## A LUCKY HIT OF A NEOPHYTE

DR. B. P. PATIL, M.B.B.S., Jalgaon

On 29.9.1981 master R.S., 18, male, came with swelling on rt. side of neck since one week.

O/E-Lymph glands enlargement seen with no constitutinal or local symptoms.

Gave antibiotics for 5 days.

After five days, glands still increasing in size; advised to see the specialist.

The patient was investigated as follows on 5.10.1981:

Routine Blood exam. — NAD

Blood for VDRL — -ve

Chest x-ray -- NAD

Biopsy of gland — Tubercular adenitis (?) Hodgkin's disease (?)

The specialist advised antitubercular treatment for one month.

After one month no improvement; instead glands steadily increased in size. Patient, therefore, was referred to Jaslok Hospital, Bombay.

The same slides of biospy were sent along with the patient. The pathologist gave diagnosis of Hodgkin's disease. Hospital's histopathology report dated 12.12.81 is appended below. He was advised anticancerous treatment which he continued up to January 1982. As his examination approached and due to consequential weakness from anticancerous drugs, he discontinued treatment. Meanwhile I was reading Syphilinum in Kent's Materia Medica. On page 989 it is mentioned in one line under Syphilinum, "It has cured Hodgkin's disease". Here I saw an opportunity to testify the materia medica.

Gave on 9.1.82 - Syphilinum 1M, 1 dose.

- " " 8.2.82 Syphilinum 1M, 1 dose, Glands decreased in size.
- " " 8.3.82 Glands almost of pea size. Syphilinum 1M, 1 dosc.
- " " 10.4.82 No glands palpable.

Patient was called subsequently and kept under observation. No return of disease observed.

I have seen the patient on the other day and found to be in absolute health.

## APPENDIX

JASLOK HOSPITAL & RESEARCH CENTRE 15, Dr. G. Deshmukh Marg, Bombay 400 026

Patient's name: MR. R. S. Referred by: DR. SAINANI

Age/sex: 18/M Class: Date (received): 11/12/81 Biopsy No.: JH-- 2194/81

## Histopathology--Report

Specimen: Paraffin blocks and H & E slides of right cervical lymph nodes.

Microscopic: Sections reveal complete loss of lymph nodal architecture associated with presence of numerous small epitheloid cell groups all over, scattered atypical reticulum cells and a few distorted Reed Sternberg

cells.

Diagnosis: Hodgkin's Discase (mixed cellularity).

Surgical pathologist: Sd/- Dr. Arun R. Chitale, MD., DABP (USA), No. 7701

Date 12/12/81