[*Courtesy* : Homoeopathic Recorder, July, 1934]



## HOMOEOPATHY AND HOMOEOPATHIC PRESCRIBING

Harvey Farrington

*Edn. 1978, Pp. 264, Cloth, Rs. 20/-*

*\$ 12/- (Air), \$ 4/- (Surface)*

A highly commendable work having universal recognition for its usefulness equally for the graduate physicians, general practitioners, homoeopathic scholars and the medical students fully devoted to the cause of Homoeopathy. The special features of this work are that the learned author has ventured to divide its subject-matter in forty-three lessons of which the first five lessons are on the homoeopathic philosophy and the rest on medicine divided into 15 different groups of similar symptoms-complex enabling one to understand the distinctive nature of each remedy.

*Distributors :*

**M/s HARJEET & Co.**

1920/10, Chuna Mandi, Post Box 5752,

New Delhi-110055.