

**THINGS YOU SHOULD KNOW ABOUT**

# **CANCER**

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## INTRODUCTION

Usually there are two sides to most important questions. This is true of cancer. You have heard a lot about one side. Now we want you to hear something about the other.

The points of view of the two sides to the cancer question are those held by the majority and minority groups in the health profession. The majority group, numbering around 150,000, is made up entirely of the allopathic medical doctors; which we shall call the M-G (majority group) of doctors. The minority group, composed of some allopaths, homeopaths, osteopaths, chiropractors and naturopaths, we shall call the I-G (independent group) of doctors.

### Majority Not Always Right

Too often the claims of the M-G doctors are accepted as being true, more because all-too-often theirs is the only side of the question that is publicized. But if the majority were always right, we never would have had Christianity nor Democracy. They once were minority groups. Furthermore, which group has contributed the most toward the development of our civilization: the majority or minority group? History says it is the latter; for all progress first started with one individual or a small group of people. Later it spread to the majority.

The reason why only one side to the cancer question has been heard is that, because of their numerical strength, the M-G doctors have established an effective control over all news channels. They can, and do, make certain that little or nothing is heard from the I-G doctors. In substantiation of this, reliable information shall be presented later.

### Contributions of the Independent Group

If the I-G doctors had made no valid contributions toward a practical, workable solution of the cancer problem or the M-G doctors knew all there was to know about cancer, there would be no occasion or need for this book. But the M-G doctors, with all the billions they have had to throw into research—and are still asking for more—have not come up with a practical solution; else cancer would not still be on the increase. In 1900 the death rate of cancer was 3.7%; in 1946, 13.5%. On the other hand, isn't it possible that the I-G doctors have been able to make a valid contribution toward the solution of the cancer problem, and no possible solution should be overlooked? Certainly the problem is so important that nothing offering a solution should be completely ignored, especially if it can present a record of cures, such as can members of the independent group.

If on no other basis than that of the law of averages, members of the I-G doctors group should come up with about one-third of the answers. But the contributions of this group of doctors toward a

solution of cancer are more substantial than the law of averages, that is, if research on more than 3,000 cancer cases over a period of six years, in one institution alone, or the research of individual doctors and clinics who have made enviable records in this field, mean anything; and certainly they do.

While, obviously, it would be quite impossible to present in a small book an exhaustive analysis of the contribution of the outstanding doctors in the independent group, we shall discuss at least the cardinal points of their work and methods, and shall also include a summary of the methods used and the results obtained by the majority group.

## CHAPTER 1

### Orthodox Cancer Treatment

Television, radio, newspapers and magazines, from what they say or write, are misleading the public into believing that medicine is making wonderful progress in its war on cancer. The truth is that more people are dying of cancer than ever before. This means that cancer is more prevalent and more widespread than what the public has been led to believe.

Occasionally, however, some of the real facts come to light. One case of significance in which the facts came to light, was the admittance made under oath in the Supreme Court of Florida. Expert witnesses, who were some of the nation's outstanding medical cancer specialists, testified in a malpractice case against a medical doctor that they had no cure for cancer. If there had been such a cure, certainly they would have said so—gladly.

Even though such testimony is most valid, and carries a lot of weight, we do not want to take the word of a few doctors on a question as important to the public as this, when there are other outstanding doctors from whom we can hear, and will do so presently.

### Why People Die of Cancer

When the M-G (majority group) doctors are asked why so many people die of cancer, their stock answer is that they do not get such patients in time and that, if people took more frequent check-ups—"Fight cancer with a check and a check-up," is what they advise—there would not be so many deaths. It sounds logical, doesn't it? But—is it true? Let us consider only a few prominent people who have died of cancer in recent years, and see what the results are. These prominent Senators and an outstanding navy officer—*Hunt, Bilbo, Wherry, McMahan, Vandenburg and Taft* (whom we will discuss later), and *Adm. John H. Towers*—will serve our purpose.

Many others could be mentioned, prominent in other walks of life. But these particular ones are mentioned for two reasons: they are quite well-known and they had frequent examinations by some of the best doctors in the country. The Senators and *Adm. Towers* had access to the large government hospitals in Washington, D. C., and in Bethesda, Md., reputed to be among the best in the country, and they are staffed by some of our leading doctors. Therefore, it wasn't second rate hospitals or second rate doctors that these people consulted. Moreover, they had frequent check-ups. Yet they died, as did hundreds—yes—and thousands of other people.

*Dr. George W. Crile, Jr.*, whom we will hear more about later, sets us right on the value of early examinations. "Most diseases," says *Dr. Crile*, "with the exception of tuberculosis, syphilis, and cancer in situ of the cervix, can be treated just as successfully after the signs or symptoms develop as they can be treated in the stage when they are detectable only by practicable laboratory tests. Yet the public has been taught to demand frequent and thorough examinations, even when no symptoms are present. A complete physical examination twice a year for women, X-rays of the chest twice a year for men, are among the recommendations for protection against cancer. When patients indoctrinated with this propaganda demand unnecessary and expensive tests, physicians are afraid not to give them. The demand for these tests stems from the philosophy of fear. As long as

education is made up of threats and false promises, fear and irrational demands for superfluous and expensive tests will result.”

Therefore, it isn't from a lack of frequent examinations, in particular, that cause the deaths of so many cancer victims. It is because medicine hasn't found a cure.

Lying before me, as I write this, is a small book—Cold Cancer Facts—containing the pictures of 48 cancer victims, which tells a grim, graphic story; all of whom first went to the M-G doctors, took their treatments and wound up victims of false hopes. So let us hear from the medical doctors themselves on what surgery, X-ray and radium are really accomplishing in the cure of cancer.

### Surgery and Cancer

Forty-four of these 48 patients had had surgery. Half of them had surgery immediately before cancer developed. The others had surgery for cancer after it had developed. The surgery performed previous to the development of cancer was for the removal, for instance, of a mole from the left ear; a mole from the right ankle; a small growth from an ankle; two small cysts from the face; a small lump from the floor of the mouth; and several small growths from breasts. Each one of which later became the focal point, or the point of origin, of cancer.

Fifteen of the 48 had had biopsies. The significant point in many of these biopsied patients is that they had no particular trouble before the biopsies were taken. Then the trouble flared up within a short time. Nature had been holding the cancer in check. All it took to break nature's control over it was the biopsy. From then on neither nature nor anything a doctor could do, could bring the cancer back under control. Cancer then, in too many cases, continued its course of destruction until stopped by death.

These are not isolated cases, but represent a fair average of the 3,000 cancer cases I have seen; on most of whom I did reasearch. Therefore, the value of surgery in cancer certainly is not encouraging. So it isn't any wonder that many surgeons themselves are against surgery for cancer. Among them are: Charles P. Bryant, M.D., Seattle, Wash.; D. C. McFarlane, M.D., Ontario, Canada; C. Everett Field, M.D., New York; L. Duncan Pulkley, M.D., New York; W. A. Dewey, M.D., Michigan; Wm. S. Bainbridge, M.D., New York; George Miley, M.D., New York; George Crile, Jr., M.D., Cleveland, Ohio. We will quote these doctors presently. Many of them are men of high scientific standing.

However, before leaving the question of surgery and its short-comings as a cure for cancer, or even as a means of arresting its spreading or development, we will hear from one of these doctors—George W. Crile, Jr., M.D. He sounds a warning to the medical profession, worthy of note.

### Comments on the Treatment of Cancer

By Dr. George W. Crile, Jr.

“ . . . Something must be done, even when the cancer has been reliably diagnosed as inoperable. Attempts to cure an incurable cancer might be justified if the results were merely negative and did no harm. But ultra-radical surgery—the wholesale removal of organs and large sections of surrounding tissue—is not a merely negative attack. It is a positive attack that causes great expense, untold suffering and usually shortens the span of life . . . many of the modern, ultraradical operations can be a cruel waste.

“ . . . Remember that there is no such thing as a 'perfectly safe' opera-

Note: See Page 56 for references.

tion. People who never had cancer, who probably never would have had it, have died of operations done in cancer's name.

“ . . . Be sure that you understand the risks of the operation as well as its possible benefits. Remember that overdiagnosis and overtreatment can be as dangerous as underdiagnosis and undertreatment.

“ . . . Often the patient does insist that an operation be performed. This is a blind, unreasoning insistence which stems from human instinct (fear) as old as the race of man. . . But part of it is bred by boasts of our progress in the treatment of cancer. Simple, ordinary cases, presented in a dramatic manner, are in every newspaper and magazine. 'If these people can be cured, why can't I?' the patient thinks.

“ . . . The number of possible curable cancers found by X-rays was so low and the number of operations done needlessly for conditions that looked like cancer (but were not) was so high that the costly experiment was abandoned.”

Dr. Walter C. Alvarez, senior consultant emeritus, Mayo Clinic, says: “Dr. Crile is right in everything he has said and he has said it with great courage. Like him, I feel a great need for more thinking in medicine and more individualizing of treatment. Too many persons are now being rushed into an operation and, as Dr. Crile says, many of the operations being performed for cancer are unwise and almost certain to be useless; they have come too late.”

Dr. Evarts A. Graham, president, 1940-41, chairman of Board of Regents, 1951-54, American College of Surgeons, has this to say: “Dr. Crile expresses probably many other surgeons' thoughts. Too much emphasis has been put on the eradication of cancer and not enough on the patient's comfort. Possibly the pendulum should swing back. There are conditions worse than death; and the attempt at cure, if it involves too radical surgery, may be worse than to let the patient die in peace. On the other hand, we must not be led astray by wishful thinking and unsupported assertions that might produce an impression of absence of danger in delaying cancer treatment.”

Dr. C. Everett Field, Director of the Radium Institute of New York: “Blindly, we have been attacking cancer in its advanced stage with surgical effort, only to find prompt recurrence after its removal.”

### Cancer and Radiation

Radiation, of course, refers to X-ray and radium; the two things, besides surgery, used so much in the treatment of cancer by the M-G doctors. Is the record of cures by radiation more impressive than the record of surgery? Hardly!

Let us again return to those 48 patients, which are a fair average of the 3,000 cases previously mentioned. Thirty-two of the 48 had either one or both types of radiation, had it immediately following an operation for cancer or within a short time after cancer was discovered or suspected, yet in no instance did it appear to even arrest the development of the malignancy, let alone cure it. But don't take my word for it. Let us hear what prominent medical men have to say:

Dr. Charles P. Bryant, M.D., of Seattle, Washington, in a letter to Dr. Leo Spears, said: “I was so pleased to read your [cancer] report of the miraculous results you are having . . .” after nation-wide publication of the record on the first 141 cancer cases treated at Spears Chiropractic Sanitarium and Hospital, Denver, Colo. Dr. Bryant stated further: “I know too well the folly of attempting to cure cancer by surgery, X-ray or radium, after 20 years of major surgery. I also know that cancer is not a local dis-

ease and never has been. . . Your work . . . has accomplished far more than any surgery, X-ray or radium."

Dr. D. C. McFarlane, testifying as a throat specialist before the Province of Ontario, Canada's cancer commission, said: "The only treatment I have had experience with is X-ray and radium; and they both seem most unsatisfactory."

Another eminent authority is quoted by Dr. Bryant. He is Dr. L. Duncan Pulkley, senior surgeon of the New York Skin and Cancer Hospital: "Cancer is not a surgical disease. Neither surgery, X-ray, nor radium has changed in any way whatever the ultimate mortality of cancer in forty years."

Orthodox cancer therapies received an even harder blow from Dr. W. A. Dewey, former professor of medicine at the University of Michigan, when he observed: "In a practice of nearly 45 years, I have yet to see a single case of cancer, save a few semi-malignant epitheliomata, cured by surgery, X-ray or radium."

Dr. Bryant also refers to Dr. Warren H. Lewis, former professor at Johns Hopkins Medical School, who said: "We might as well face the fact that as yet we know little about the cause of cancer. Radium has been a disappointment." Dr. Bryant concludes: "Recent studies have shown that the promiscuous use of X-rays or radium may PROMOTE the growth of malignancy. Harold Speewer and Speight in a study of 270 cases of malignant tumors of the uterus found that 21 patients, or 8% had received previous treatment by X-rays or radium for benign conditions. Dr. ——— treated one patient, age 56, with intrauterine radium for a myoma. Three years later she was found to have an early endometrial carcinoma."

The following excerpts were taken from the transcript of the Senatorial Hearing on Senate Bill 1875 before the 79th Congress, July 1, 2 and 3, 1946, for \$100,000,000 for cancer research, at which Dr. George Miley and other prominent medical doctors testified.

(Dr. George Miley was born in Chicago, 1907, graduated from Chicago Latin School, 1923, graduated with B.A. from Yale University in 1927, from Northwestern Medical School, 1932, interned at Chicago Memorial Hospital in 1932 and 1933, University of Vienna Postgraduate Medical School, 1933, 1934, following which he visited the hospitals in India, China and Japan. He is a fellow of the American Association for the Advancement of Science. He holds a national board certificate and since 1945 he has been medical director of the Gotham Hospital, New York.)

Dr. Miley reported a survey made by Dr. Stanley Reimann (in charge of Tumor Research and Pathology, Gotham Hospital) on cancer before Senator Pepper's Committee on Senate Bill 1875.

Dr. Reimann's report on cancer cases in Pennsylvania over a long period of time showed that those who received no treatment lived a longer period than those that received surgery, radium or X-ray. The exceptions were those patients who had received electro-surgery. The survey also showed that following the use of radium and X-ray much more harm than good was done to the average cancer patient.

### Testimony of Dr. Bainbridge

"While there are some who still believe in the efficacy of radiation as a cure, my skepticism with regard to its value is being increasingly substantiated. But even with the best technique of today, its curative effect in real cancer is questionable. In 1939 the great British physiologist, Sir Leonard Hill, wrote: 'Large doses [of gamma and hard X-rays] produce

destruction of normal tissues such as marrow and lymphoid tissue, leucocytes and epithelial linings, and death ensues. . . The nation would, I think, be little the worse off if all the radium in the country now buried for security from bombing in deep holes, was allowed to remain there.'

"A neoplasm should never be incised for diagnostic purposes, for one cannot tell at what split moment the cancer cells may be disseminated and the patient doomed. Aspirating the neoplasm to draw out the cells by suction has a similar effect. This, too, is a very questionable procedure, for what of the cancer cells that may be present below the puncture point and around the needle which have been set free? It must be realized that while cancer cannot be transplanted from man to man, it can be transplanted in the same host.

"There is a report from another source in which Doctor Feinblatt, for six years pathologist of the Memorial Hospital, New York, reported that the Memorial Hospital had originally given X-ray and radium treatment before and after radical operations for breast malignancy. These patients did not long survive, so X-ray and radium were given after surgery only. These patients lived a brief time only and after omitting all radiation, patients lived the longest of all."—William Seaman Bainbridge, A.M., Sc.D., M.D., C.M., F.I.C.S. (Hon.)<sup>4</sup>

(Dr. Bainbridge was the recipient of six honorary degrees from various institutions, the most recent being the degree of Doctor Honoris Causa from the University of San Marcos, Peru. He had been surgeon at the New York Skin and Cancer Hospital, Surgical Director of New York City Children's Hospital, and of Manhattan State Hospital, Ward's Island, and consulting surgeon or gynecologist to various hospitals in the New York metropolitan areas.)

The following is a report made by Howard W. Blakeslee, Associated Press Science Editor, which shows there are definite ill effects from radiation:

"New York, July 6—X-rays and gamma [radium] rays can cause bone cancer is warning issued in "Cancer," a new medical journal started by the American Cancer Society. The bone cancer warning, covering more than twenty pages, is by Doctors William G. Cahan, Helen Q. Woodward, Norman L. Higginbotham, Fred W. Stewart and Bradley L. Coley, all of New York City.

"One of the most dangerous things about this kind of bone cancer, the report states, is the very long delay between the use of the rays and the appearance of the cancers. The delay time in the eleven cases ranged from six to twenty-two years.

"Doctor Herman Joseph Muller, Nobel Prize winner, a world renowned scientist, has stated the medical profession is permanently damaging the American life stream through the unwise use of X-rays. There is no dosage of X-ray so low as to be without risk of producing harmful mutations."<sup>4</sup>

### Sigismund Peller, M. D.

In his book, *Cancer in Man*, Dr. Peller wrote much as did Dr. Crile, viz., the facts about cancer, as he found them through extensive research. But, unlike Dr. Crile, he was disciplined for daring to write the plain facts. Nor was Dr. Peller a novice in research. For 30 years he had been active in research institutions in Vienna, at Johns Hopkins University, and at the New York University in this country, mostly in cancer. Yet, because he dared to state the facts as he found them he was dropped from membership in the American Medical Association (AMA).

## CHAPTER II

### The Taft Story

An hour or so following a conference at the White House, and while he was playing golf with President Eisenhower, April 19, 1953, Senator Taft first noticed trouble in his hip. At the 7th hole, the Senator stopped, felt his hip and said it felt stiff. When his hip continued to give him trouble, Taft went to the Walter Reed Hospital (Washington, D. C.), April 29, and started a series of examinations which lasted two or three days. Nothing was found that could be causing his hip trouble. By this time a soreness had developed and by the first week in May he was walking with a noticeable limp.

Returning to his home state May 26, he consulted his Ohio doctor at Holmes Hospital of Cincinnati. Immediately he was put to bed and given another thorough examination. Then it was found he had a "small dark-colored lump" on his forehead and two in the lower abdominal region not far from his bad hip. These were removed surgically and thoroughly examined. Now, for the first time, a diagnosis was made. The verdict of the group of the majority doctors called together for consultation, was: "Wide-spread cancer." Taft took the verdict with his chin up. When they could do nothing for him, he left.

Not giving up, he checked in at the Memorial Hospital (New York) early in June, under an assumed name. He no doubt didn't want the findings of the examining doctors to be influenced by his position as a Senator, nor by the findings of his previous examination. Nothing particularly suspicious about his case was found. After a few days' treatment with cortisone, he flew back to Washington (June 10th) to be present as the presiding officer of the Senate. Being in so much pain, he was forced to turn his duties over to Senator Knowland. Back again to the Memorial Hospital, he registered this time in his own name. Further treatments followed by the M-G doctors, all to no avail.

Through it all Taft courageously tried to keep up with his duties and only gave up when he was forced to. Even following his treatments at the Memorial Hospital, former President Hoover ran onto him in Nixon's office. He scolded the Senator for having left the hospital. Taft replied: "You know what is the matter with me. I know what is the matter with me. But I'm going to die with my boots on."

The doctors at the Memorial Hospital had advised an exploratory operation, to try to locate the cause of his trouble. Pressing Taft for an answer was a committee of M-G (majority group) doctors from the hospital, who had come from New York. They believed the "cause" must be somewhere in the abdominal cavity. Finally giving in, Taft went to New York and had the operation. A thorough examination of the abdominal organs failed to find an indication of where the cancer started.

Continuing to fail, and more rapidly following the operation, his family was called to see him for the last time that he could recognize them. Soon after their visit, he went into a coma and passed away three days later. Following his death an autopsy revealed a small cancer in the right lung about the size of the rubber on the end of a pencil. It was considered to be the cause of his cancer.<sup>3</sup>

These details are presented for two reasons: (1) Senator Taft had the best of the M-G doctors in the country, went to the best hospitals, had

Here are samples of some of the revealing statements Dr. Peller made: "Our present knowledge [of cancer] is still in the embryonic stage." "The difficulty of a correct diagnosis from small fragments of tissue obtained by curettage or puncture or even by excision [i.e., biopsy] is well known. Rather frequently mistakes are made. In one case a cancer is overlooked; in another, the diagnosis of cancer is incorrectly made and subsequently an unnecessary mutilating operation is performed." Then, in discussing the usual M-G methods used in the treatment of cancer, he says of surgery: "In large groups of cancer, for instance of the lungs, stomach, pancreas, and kidney, the operative mortality still surpasses the percentage of five- or ten-year survivals. In a large group of internal cancer cases surgery is in no position to cure more than a few per cent of the patients." Of X-ray and radium, he says: "Because of unsatisfactory radiosensitivity of various tumors and their metastases, radiology [X-ray and radium] had been disappointing in many fields. There is also a subconscious tendency to hamper correct appraisal in the fields where the superiority of surgery is questionable or small. The reports purporting great superiority of surgery, for instance, in the breasts and corpus cancer are not convincing and are liable to correction."

Of the chemicals used in chemotherapy, he says: "Unfortunately most of the chemicals are so highly toxic to normal tissues, especially to the hemopoietic centers, and some are (themselves) carcinogenic [i.e., cancer causing]. Remissions of unpredictable length have been achieved, but no cures." In regard to the claims made by cancer societies, he says: "I am very skeptical regarding the claims of cancer societies that by propagating early treatment they have been saving tens of thousands of lives per year—70,000 the last year in this country—and that they could save twice as many, were they given the means for the dissemination of the idea of early recognition of cancer." Then he makes this significant statement: "Up to the present time, neither curative nor preventive medicine has been able to turn the trend of cancer incidence, or to reduce mortality from internal cancer by more than a few per cent."

The main factor in the cause of cancer, Dr. Peller brings out, is irritation. Nor does he believe that irritation is always of a mechanical nature, but more often is chemical; for he says: "The action of all presently known agents, whether chemical or rays, viruses or parasites, mechanical or thermal trauma, can be placed in the one category: carcinogenic irritation . . . agents do not act unless they 'irritate' enough to change the growth pattern of the cells into a neoplastic one," which means cancer. Such a theory is contrary to that commonly accepted by the M-G AMA doctors, but Dr. Peller has the right to be heard and to have such a concept adequately tested.



the most thorough examinations and took the treatments prescribed, yet he passed away. And it took only a little over two months from the time he first felt his trouble. Nothing that was done by these doctors affected the progress of the cancer in the least, except to hasten his death. Yet that is the kind of treatment M-G doctors are trying to force onto the public, as the only official way to treat cancer.

(2) These same M-G doctors, together with those who put over cancer drives for funds, and more funds, notwithstanding their failure in Taft's case, have actually said (as heard over the radio): "Give us more funds for research, and we can prevent such things happening, as happened to Senator Taft." Do the facts bear them out? They do not.

Furthermore, in order to prevent cancer, they say a person must have frequent examinations. But Taft did just that. He was wealthy, could afford the best doctors and best hospitals, so he had the best at his command. What good did it do him? Still they want us to pour more money into research—the research that hasn't produced a better service than what Taft got—notwithstanding the fact that from donations, private endowments and government allotments in several different funds, cancer research is already getting around a billion dollars a year. How much more do they want? Apparently every cent they can get and, no matter how much, it appears that they—the M-G doctors—will still cry for more.

How is this money spent? The bigger part of it is spent on rats, mice, rabbits, cats, dogs, monkeys, etc., not appearing to realize that what is found on animals means little or nothing when applied to human beings! Why? Simply because the human organism and the animal organism are vastly different things. The difference between the two is best explained by saying that they can transplant a cancer from a human being into an animal and it will grow; but, if a cancer is transplanted from an animal into a man, it will NOT grow. Certainly not, for the human body is much more finely and delicately developed, has a more highly integrated nervous system and is more sensitive to environmental and metabolic influences—so much so that there is little in the human body that is organized or functions on the level of an animal organism. Still, the M-G doctors spend hundreds of millions on such research.

The more I think about their incessant requests and insatiable thirst for more money, the more inclined I am to believe what a medical doctor, who was doing cancer research with me, had to say on this question: "Dr. Wilson," he said, "the medical doctors do not want to solve cancer." When I looked at him in surprise, he added: "I mean what I say and I can prove it. How else," he continued, "could they obtain hundreds of millions of dollars to play around with, if they found a cure for cancer? If you think they want to give up this money, you're crazy."

### Scapegoats

Let us return to Senator Taft's operation. It appears that its main purpose was to find a scapegoat—something on which to place the blame for the Senator's ailment. Certainly the M-G doctors knew Taft was so far gone that an operation would be useless; yet they kept urging that he have an operation until Taft gave in. But they didn't find what they were looking for; nor did they until the autopsy was performed. Then they found the "culprit"—the cancerous growth the size of the rubber in the end of a pencil. When they found the "culprit," they were satisfied. They had found something on which to place the blame for Taft's sickness and death. It relieved them of having to admit their shortcomings—admit that they had no cure for cancer. The M-G doctors are not to be

particularly blamed for not having a solution to the cancer; what they are to be blamed for is their efforts to control the cancer business and to stop all other kinds of cancer treatment other than their own. Yet they have had to admit, as we shall later discuss, that they haven't a cure for cancer.

Before we leave the question of radiation, we should at least mention other types of radiation that are being looked upon with hopes by the medical profession. They are atomic radiation and cobalt made active by an exposure to atomic radiation. However, from what happened to the scientist who had had much to do with the development of the atom bomb and atomic radiation, hopes in this direction are not too encouraging. This scientist, an Italian-born physicist, and a Nobel Prize winner in physics, Dr. Enrico Fermi, became a victim of the very disease that atomic radiation is supposed to cure—cancer; at the comparatively young age of 53.<sup>9</sup> Strange, isn't it, the thing his efforts helped develop, that is now being used in atomic radiation, could not save him! Is it that he was an exception, or is it that his passing is but an indication of atomic or cobalt radiation being ineffective in the cure of cancer?

### Capitalizing on Their Failures

The M-G doctors are the only ones who can and do capitalize on their failures. When a man like Senator Taft dies, and as previously mentioned, the M-G doctors not only say, "If you will give us more money for cancer research, such as that could be prevented," they also try to start a fund-raising campaign in the name of such a person. They tried to get such a campaign under way following Taft's death, but it didn't "catch on." While people were sympathetic to Taft's family and, especially, to his invalid wife (another M-G failure!), they (the people) didn't "fall" for the propaganda that more money would have saved him. Taft spent plenty and it didn't prevent his death. Nor are all the billions of dollars being poured into research saving more lives; for cancer still is on the increase, and more deaths from it are being recorded each year.

Babe Ruth, the baseball hero of a few years ago, is another M-G failure. He died of cancer. X-ray treatments and surgery had been freely used—still he died. This time, however, the public did "fall" for the propaganda that big donations to cancer research could prevent similar deaths taking place. A Babe Ruth Foundation was started, has been raising plenty of funds for cancer research now for many years; and what have they to show for it? Another foundation of this sort is the Damon Runyon Cancer Fund, boosted so much by Walter Winchell. Mr. Runyon lost his wife. It was cancer. Because he was a prominent man and wealthy, he was prevailed upon to establish a foundation in his honor. It has also been running a number of years and, through the efforts of Winchell alone, has raised around one hundred millions of dollars. But how many lives has it saved? Let's be charitable and say we hope it has been a few at least. Yet, when we say it, we must be mindful of the fact that cancer still is on the increase.

Another well-known person, and a cancer victim, who is also being used for fund-raising propaganda purposes, is another "Babe"—Babe Didrickson Zaharias, recognized to be the greatest woman athlete of all time. Because she is so well and favorably known, she has frequently been used for propaganda purposes in their efforts to get a foundation started. At first, following her operation for cancer and it appeared that she had been "cured," such a movement appeared to "catch on" with the public. However, inasmuch as she has had to return to the hospital on different occa-

## CHAPTER III

### The Control of News Channels

In proof that the M-G (majority group) doctors control the news channels, we present the cardinal points of the "Code of Cooperation" adopted April 16, 1948, by representatives of press, radio and medical association of Colorado, and ratified by the medical society, Hospital and Press Associations, and the radio broadcasting industry of Colorado; which later the television group joined.

First, the Code covers the "Responsibilities of the Colorado State Medical Society," which has to do with their medical code of ethics; something in which we are not interested.

Secondly, it covers the "Responsibilities of Hospitals," in which the hospital code of conduct is discussed; which again is something that does not interest us.

Thirdly, it covers the "Responsibilities of the Press and Radio," which also covers Television. In this we do find something of interest. In article No. 4 of this section of the Code, it says: "On all matters of health and medical news, representatives of the press and radio shall make all reasonable effort to obtain authentic information from qualified sources indicated above before proceeding to publication or broadcast."

It sounds innocent, doesn't it? But it has two hidden jokers, covered by four words, viz., "authentic information" and "qualified sources." These statements, in and of themselves, would mean little if they had not previously been qualified. And here is the qualifying part of the agreement. Under the "Responsibilities of the Colorado State Medical Society," Article No. 1, we read: "The executive offices of the Colorado State Medical Society shall be available at all times to representatives of the press and radio to obtain authentic information as promptly as possible on health and medical subjects." This again sounds innocent, and would be but for the next sentence. It says: "If the desired information is not immediately available, it shall be the duty of the executive offices either to obtain the information or to locate a competent authority from which the press and radio can obtain it directly." If this means anything, it means this: no information on health and medicine is to be published until it first has been cleared with the State Medical Society or one of its authorized members, which are the only sources of "authentic" information and the only ones "qualified," according to the Code, to give such information.

We can concede the point that they have a right to be the authority on medical matters, but no concession can be made to the idea that they are the only authority on health. If they were the only health profession, and there were no other sources of health information, we would have nothing to say. But how about 50,000 members of the I-G (independent group) doctors, who are not recognized by the M-G doctors? Do they not also have information of importance on matters of health, and is not the public entitled to receive this information? Certainly! But all news on matters of health must first be cleared by the so-called medical authorities before the press or the radio will publish it, according to this agreement. Therefore, all news on health that the M-G doctors do not want published, never is published except conditionally (to be mentioned presently).

### Extends to Other States

In 1954, Arthur J. Connell, then National Commander of the American Legion, accused the AMA (American Medical Association), the organization

sions for further treatments, the public has become less sympathetic to the idea and has shied away from it. As late as last November (1955), Babe was in a hospital once more." As she entered the hospital, she told a reporter that she was "having severe pains in her hip, leg and foot." Now her value as an appeal in raising funds is at a low ebb. A current women's golf tournament is named after her, and it has been announced that part of the money raised will be turned over to cancer research. But Babe isn't cured. Her cancer isn't being held in check, and her life expectancy cannot extend beyond another year at the most.

Ever since F.D.R. let his name be used on a drive for polio funds and it has developed into close to a hundred-million-dollar yearly "take," others have been trying to develop a similar appeal. Up to the time of the polio drive, about the only national drives for funds were those for Christmas and Easter Seals. Now we have sixteen major national fund-raising drives each year. They literally tread on each other's heels in their appeals to the public for funds all during the year; more so during the winter months. But these sixteen appeals are not all that are made. There are others—many of them. In Denver, Colorado, alone during an eighteen-month period, 1952-53, there were 303 drives for funds; and Denver is no great exception. The two most successful fund appeals, however, are those for polio and cancer. The one because it strikes down children; the other because of the way it ravages old and young alike. These create a strong emotional appeal—and how it is played up!—which causes people to open their pocketbooks.

No wonder Rex Manning produced a cartoon a few years ago, no doubt as a warning, in which he pictured a nest of young birds, each with its mouth open, crying for more food, with Mr. John Q. Public as the bird to supply the feed and called it: "Another Case of Overpopulation." Around the nest he listed the many different types of organizations engaged in fund-raising campaigns, under these headings: "Organized Charities, Crusades, Appeals, Drives, Benefits, Reliefs, Funds, and Worth-While Causes." Then, as coming from the mouths of the baby birds, he mentioned the different methods used through which to obtain funds, such as: Ad appeals, T-V appeals, Phone appeals, Radio appeals, Mail appeals, Tag appeals, Door-to-Door appeals, Movie appeals, and Club appeals. Certainly no approach through which to inveigle money from the public has been overlooked. The demands for more, through the various appeals, are becoming so excessive, and so many others are trying to horn in on the lucrative fund-drives, that Mr. John Q. Public will soon become disgusted with the ceaseless demands for money. Then, like the proverbial worm, he is going to turn and say, "To h— with all of it. It's being turned into a graft and I'm through with it all." Push him far enough and that is what will happen. In fact it already is happening. You need only to talk to a few people to learn that this is true.

Moreover, such organizations never give an accounting of the money raised, neither the total amount, nor where or for what it is spent. Try to get an accounting and see what happens. Bigger men than you have tried it, all to no avail. You are politely told it is none of your business, and they are so organized by the M-G doctors that the law backs them up in it. No, you can't get an accounting, legally or otherwise. Their funds are a closed book.



of the M-G doctors, of suppressing news about the health of our soldiers. A battle developed, in which the press and the medical society defended the Code. However, in reading the pros and cons of this battle in a Denver newspaper, a person was unimpressed by the press's defense against Connell's charge. It was far from convincing. But the point we wish now to emphasize is: It was admitted that similar codes had been adopted in 30 different states. Therefore the Code from which I quoted, even though it was the one adopted in Colorado, is representative of the Code already operating in the other states. So it is the concern of most of the country.

### Evidence of How the Code Operates

First, let us understand that the Code concerns the publishing of information on all matters of health. If a publication wants to print information which does not meet the approval of the M-G doctors, they either must permit one of their doctors, appointed by the state medical society for that purpose, to give his comment or the publication would lose its standing with M-G AMA State Medical Society. In which event, as reliable information has it, the publishers or broadcasters would be given no news releases by the "powers that be" on health matters or medical research. This scares the publications, radio and television into full cooperation.

In Santa Cruz, Calif., for instance, the Santa Clara County Chiropractic Society presented a documented film on the cures of polio effected by chiropractors. But could the newspaper publish such information without first getting a clearance from the M-G medical officers? It couldn't! However, in order to publish it and yet keep in good standing, the newspaper had to publish the comments of the Santa Clara County public health doctor, Dr. Elwyn Turner. The result was that the newspaper told the story of the great work being accomplished for polio by the Chiropractic profession, then published Dr. Turner's comment, which could all be summed up in one word—ridiculous. Then Dr. Turner made this further comment: "Certainly there is nothing in the tremendous amount of research by the medical profession to indicate that polio can be cured by diet." Yes, indeed! But what does he know about Chiropractic? Nothing! How could he be an authority on something he has never studied? Nor did he even mention that it was Chiropractic spinal adjustments, along with sensible eating—called "diet"—that cured polio."

Other evidence of how the Code works to control articles on health is plainly indicated in an article on cancer by George W. Crile, Jr., M.D., an eminent medical authority, published in the Life Magazine. It was plainly obvious that the "powers" in medicine didn't like what he wrote, for he presented too many damaging facts that tended to destroy a lot of medical propaganda on the value of their methods for the treatment of cancer. So in order for Life to publish the article and still keep in good standing with M-G powers of the medical profession, it had to publish the opinion of the following doctors on Dr. Crile's article. Their opinion, which said, in substance, that they didn't agree with Dr. Crile, was signed by Dr. Elmer Hess, president, AMA; Dr. J. R. Heller, director, National Cancer Institute; and by Dr. Charles S. Cameron, medical and scientific director, American Cancer Society and AMA.

For Dr. Crile's complete article, see Life Magazine, October 1955, starting at page 128, or see Dr. Crile's new book: "Cancer and Common Sense."

In order to give an idea of the points Dr. Crile so ably discussed concerning the nature of cancer, its care and treatment, and what

the dominant profession has to offer in the way of a cure, we will give a few excerpts from his writings. "Those responsible for telling the public about cancer have chosen to use the weapon of fear, believing that only through fear can the public be educated." "Fear of cancer [is] a contagious disease that spreads from mouth to ear." "In recent years the overall death rate from cancer showed no decrease, even after the figures are adjusted to allow for the increased age of our population." Then Dr. Crile quotes N. E. McKinnon of the University of Toronto, Canada, who gave this summary of the Canadian situation on cancer in these words: "Program or no program . . . early treatment or late treatment, much money spent or little, the trends of cancer mortality show no significant differences from province to province."

"Is there any reason to believe that more clinical facilities will cure more cancer? This is a question that must be faced. We cannot live on in a dream of wishful thinking." In discussing operations as a means of curing cancer, Dr. Crile said: "If genuine protection against cancer were afforded by this approach, it might be worth while to operate as early as possible on everything which might turn out to be cancer." Being a great surgeon, and one who has operated on many hundreds of cancer cases during his eighteen years at the Cleveland (Ohio) Clinic, his father, the late Dr. George W. Crile established, he knows what he is talking about when he casts doubt on the general overall value of surgery in the cure of cancer. To which he added: "Operations on extensive and highly malignant tumors are not often successful. They break the natural barriers and spread the disease."

"Dr. L. W. Guiss observed," Dr. Crile quotes, "That in advanced cancer of the stomach the hospital rate of mortality was 61% after those operations that cut into and partially removed the cancer. When the inoperability of the tumor was recognized at operation and no attempt was made to remove it, the hospital mortality was only 39%."

Now it is obvious why the M-G medical powers didn't want this article published and why it would not get clearance for publication without the comment of the M-G officers (as quoted). Yet it is claimed that we have freedom of the press, radio and television.

### Another Case of News Suppression

In this case the news was almost completely suppressed. It is what has come to be known as the FitzGerald report, to which I refer. Senator Tobey, before his death, had become interested in the cancer question. It had been reported to him that a number of doctors, not of the M-G ilk, who were accomplishing many cancer cures, were being arrested and forced out of business. As a result he decided to carry out an investigation into all methods used in cancer treatments. He wanted to learn their real value. And that is what Senator Charles W. Tobey of New Hampshire set out to accomplish.

Senator Tobey, who was chairman of the committee on Interstate and Foreign Commerce that held jurisdiction over such matters, borrowed Benedict F. FitzGerald from the Department of Justice and appointed him to investigate the methods used by doctors in clinics, hospitals and other institutions in the cure of cancer. He had seen Senators Bilbo, Wherry, McMahon, Vandenburg and Taft succumb to the ravages of cancer under M-G medical treatment, and wanted to see if other methods which he had heard about offered any more hope.

In all Mr. FitzGerald—from whom the report got its name—investi-

gated some thirty clinics, hospitals and institutions used in the treatment of cancer, run by M-G and I-G doctors. Before the report was completed and could be filed, however, Sen. Tobey died and Sen. John Bricker became the committee chairman. So it was to him that the investigator gave the report.<sup>12</sup> It was laid on Sen. Bricker's desk and nothing further—by him—was done about it. But Mr. FitzGerald retained copies of the report, and it was through these that the matter was made available to the public.

But why didn't Sen. Bricker make the information the report contained known to the public, which he should have done? The reason, as reliable information informs us, was because he (Bricker) was (sic) opposed to pursuing the matter further, and nothing could get him to change his mind. Why? The only answer is that the information the report contained was more favorable to the I-G than the M-G doctors and methods.

We said it was through the copies of the report retained by Mr. FitzGerald that it was made available to the public. But it was only published in smaller publications having limited circulations. And we know the reason why. It was because the M-G doctors wouldn't give it clearance. So none of the major publications, radio or television broadcasters dared to make its contents known. They didn't want to be blacklisted.

### A Summary of the FitzGerald Report

At the beginning of his report, Mr. FitzGerald lists the five factors that he covered in his investigation. Of these five factors, only the third interests us directly. No. 1 concerns the "individuals, organizations, foundations, hospitals and clinics, throughout the United States" employed or used in the treatment of cancer, which use things shipped through interstate or foreign commerce. No. 2 deals with "various drugs, preparations, and remedies" shipped interstate that are used in the treatment of the "disease cancer." No. 4 concerns "prepaid medical plans and organizations" that sold policies interstate, which come under the regulatory functions of the Department of Interstate Commerce. No. 5 deals with the question of any "inequality of opportunity" of all colors, races or creeds, in cancer research or therapy, which might exist in the United States.

To quote No. 3: "The facts involving the interstate conspiracy, if any, engaged in by any individuals, organizations, corporations, associations, and combines of any kind whatsoever, to hinder, suppress, or restrict the free flow or transmission of Krebiozen, Glyoxylyde, or Mucorhycin, and other drugs, preparations and remedies, and information, researches, investigations, experiments and demonstrations relating to the cause, prevention and methods of diagnosis and treatment of the disease cancer." Thus it became Mr. FitzGerald's purpose in his investigation to determine if a conspiracy by the M-G ilk to prevent or interfere with the flow of materials to, or the treatments given by, the I-G doctors. And the evidence he found indicated quite definitely that such a conspiracy did exist, and it still does. Nothing has been done to correct it.

Before we discuss the conclusions he reached concerning such a conspiracy, let us list the organizations, foundations, funds, clinics, hospitals and institutions that Mr. FitzGerald investigated. Here they are, all thirty:

American Cancer Society  
American Medical Association  
Anne Fuller Fund, New Haven, Connecticut  
Babe Ruth Foundation  
Black, Stevenson Cancer Foundation, Hattiesburg, Mississippi

Bondy Fund, New York  
Charles Spang Foundation, Pittsburgh, Penna.  
University of Chicago, Chicago, Illinois  
University of Illinois, Champaign, Illinois  
Henry Rutherford Fund, New York  
Crocker Cancer Research Fund, New York  
Jonathan Borman Fund, Madison, Wisconsin  
Damon Runyon Cancer Fund  
Philip L. Drosnes and the Drosnes-Lazenbey Clinic, Pittsburgh, Penna.  
Dr. F. M. Eugene Blass Clinic, Long Valley, N. J.

### Government Organizations:

The Department of Health, Education and Welfare—  
a. Food and Drug Administration  
b. Federal Trade Commission  
Dr. Gregory Clinic, Pasadena, California  
Hoxsey Cancer Clinic, Dallas, Texas  
C. P. Huntington Fund, New York  
International Cancer Research Foundation, Philadelphia, Penna.  
Johns Hopkins Hospital, Baltimore, Md.  
Dr. Waldo Jones, Myrtle Beach, South Carolina  
Dr. Wm. F. Koch and Rev. Sam Swain Clinic, also known as the  
Christian Medical Research League, Detroit, Mich., and Brazil,  
South America  
Lakeland Foundation, Chicago, Illinois  
Lincoln Foundation, Medford, Mass.  
Memorial Hospital, New York  
Dr. K. F. Murphy and Dr. Charles Lyman Lofler Clinic, Chicago, Ill.  
New York Skin and Cancer Hospital, New York  
Radium Institute of New York.

### FitzGerald's Approach to the Investigation

These are the high spots of FitzGerald's approach to the investigation of the institutions, organizations and doctors involved in the treatment of cancer.

"We have long since passed the age of witch hunting. We are, notwithstanding, living in an era of hysteria. . . Crude thinking results in hysterical action. . . The beginning of hysteria is the end of sound thinking." In this FitzGerald is alluding to the hysteria that was and still is so evident in the attitude and actions of the M-G AMA hierarchy, as we shall see presently.

"I have approached this problem with open mind," he continued. "Recognizing the importance of men skilled in the science of medicine, who are the best informed, if not qualified, on the question of the cause of cancer and its treatment, I directed my attention to the propaganda of the American Medical Association and the American Cancer Society to the effect: namely, 'that radium, X-ray therapy and surgery are the only recognized treatments of cancer.'

"Is there any dispute," he continues, "among recognized medical scientists in America and elsewhere in the world on the use of radium and X-ray therapy in the treatment of cancer? The answer is definitely, Yes; there is a division of opinion on the use of radium and X-ray. Both agencies are destructive, not constructive. In the alleged destruction of the abnormal, outlaw or cancer cells both the X-ray therapy and radium

destroy normal tissue and normal cells. Recognized medical authorities in America and elsewhere state positively that X-ray therapy can cause cancer in and of itself. Documented cases are available.

"The increased number of cancer patients in America of all ages and the apparent failure to presently cope with this dread disease indicates the necessity of PRIVATE and Federal agencies to continue research in the field of cancer; its cause and correction." (The word "private" is emphasized by your writer because the M-G AMA hierarchy want to either control or to put all private research out of business, especially if it is non-medical.)

### High Spots of the Report

"If radium, X-ray or surgery or either of them is the complete answer, then the greatest hoax of the age is being perpetrated upon the people by the continued appeal for funds to further research. If neither X-ray or surgery is the complete answer to this dreaded disease, and I submit that it is not, then what is the plain duty of society? Should we stand still? Should we sit idly by and count the number of physicians, surgeons and cancerologists who are not only divided but who, because of fear or favor, are forced to line up with the so-called accepted view of the American Medical Association, or should this Committee make a full scale investigation of the organized effort to hinder, suppress and restrict the free flow of drugs which allegedly have proven successful in cases where clinical records, case history, pathological reports and X-ray photogrpahic proof, together with the alleged cured patients, are available.

"Accordingly, we should determine whether existing agencies, both public and private, are engaged and have pursued a policy of harassment, ridicule, slander and libelous attacks on others sincerely engaged in stamping out this curse of mankind. Have medical associations, through their officers, agents, servants and employees engaged in this practice? My investigation to date should convince this Committee that a conspiracy does exist to stop the free flow and use of drugs in interstate commerce which allegedly has solid therapeutic value. Public and private funds have been thrown around like confetti at a country fair to close up and destroy clinics, hospitals and scientific research laboratories which do not conform to the viewpoint of medical associations.

"How long will the American people take this? To illustrate the stranglehold of the American Medical Association on legislation which in turn affects every household in America, let us look at a small 25 cent tube of penicillin ointment. Is it dangerous to have around the house for a cut or small bruise on your body? Rat poison can be bought without a doctor's prescription. The sale of arsenic must have a doctor's prescription. The sale of arsenic and rat poisons is small, but not penicillin. Accordingly, we must have a doctor's prescription in America to buy a 25 cent tube of ointment. In Canada, however, the Medical Association has not yet discovered THE GREAT DANGER of a small tube of penicillin ointment and, accordingly, the people are able to buy it without paying a doctor for a prescription. To say that it is dangerous, is silly. To assert, rather, that it is but another manifestation of power and privilege of a few at the expense of the many would be more consistent with truth and wholly accurate."

Need we have more evidence to be convinced that the reason why the FitzGerald Report was never made public, was because it presented facts that the M-G hierarchy didn't want the public to know; so they influ-

enced Sen. Bricker to keep it pigeonholed? Certainly such facts are damaging to the propaganda this group of AMA doctors keep feeding the public of the great superiority of their methods of treating cancer and of their (assumed) right to be the dictators in all matters of health.

Or do we need further information to be convinced that the M-G AMA hierarchy has sufficient power to influence prominent people, as well as all news channels, to prevent the publication of anything that would dispute or disprove their claims? As long as such as this exists, how will the public ever learn the facts?

Moreover, it strongly suggests, what all labor-union men recognize, that the AMA is the strongest union in the world. It has become the pattern for a union set-up that all unions are working to achieve. If used right, it would improve their wages and working conditions; used wrong, it could impose greivous demands on the public. If the M-G AMA ilk do not entertain such extreme ideas, let them show it by deeds instead of words. The evidence, so far, is strongly against them; even to the extent that they want to put all Health Food Stores out of business, or force them to remove the word "Health" from their signs (as is being done in Chicago, at least, and no doubt in the whole state). They want all such foods to be sold only on the prescription of an M.D. Think of it! What are we coming to?

## CHAPTER IV

### M-G Doctors Seek Legal Control Over the Treatment of Cancer

Ever since the medical association started forming societies in the different states and territories late in the 18th and early in the 19th century, and started to have laws enacted to control the practice of medicine, it has sought to control not only the practice of medicine but all doctors, regardless of the health system used. Even in that day, any doctor who disagreed with the dominant doctors or who practiced a system different from medicine, was called a quack.

The law enacted in the Territory of Michigan in 1819, patterned after the New York law, was a good example of the laws passed. It was entitled: "An Act to incorporate medical societies for the purpose of regulating the practice of Physics and Surgery in the Territory of Michigan." Then a few months later, this notice was published on two different occasions in the Detroit Gazette: "For the information of the public, you are requested to state in your paper, that in conformity with a law regulating the Practice of Physics and Surgery, and for other purposes, a Medical Society has been some time organized in this territory, which promises much future usefulness in prohibiting quackery, in this most important of all professions to the lives and health of our citizens."

In 1829, this article appeared in their medical publication: "The **Journal of Health** will on all occasions be found in opposition to empiricism [i.e., quackery]; whether it be in the form of gossip, mendacious reports of nostrum makers or vendors, or recommendations of even scientifically compounded prescriptions, without the special direction of a physician—the **only one competent to judge** in the individual case under his care. . ."

In writing on this period of medical history, Richard H. Shryock, in the "Public Relations of the Medical Profession in Great Britain and the United States," said the practice of medicine consisted of "heavy medication, bleeding and purging." Then, telling about a treatment given by a Dr. Zina Pitcher for pleurisy, he said it consisted of "Severe counter-irritation on the chest by means of Spanish fly blisters, tartar emetic irritations, setons to the right side and tartar emetic solutions taken internally three times daily"; and she was a doctor in good standing in the medical profession.

Besides those things, the main treatment of disease, as outlined by Dr. John L. Whiting consisted of "aloes, arnatto, antimony, crude arsenic, alcohol, juniper berries, bals. copaiva, borax, camphor, calomel, cassia, fol. digitalis, ivory black, liquorice balls, verdigris, pearl ashes, and brimstone."<sup>14</sup>

Furthermore, while it is not generally known, it was the bleeding of President Washington by the regular M.D.s for a non-serious ailment that caused his death.

### The History of Medicine

If the history of medicine proved that medical methods were always the best and that the regular M.D.s were always better doctors, there would be no room for argument against their attitude of superiority as manifest in their efforts to dominate the health professions or in wanting to establish theirs as the legal method for treating certain diseases. Rather than their methods always being the best, many of their bad effects

were too often suffered by the public for years before they were dropped by the medical profession. Take blood-letting, for instance. Even though it had killed President Washington and many others, many years were to pass before they stopped bleeding people (of their blood, I mean) in order to get them well.

And the same thing could be said of vaccinations, tonsilectomies, sulfa drugs, penicillin, streptomycin, cortisone, of female operations and now of radical and other operations for cancer. The Philippine Islands, as reported in the Congressional Record, Italy, and Japan, had their worst epidemics of smallpox after boasts had been made that they were the most thoroughly vaccinated countries in the world. Since that time not so much has been heard about vaccination for smallpox, except where the M-G doctors have complete control, as in the armed forces and foreign travel. Moreover, following these epidemics most of the compulsory vaccination laws this group of doctors had succeeded in having enacted in most states over a period of years were repealed. Now we hear little or nothing about vaccination; there is so little smallpox today. Do the M-G (majority group) doctors take the credit? Certainly; notwithstanding the fact that it was the sanitary engineers who deserve the credit. The facts are, it was sanitation under the direction of sanitary engineers, that brought about the change for the better and not vaccination or the work of medical doctors.

**The tonsil slaughter** was carried on for many years before its bad effects became known. The tonsils were removed because, as the people were told, their removal would prevent "colds, earache, pneumonia, diphtheria, bronchitis, etc." Did it? Let us see what the facts are, as found by a prominent New York doctor.<sup>15</sup> He wanted the facts. So he examined 2,200 kids who had had their tonsils out and compared their health with 2,200 children who still had their tonsils. Which ones were the healthiest? Why those who still had their tonsils. Tonsils are nature's protection against such ailments and should not be removed except in extreme cases. Now a doctor "thinks long before operating" on tonsils. The United States Public Health Service reached similar conclusions and published a pamphlet some years ago which advised against the slaughter of tonsils.

**Sulfa drugs**, when first announced some years ago, were considered to be miracle workers. Now they are seldom mentioned. Why? It was found that they had a bad effect on the kidneys. But it took a number of years and the ruining of kidneys on several thousand people before the truth became known. Instead of sulfa being a "wonder drug," the wonder now is that not more damage was done before the facts became known.

**Penicillin**, presumed to be the best of all the so-called wonder drugs, is too often being proved to be destructive. "Penicillin Turns Killer" is the title of an article published in a reputable magazine<sup>16</sup> close to two years ago. The article tells of case after case who died immediately after taking shots of penicillin. Then the author asks why there have been so many more deaths from penicillin than what have been officially reported, and leaves it to others who are in a position to know to supply the answer. Said Dr. Perrin H. Long of the department of medicine, State University of New York: "Few reports of such fatalities have appeared in medical literature, because it is not easy for physicians to discuss publicly such unexpected harrowing and always terrifying experiences." And Dr. Ethan Allen Brown said: "General practitioners know of a still larger number . . . not reported because of the stigma of death following the use of remedial agents or because of real danger of malpractice suits."<sup>17</sup> This is not to infer that penicillin has no value, even though it is not as great as



what has been claimed of it. Nevertheless, it is a dangerous medicine.

**Streptomycin** is another remedy that has been known to turn killer, according to an article by a medical doctor published a couple of years ago in a magazine on pharmacology. The title of the article was: "I Killed My Son With Streptomycin." He told how his son had had only a minor ailment and had died following a shot of streptomycin. It was with anguish of heart that he told about the incident. Again, why aren't the facts on how streptomycin can turn killer ever published? The only answer that can be given is the one given for penicillin, a moment ago.

**Cortisone**, while it doesn't turn killer, can nevertheless cause a lot of pain. Read what Paul de Kruif, a prominent medical writer, said about cortisone and ACTH in a popular magazine. After first explaining about the wonderful results being obtained by these two wonder medicines, he said: "Then came the letdown. Neither cortisone nor ACTH was a cure. Stop them, back came the pain. And you sometimes had to stop them. Strange chemical changes began in some patients. They retained too much salt, lost too much potassium and nitrogen. A few developed moon-faces, weakness and depression. All this faded when cortisone was withdrawn. But then arthritis came back. Cortisone miraculous? Yes, but maybe too dangerous." Thus another medical hope is fading away.

**Surgical operations**, some 10 million a year, have developed into a multi-billion-dollar-a-year business. Are all these operations necessary or are too many of them no more than an "operation on the pocketbook" made by "knife happy" surgeons? The answer is obvious; as many people have learned expensively and no few doctors have readily admitted. Efforts are being made by the medical profession to clean up this nasty situation, but as yet no appreciable change has been effected. It is a crime, and it is upon women that most of the crimes of unnecessary operations are committed. Reliable records show that 78% of the ovary, and 30% of the uterus operations are made on healthy organs and are unnecessary.<sup>10</sup>

**Ultraradical surgical** "attempts to cure an incurable cancer," says Dr. Crile, "might be justified if the results were merely negative and did not harm. But ultraradical surgery—the wholesale removal of organs and large sections of surrounding tissue—is not merely a negative attack. It is a positive attack that causes great expense, untold suffering and usually shortens the span of life." In this statement, Dr. Crile has said something in which I am certain, the public will agree; more especially if they have seen cases of ultraradical operations, as I have seen in four years research into the cancer question on 3,000 cancer victims, and seen the mutilations of this type of operation. Then they would know that Dr. Crile speaks the truth.

Moreover, if adequate tests could have been made to determine positively that the wholesale removal of tonsils, the mad rush for "wonder drugs" and the "knife happy" surgeons would do no harm, then the M-G AMA doctors could go before the public with clean hands and request—instead of using lobbies—the sole right to the treatment of cancer, or any other disease, or to be the sole judge of the efficacy of treatments other than their own.

Even if they would spend more time cleaning their own house and less time trying to dominate every other doctor, it still wouldn't give them the moral right to do so, any more than the butchers would have the moral right to dominate the grocers because they were both in the food business and the butchers happened to outnumber the grocers; nor

would the hardware stores have the moral right to dominate the butchers because they supplied the knives and happened to be numerically stronger; nor would one religion have the moral right to dominate all the others, because they were all working to save the souls of people, and the one happened to have the larger membership.

How have the M-G doctors been able to obtain the legal, if not the moral, right to dominate in all matters of health? It is an interesting story, best told in terms of medical lobbies and their having laws enacted ostensibly to protect the "dear public" which, more often, were nothing more than a means of giving them (the M-G AMA hierarchy) control of the I-G doctors, and to control or eliminate competition. Is it any wonder that the M-G union is the envy of all other unions or that these unions, as well as big business, are following the example of the M-G doctors' union and are using lobbies in an effort to legally limit competition or to get rid of competitors?

Don't take my word on the question of the power the M-G AMA hierarchy has obtained. Read what was written in the Yale Law Journal on this matter. Only one statement is needed. It says: "The AMA has acquired such power over both the public and practitioner [i.e., the I-G doctors] that it can channel the development of American medicine. Dangers inherent in such power are compounded by layman's ignorance of medical matters and the AMA's monopoly position as spokesman for the profession." In commenting on this situation, Dewey Anderson, Ph.D., says: "Competition is likely to assert itself under these conditions, perhaps more than cooperation. Especially so, as the dominate school of healing, medicine has long been in possession of the field and the facilities of health and may resent the entrance of newcomers having different backgrounds and practicing different forms of healing." Dr. Anderson also says, "The dominant political force in the health field is the American Medical Association," called the AMA. Then he adds: "The AMA shapes government policies because of the long-established reverence held by the layman for the mysterious high calling of the doctor, but also because of the effectiveness of the political representation of organized medicine lobbying in state capitals and in Washington."<sup>20</sup>

### Medical Lobbies

Over a five-year period, 1949 to 1953 inclusive, the AMA spent the following amounts in Washington on lobbies: 1949, \$1,522,673.00; 1950, \$1,326,078.00; 1951, \$450,372.00; 1952, \$134,560.00; 1953, which are the last figures available, \$88,765.00. However, the figures for 1953 and probably 1952 are misleading. Instead of listing their lobbying expenses under a single heading in 1953, they were listed under three headings: AMA, listing the expenditure of \$88,763.00; the American Hospital Association, a branch of the AMA, \$22,182.00; and the AMA Educational Campaign, \$34,766.00. Moreover, these figures covered only the first six months of the year, therefore the total amount spent is double the total of these figures, which makes a grand total of \$291,426.00 for the year. It is possible that the same thing was done in 1952, which presents a different picture.<sup>21</sup>

According to these figures, the AMA spent a total of \$3,725,099.00 on lobbying in five years. While a part of this amount was spent to defeat a law which, if it had been enacted, would have given the lower-income people a break. There is no question but that much of it was spent in propaganda against the I-G doctors. The AMA fought these two issues, and used millions to help them win, for one purpose. If the masses in the low-income group had had the law favorable to them enacted, it would

## Doctors of the Independent Group

have brought a health service within their reach and would also have given the I-G doctors a break. But it would have meant less income for the M-G doctors. Therefore, their lobbying was carried out for selfish reasons; and it is for this reason that they want to overcome, if possible, the competition of the independent doctors or to, at least, keep it limited. Isn't it too bad that competing health systems can't stand on their merits, instead of letting one group have laws enacted which permit it to create and maintain a health monopoly?

Yet, notwithstanding these facts, the M-G AMA hierarchy had the audacity to try to establish a legal method for treating ailments—their method, to be sure—and used cancer as their first attempt. Such was what we will call the Florida Case.”

## The Florida Case

When the judge of the Supreme Court of Florida in June, 1954, reversed the decision of the lower court against a medical doctor, who had been convicted and fined \$65,000 for death of a patient of cancer, the judge broke up the first major attempt of the M-G AMA clique to establish surgery and radiation as the only legal methods for the treatment of cancer. It was the contention of the prosecution that, if this M.D. had used surgery, X-ray or radium on the patient, instead of chemotherapy (i.e., medicines), his life could have been saved. The lower court, in deciding against the defendant, and in upholding the contention of the prosecuting attorney, backed up by the majority clique, set a dangerous precedent, as the Supreme Court judge observed in reversing the decision.

During the trial, the defense attorney forced the medical witnesses for the plaintiff, all outstanding doctors, to admit the M-G AMA clique had no cure for cancer and that, even in surgery, x-ray or radium had been used, there was no assurance that the life of the patient would have been saved. Here there were some of the best medical brains, and the doctors came into court with the attitude that their's were the only methods which should ever be used in the treatment of cancer, but when they had to admit the facts under oath, it was a different story. They suffered the ignominy of having to admit that they had no cancer cure and that surgery and radiation were no assurance against death. The plaintiff was the wife of the deceased. She had been “egged” on to file the suit by an M-G doctor.

In dismissing the suit, the Supreme Court Judge in his decision mentioned the admittances of the medical expert witnesses about surgery and radiation, then continued to express in some such words as these, that if the contention of the plaintiff attorney were granted, it would establish radiation and surgery as the only legal methods for the treatment of cancer; which would mean, if any other methods were to be used and a patient happened to die, the doctor could be sued and convicted of malpractice. This would create a precedent that would prevent any other type of treatment ever being tried; and, if that were to be allowed, a cure for cancer never could be found. No doctor would dare to try a new method.

Thank the good Lord that this Judge was wise enough to see the significance of what an adverse decision would mean in this case and the far-reaching affect it would have on the future treatment of cancer, as well as on research, and had the courage to act accordingly. However, notwithstanding such a wise decision, the M-G AMA hierarchy is still trying to accomplish what this Judge decided against. But, thanks to this judge, the I-G doctors still have the right to treat cancer but, unless they in particular, and the people in general, stand up and fight for this right, ere long it will yet be taken away from them.

On any question as important as cancer, every lead offering a possible cure should be investigated; more especially since the M-G AMA cancer specialists who served as expert witnesses admitted under oath at the Florida Supreme Court hearing that they had no cure for cancer.

It is true that the M-G doctors can show instances of apparent cancer cures. All of which does not prove, as they admit, that they have a cure for cancer. If they did have such a cure, cancer would not have increased from 3.7% of the deaths in 1900 to 13.5% in 1946, and would not still be on the increase. The M-G doctors would have had them cured; for most patients go to them first before going to the others, and it is only upon the failure of the M-G doctors that they go elsewhere for help.

The two groups of doctors, it should be understood, are made up of the allopathic medical doctors who are members of the AMA (American Medical Association), on the one hand, and on the other, the non-AMA allopaths, the homeopaths, chiropractors, naturopaths and osteopaths. The allopaths and chiropractors are the larger groups, but the allopaths outnumber the others put together, more than two to one.

The more outstanding doctors of these groups, who are best qualified to speak on the cancer question, are: Charles S. Cameron, M.D., medical and scientific director of the American Cancer Society (a part of the AMA), and George Crile, Jr., M.D., for the M-G AMA allopathic doctors; and for the I-G (independent group) doctors: Andrew C. Ivy, M.D., Robert E. Lincoln, M.D., and Wm. F. Koch, M.D., for the minority allopaths; Leo L. Spears, D.C., for the chiropractors; Z. H. Stamets, M.D., for the homeopaths; and Harry M. Hoxsey, N.D., for the naturopaths.

Whether we agree or disagree on the methods used by any one of the I-G doctors, is beside the point; for we all should agree on the proposition that each one has the right to be heard and to have his methods tested. The M-G doctors have been heard a plenty and have had plenty of money to use for testing their methods, and the results, as we have seen, were not too promising. Now the I-G doctors should be heard and should have their methods as thoroughly and impartially tested, in hopes that something more promising might be found. Justice, as well as thousands of cancer sufferers crying for help, demand that such tests be made.

Instead of having this type of justice, the I-G doctors have had their methods arbitrarily suppressed by laws lobbied through legislatures by the M-G hierarchy or have been forced to spend large sums of money to defend themselves against charges or to keep from being jailed, as has happened too often in the past and is still happening. Last fall a number of chiropractors and naturopaths were arrested in Long Beach, California, and had a lot of their equipment confiscated. Later on the judge, when he was only partly through the hearing of the first doctor, ordered the charges against all of them dismissed and their equipment released, and then remarked that it was the worst misuse of law he had ever seen in all his years on the bench. As a result of this travesty of justice, those who perpetrated it are now facing a large damage suit and we hope the doctors who were wronged will win.

Yes, the I-G doctors deserve to have their methods not only properly tested but also to have the government pay for such tests as bounteously



as it does the M-G research by making funds available. Only then can the methods of the I-G doctors be definitely proved and those which are found to have value later made available to the unfortunate victims of cancer. Not until such as this is done and full freedom of research is vouched safe for all doctors, will the cancer problem ever be solved. When the M-G doctors, with all the billions they have had to pour into research, haven't solved the cancer problem, why shouldn't the others be given a chance? They should be encouraged to do research, instead of being hounded for daring to be different and to do differently than the M-G hierarchy, as has been true of the I-G doctors from whom we are now to hear.

#### **Charles S. Cameron, M. D.**

Dr. Cameron is author of the book, "The Truth About Cancer." While Dr. Cameron discusses chemotherapy, which means the treatment of cancer by medicines, his book stresses more the importance of surgery, X-ray and radium. In a private letter to a certain doctor, Dr. Cameron made this comment, which shows his private convictions: "The only recognized methods that can cure cancer are surgery and irradiation." This would indicate that he certainly is in favor of having those methods established as the only legal way to treat cancer; which if it were ever established, would mean the end of all other research and the end of the treatment of cancer by any other methods, and would create a deplorable situation.

#### **George Crile, Jr., M. D.**

As the author of the book, "Cancer and Common Sense," Dr. Crile, while a member of the M-G doctors, has proved himself to be an independent liberal in his ideas about cancer. In fact, because of his liberal views and the fearless way he expresses the facts he has found, makes his one of the more outstanding books on cancer. It also discusses the outlook for a cancer cure when surgery and radiation are used, and also the fear campaign of the American Cancer Society. He is so frank in his discussion that it is difficult to understand why he hasn't been disciplined by the M-G hierarchy, as have so many other doctors whose ideas were contrary to their's on the cause and cure of cancer. The probable explanation is that, because of the standing of Dr. Crile, they are afraid they might stir up another hornet's nest as they did when they disciplined Dr. Ivy a few years ago.

#### **Andrew C. Ivy, M. D.**

Dr. Ivy, because he had served on the board of the American Cancer Society and the American Medical Association, was Vice-President of the University of Illinois, and head of its college of medicine, it would appear he was too big a doctor to be disciplined. Nevertheless, that was what happened. He was kicked out of his Vice-President's position, was dropped from his medical positions and had his membership in the state and national medical societies suspended—why? In plain words, it simply was because he did research on a certain medicament after he had been told that it wasn't sanctioned by the M-G hierarchy. He believed he had the right to do research on any substance offering possibilities in his quest of a cancer cure. But the hierarchy believed otherwise, and weren't afraid to discipline him. However, when it brought down on their heads such a severe criticism, they relented in their punishment. Nevertheless, Dr. Ivy has not been restored to his former positions or standing in the medical association. The medicament on which he was doing research was Kre-

biozen." Certainly it deserves the right to be adequately tested. But because of the attitude of the M-G hierarchy and his having the laboratory of the University of Illinois closed to him, Dr. Ivy has had to give up this research; which was precisely what the M-G clique wanted.

#### **Robert E. Lincoln, M. D.**

For daring to do research in and for stating that he had been able to cure cancer through the use of what he calls Bacteriophage," Dr. Lincoln was another prominent medical doctor that was disciplined by the M-G hierarchy. He was dropped from his memberships in state and national medical associations. Whether he was right in his contention that the virus he introduced into the bodies of cancer victims tended to destroy the germs or other virus he presumed to be the cause of cancer, is a question that only adequate research can decide. And certainly he has the right to have his method thoroughly and impartially tested.

#### **William F. Koch, M. D.**

Dr. Koch is another doctor whom it should be thought was too big to be disciplined. Besides being an M.D., he was a Ph.D. in chemistry and had been an associate professor of Chemical Research and, later, instructor in histology and embryology in the University of Michigan, and professor of physiology at the Detroit Medical College. As a result of his research he developed a chemical compound that he called Glyoxylyde." Here, again, because his ideas differed from those of the M-G hierarchy, and because he persisted in his conviction that he had the right to research in anything that offered a possibility of a cancer cure, he was disciplined. Dr. Koch, as did the other doctors, requested the M-G AMA doctors to make a thorough test of his chemical. A test finally was made. But it was doomed to failure. It apparently was made only for the purpose of obtaining distorted facts on which to condemn him; which the hierarchy did. After being dropped from the AMA and his state membership, and being forced for a number of years to stand expensive lawsuits, he accepted an offer to do research on his cancer cure in a medical university of Brazil, South America. And that is where Dr. Koch is at the present time.

#### **Leo L. Spears, D. C.**

To go into a history of the many and devious ways the M-G hierarchy have sought to embarrass and to put Dr. Spears out of business during the more than 30 years that he had carried on his profession in Denver, Colorado, would fill a big volume. Through it all he built up a multi-million dollar sanitarium and hospital, which is gradually being turned over to the treatment of cancer. He had started a third unit to his institution which, when completed, will give it close to a 3,000-bed capacity. With such a capacity, is it any wonder that the AMA hierarchy wants to put the Spears Hospital out of business? Obviously the institution is the main threat to the M-G supremacy in the treatment of cancer, which they want to maintain at any cost. Rather than using chemotherapy, surgery of radiation, the natural curative power of the body is used. It was Dr. Spear's contention that whenever a cure is effective, it is the body's natural curative power that is responsible—not what the doctor does, even though what he does is of great importance. While such a concept may appear to be new in the field of cancer treatment, it has been known and utilized by the Chiropractic profession since its discovery in 1895.

All that is needed in effecting a cancer cure, Dr. Spears maintained, is to restore to the body its ability to make good use of this curative power. This is accomplished by spinal adjustments. They release the nerve interference that has prevented the coordinating power of the body from properly controlling and directing, over the nervous system, the body's curative action. Such is the principle that has made chiropractic effective in the cure of disease, to the extent that it stands second only to the medical profession in the field of health. While this is the basic principle used in the Spears Institution in the treatment of cancer, it is supplemented by three other factors (to be discussed in a later chapter) viz., diet, good elimination and, what is termed, "Nerve and Cell Goadng." The latter is a simple method of stepping up the curative action in the diseased areas of the body and materially aids in the cure of cancer, in which only a painless finger action around such areas is used.

At different times Dr. Spears invited the local, the state and national medical associations to make an impartial test of his methods on a given number of patients suffering from cancer. His requests for such a test stated that the M-G doctors could treat a set number of patients having different types of cancer for a certain length of time. And that his institution would treat the same number of patients having similar types of cancer, for the same period of time, and then have the results obtained made known to the public.

Nothing could be more fair than such a test. But, needless to say, the offer never has been accepted. Certainly an institution the size of his could not be built and maintained on fantastic claims. Therefore, on the basis of what his institution has and is accomplishing, Dr. Spears certainly had a right to be heard and to have his methods given a full and impartial test. Then the value of his methods would be definitely proved or disproved in the light of scientific facts, instead of prejudiced opinions such as has been spread around the country.

#### **Z. H. Stamets, M. D.**

Dr. Stamets, who is the author of a book, "Cancer and Allied Ailments," believes that cancer is caused by poisons in the system coming from wrong diet, aluminum and adulterated foods, together with poisons from medicines, vaccinations and inoculations, which cause the irritation that usually is found to be associated with cancer. Dr. Stamets' method, besides the use of homeopathic remedies, consists of diet, vitamins and oxygen therapy. While Dr. Stamets is not so well known as the other doctors we are discussing, he has built up a good clientele and established a fair sized clinic. Should such as he has to offer be completely ignored, or should he have the right to have his methods fairly and impartially tested? The writer believes that he has such a right.

#### **Harry M. Hoxsey N. D.**

Dr. Hoxsey is author of the book, "You Don't Have to Die," which deals with cancer. His main discussion concerns his large cancer clinic and some of the cures he has effected. Needless to say, the M-G hierarchy has done everything within their power in the past 20 years to put him out of business. But he is going just as strong as ever, if not stronger. At the present time he has a ten-million-dollar suit pending against the Texas State Medical Association, the American Medical Association and the Texas State Board of Medical Examiners.

In the bill of particulars, Dr. Hoxsey lists eleven causes for damage

and gives 36 instances of overt acts perpetrated against his clinic, himself, his wife, and his staff, covering false arrests, false imprisonments, intimidations and slanderous statements made by the M-G doctors through the press, lectures, radio and television during the past twenty years, which culminated in the cancellation of his "doctor's license" last November 7th. Such overt acts, carried out for the avowed purpose of putting him out of business, Dr. Hoxsey claims has cost him 5 million dollars in business, which he prays that court to award him, together with another 5 million dollars exemplary damages. We hope he wins.

Dr. Hoxsey's treatment for internal cancer is a simple preparation made up mostly of herbs generally recognized to have medicinal properties. For external treatment he uses an escharotic which kills a cancer. The cancer then is sloughed off, a salve applied, and the place healed by the body's healing power. Recently, a radio announcement said the U. S. Public Health Service had tested the Hoxsey medicament for internal cancer and found that it had no value. However, before such a report is accepted, the doctors who made the tests should be made known, as well as on whom and where the tests were made, the type of cancer, its stage of development and size, the number of patients tested, the length of time the tests covered, and what, if anything else was done to the patients during the tests. Each one of which is important in determining the validity of tests carried out; for any one of these factors, if not properly regulated and adequately controlled, could turn what would otherwise have been a favorable test into one that was unfavorable. Such as this has been known to take place.

If tests made on the methods used by the I-G doctors are not to be one-sided but are to be eminently fair, they should be participated in by all parties concerned. Until this is done, no test made on the methods used by any of the I-G doctors should be considered valid. Only through such tests will the real facts, favorable or otherwise, ever become known. There will be no real evaluation of I-G methods until such as that is done. Let's have facts scientifically, not emotionally, determined; instead of prejudiced opinions, such as are constantly being fed to the public over the M-G AMA dominated news channels.

## CHAPTER VI

### Nature and Cause of Cancer

From the extensive research done on cancer, and the hundreds of millions spent on its research, it would appear that a great deal would be known about the nature of this destructive ailment. Yet the contrary appears to be true, so far as books on cancer are concerned. Of the seven more outstanding books on cancer, three of which were published during the past year, not one used more than ten pages in which to explain the nature of this malignancy; more often only five to seven pages were used. On the different kinds of cancer and the treatments employed, it was different. Page after page were used. But when it came to explaining the nature of cancer, only a relatively few pages were needed to cover the subject. If this means anything, it simply means that little is known about the nature of this ailment by the M-G (majority group) doctors, other than that it is destructive.

On any subject as important as the nature of cancer, there naturally would be some disagreement. However, such disagreements cover only minor phases of the question, and they are of a nature that is not pertinent to our discussion. But, on the one significant aspect of cancer, there is quite a general agreement: that normal cells of the body, for reasons they do not understand, "go wild" and "turn killer." In other words, cancer isn't something introduced into the body. Instead, it is something that starts in normal cells of the body that causes them to function at such a high rate that they no longer can be controlled. When uncontrolled, they go wild and become destructive. Dr. Crile summed up the question understandingly in these words:<sup>28</sup>

"The cancer cell is not an invader from the outside, not an alien creature that has come to us from some other form of life. Cancer cells are the offspring of our own cells. They are, in a sense, our own children, gone wrong." (It is the cells that make up the body to which he refers.)

### Six Years Research

During the four years that I headed the cancer research at Spears Hospital, and the two years since I retired, some 3,000 patients have been treated; from which much has been learned about the nature of cancer. However, in our research, we did not follow the beaten path, the path so many researchers have followed; especially those of the M-G doctors. If we followed their lead, we reasoned, we would only prove or disprove the value of their research. And where would we be? Only where they were, and we still would be no nearer to finding a cure. For, as they admitted under oath in the Florida courts, they have no cure for cancer.

Obviously research should be carried on with an open mind, not influenced by traditional concepts, previous training or established convictions. Otherwise no matter the research done or money spent, the results would be much the same and they would produce the same conclusions. For instance, a scientist was given a several-thousand-dollar research grant. In announcing the research he contemplated doing, he said he wanted to prove "if virus was the cause of cancer." In research, as in other things, it is said that one finds what he looks for. This man was looking for evidence to justify his previously accepted concept that virus caused cancer.

That was the type of evidence for which he was searching. Would it be a surprise if he found such evidence? Or would it be a greater surprise if he didn't find it? That isn't true research. It is to find facts, regardless of the direction they take or what they prove or disprove. Such is true research.

With no tradition to live up to, no convictions to guide us and no idea of the nature of cancer to influence us, we began our research into this important question. We wanted to know the real nature of cancer. Some of the factors we found and conclusions arrived at were as much a surprise to us, as they no doubt will be to those who read this book. But we must remember, a scientist doesn't create the facts he finds; he only interprets them. Whether or not he likes the conclusions, or whether he would like something else to be true, is beside the point. He must interpret and present the facts as he finds them. And that is what the author is now doing.

### Two Facts Our Research Has Developed

Of the many facts we brought to light and developed, only two shall be given consideration at this time: (1) cancer seldom is a separate ailment; (2) cancer more often is a bungled ailment.

Admittedly these ideas about cancer are new and somewhat revolutionizing, to say the least. The old ideas about germs, virus and chemicals being the cause of cancer, as are currently taught, would tend to refute our concept that it is not a separate ailment. However, our concept has been developed on the basis of ample research data, accumulated over a period of time sufficiently long and on a large enough number of cancer patients to make it valid.

(1) **Cancer Seldom Is a Separate Ailment.**—Disease, as most people know, is a process of destruction. But what hasn't been so generally known is that the end stage of the destructive process usually IS cancer. Therefore we say, "Disease is a process of destruction which, if it isn't stopped somewhere along the course of its development or its destructive effect isn't minimized through treatments, WILL DESTROY LIFE; and the end stage of such a destruction more often IS CANCER." (This will receive further consideration later.)

In all my reading of medical literature, especially involving cancer, only one medical doctor has been found who agrees partly with our concept that cancer is an end product of another ailment. He is Dr. D. T. Quigley.

In his book, "The National Malnutrition," Dr. Quigley says: "One of the few things we do know at the present time about cancer is that it is a disease which follows another disease. It is never primary, but always secondary. It never grows in healthy tissues, but always grows on previously diseased tissues. The part of the body on which a cancer grows has a special soil on which the invader finds favorable environment. If the soil is not prepared in advance, the cancer simply can not and will not take root and grow."

While he believes as I do that cancer is the end product of another disease, his further conclusion differs from our concept that cancer is a product of irritation, sometimes mechanical but mostly chemical. He leans to the idea that some micro-organism is the causative factor in cancer, and that it is a low-grade infection that produces the fertile soil in which this malignancy develops. On this point Dr. Quigley says: "Whether the immediate cause of cancer may ultimately be found to be a virus, a fungus, a bacillus, or a chemical compound makes little differ-

ence in the question of prevention since the clinical facts show that previous local disease must exist before a cancer growth will get started."

He believes the micro-organisms, such as just mentioned, are the "invaders" that enter the body and live in the fertile soil, and are the cause of cancer. In mentioning the steps which lead to cancer, he says: first there is an injury, either mechanical or chemical, which breaks down body resistance and causes the fertile soil. The next step, he says, is the "invasion of the injured area by micro-organisms which establish themselves and continue to grow." The result is the development of a "chronic low-grade infection." We agree with the first part that the starting point of cancer is mechanical or chemical trauma (injury). From there on we disagree. Rather than micro-organisms being the causative factors, our research points to its being the constant irritation of the tissues involved, caused by the accumulated poisons held there because a stasis has developed.

One point, however, on which we positively do agree with Dr. Quigley concerns what he says about most cancer research being wasted, in which he says: "We must conclude that much of the effort in the past has been wasted, and that the efforts now being made in research institutions, governmental and private, are largely wasted effort."

(2) **Cancer Is a Bungled Ailment.**—It has been said that the worst bungler in cancer is the patient himself. However, the facts too often belie the charge. All-too-frequently cancer develops in people who have had frequent examinations by reputable medical doctors. Among them are the well-known Senators previously discussed. They all had the best of medical attention, together with frequent examinations by the nation's top medical doctors—yet they died.

While it is true that, in many cases, delayed treatments cause people to lose their lives, it is not an adequate explanation for the cause of so many cancer deaths; simply because there are very few people indeed who have cancer, who aren't taking, or haven't taken, treatments from the M-G doctors prior to their developing cancer; but such treatments had no appreciable effect in stopping its development.

The answer the doctors give, in explaining why cancer developed following treatments, is that such patients were not treated specifically for cancer. But the answer is largely invalidated by the fact that cancer developed in the parts of the body that had been treated, such as happened in this case. A person whom I knew quite well had been treated over a period of years by the M-G doctors for colitis. Later he died of cancer of the colon. It wouldn't have happened if the colitis had been cured. This is no isolated case, for I have before me the pictures—previously mentioned—of 48 cases who had run the gauntlet of medical treatments, yet had cancer develop and could not be helped, medically. And these, likewise, are not isolated cases, for we heard similar stories from many, many of the 3,000 cancer patients we treated.

Another reason why we recognize cancer to be a bungled ailment, is: most chronic ailments, as our research revealed, are carcinogenic, i.e., cancer-forming. It has been said that the body is the host to the development of cancers; but we say it is a chronic ailment that more often is the host to its development.

Chronic ailments are bungled ailments. Why? Simply because chronic ailments were first acute ailments. If they had been cured in their acute stage, they never would have become chronic. Most acute ailments, as doctors well know, run a "self-limited course" and clear up in due time of their own accord. If they don't clear up, it is because they were bungled

either by the patient or the doctor. Inasmuch, however, as most acute ailments are treated medically, and the M-G doctors more often are the ones who do the treating, it is their methods which frequently turn acute ailments into chronic ailments. This is more understandable when it is realized that most treatments for acute ailments usually deaden pain and suppress symptoms.

Such treatments cause a patient to feel better, temporarily; which only postpones the "show-down" until a later date when the symptoms reappear in a chronic form. The first reappearance may be manifest in nothing more serious than another sick spell or a sickness that keeps recurring, or it may be only a mild upset. In either event they (the attacks) become more serious at each recurrence, until finally the cancer stage is reached. Little do people realize the true facts about the development of cancer. If they did, they would never use medicaments that deaden pain or suppress symptoms, which only open the gate to cancer. Instead, they would alter their living habits and resort to common sense methods of treatment.

### The Cause of Cancer

There is a general agreement among most doctors that cancer is a destructive ailment. But on the question of what it is that causes the destruction, there is no such an agreement. Opinion is split over whether the destructive action is caused by germs, virus or chemicals. However, since a recent announcement was made which came originally from the U. S. Public Health Service, it appears that germs and virus are out as being causative factors. An Associated Press report, which carried the announcement, only mentioned bacteria. But both germs and virus come within that category; therefore what he says about bacteria would also apply to germs and virus. The Associated Press announcement under the date line of Mar. 10, 1956, and originating in Dallas, Texas, had this to say: "Dr. Kenneth L. Burdon of Baylor College of Medicine said Saturday bacteria are not the cause of cancer. His statement was the result of three years of research on the question at the direction of the U. S. Public Health Service. He said the studies by him and his associates definitely prove bacteria do not cause cancer."<sup>27</sup>

With bacteria out of the picture as a causative factor, the next question is the part chemicals play in causing cancer. It should be recognized, however, it is not chemicals as such, but the irritating affect they have on the cells of the body, that is the important factor in chemical irritation. And on this point, most doctors are in a general agreement; for it appears, and is gradually being accepted, that the basic factor more commonly found in the cause of cancer is irritation. But such irritation can be mechanical as well as chemical. When we consider, however, that only a small percentage of cancer is caused by mechanical irritation—such as irritation from pipe stems, cigarettes and tar from tobacco smoke; irritation from dental plates, pessaries, prolapsed organs, calcareous deposits as kidney stones, gall stones and in arthritis; and irritation from dust, smog, bruises, contusions, tears of cervix, bites and other injuries—we must recognize that the more potent factor in the development of cancer is chemical irritation, called chemical trauma.

### Chemical Irritation in Cancer

Precisely how chemical irritation causes cancer may be difficult to explain or to understand. To say that a constant irritation of a certain part of the body, such as a pessary involving the female organs, causes



cancer, is an over-simplification of the question; for there are other factors involved. Else each woman who has used a pessary would develop cancer, which isn't true; any more than it is true that each person who smokes a pipe, cigarettes, inhales dust or smog, has different kinds of accidental injuries, etc., will ever have cancer. Yet such things do cause cancer—in some people; why? The answer is that another factor is also involved, without which there can be no cancer develop. That factor is body resistance.

When body resistance is down, cancer can and frequently does develop. But if resistance is up, cancer will not develop. Take, for instance, the case of a man who developed cancer from carrying lumber on his shoulder. A nail protruding from the lumber dug into his shoulder. A short time later his shoulder became a host to the development of cancer, which cost him his life. Take another case. An electric shovel operator, who had his back and right kidney hurt in an accident, died of cancer in those parts twelve years later; but had had little pain, except during the last two years. Still another case. A man, calling on a doctor for another purpose, allowed the doctor to talk him into having a simple mole removed from the side of his forehead, over his left eye. Whereas it had caused no previous trouble, trouble developed soon after its removal. A short time later another operation was performed to remove "bad flesh" caused by the first operation. And it wasn't long until a third and more extensive operation had to be performed, in which cancerous tissues were removed from the forehead, down the left side of his face, neck and the neck glands, and on around into the glands under his left arm. Cancer has again reared up and nothing further can be done for him. They removed the cancer but not the carcinogenic background, which permitted cancer to get another start.

Yet how many people are there who have had their flesh torn by nails or have had moles removed surgically, or had a dozen and one other injuries, who never had the least semblance of cancer develop? They could be counted by the thousands. Why, then, did it develop in these three people? Their resistance was down. Had it been up, the scourge of cancer would have passed them by as it did the others.

### Body Resistance

It has been thought it is what a doctor does that cures disease. It isn't, even though what he does—if it is done right—more often is necessary, not as a curative factor, but as a factor which removes a hindrance to the curative action of the body. Truly—"Nature, time and patience are the three great physicians."

The power to heal lies within the body, not in the hands of man; otherwise a doctor could cure a dead person. Nature—through her natural curative power—does the work; the doctor takes the credit and collects the pay.

The same power that heals cuts, lacerations, bruises, and knits broken bones, is the curative power that heals the body, once interference to its curative action has been removed. Without Nature's Power to Heal, no doctor could effect a cure; no matter his training, wisdom or experience.

Therefore, when resistance is low—low because of an excessive strain on the body from overwork, underrest, or emotional upsets; from over-eating and clogging the body with excessive waste material; from poor elimination which permits the retention of body poisons; from an interruption to the control exercised over all functions by the body's extensive

system of nerves—then the body's healing power is low and as a result it can neither prevent disease getting a foothold nor hold a disease in check once it has a start. But when such factors are under control, resistance again becomes high. Then disease can not get started or if it does because resistance happens to be low at the time, and those factors are later brought under control, resistance will again become high and the curative power of the body will again become manifest. Disease can then either be cured or held in check.

### Irritation and the Cells of the Body

Cancer develops because the cells of the body get out from under control and "go wild." The factor which causes this, as we have mentioned, is IRRITATION.

For life or health to be maintained, it must start at the level of the microscopic cells of the body; so small that from 700 to 800 of them could perch on the head of a pin. The cells and how they function are so important that it could be said, "as the cells go, so goes health."

Cells more often become abnormal in function before they become abnormal in structure, as happens in cancer. To understand why they go wrong functionally, we must know a little about not how but why they work. The cells, it must be understood, are life entities capable of living independently of the body so long as they are kept in the right solution, fed the right food, the right warmth is maintained and their waste material is taken care of. The cells are controlled by inherited patterns and the patterns cover only the activities necessary to maintain their lives, such as absorbing food and oxygen, getting rid of waste material, reproducing themselves, and defending themselves against adverse factors within their range.

It is their pattern of defense in which we are interested. Defensive action takes place only in the presence of irritants, and their defense consists of stepping-up their activity to counteract the adverse effects of irritation. Prolonged activity, as takes place in disease, causes the cells to enlarge; which, by the time the stage of cancer is reached, causes them to develop into giant cells, as are found in cancer. Therefore, it has aptly been said that "Any time a cell becomes abnormal in structure or in function, it is but evidence of its having to adjust itself to an abnormal environment," and such an environment is made up of irritating body poisons.

The cells in one respect are much like human beings. A man can be irritated to the point that he loses control of himself and can go insane. And so can the cells. They lose control of themselves under the excessive irritation of body poisons and can no longer be controlled by the body. Their once normal activity, now becomes abnormal. Their once constructive and integrative activities now become destructive and disintegrative. Because they have gone wild. It was no doubt this thought which led Dr. Butler to say, "In cancer the normal controls, which prevent undue growth of parts of the organism, have broken down. Some [cells of the] tissues of the body begin to grow in a chaotic, undifferentiated fashion. If we can discover what are the controls in healthy tissue, which keep each organ in its proper size and shape, we should probably be able to deal with cancerous growths and thus control this scourge of humanity."

Dr. Butler should know that, if he would get rid of the factors mentioned a moment ago which force the cells to function at such an excessive rate, he could solve the problem of why the normal controls of the body no longer work and the cells go wild.

## **A Common, Underlying Factor in Disease, Is a Factor in the Cause of Cancer**

It is not generally recognized by doctors that a common factor is involved in most ailments. It is a stasis—a static condition—which develops in an organ, gland or other part of the body that becomes diseased. More often, however, it is thought the stasis develops as a result of the disease. But, in our research, we have found the stasis precedes, instead of follows, its development.

We also found that, when each bit of food or fluid taken into the body maintains its normal rate of speed through the body and is eliminated, there can be little if any sickness. Water is eliminated within a few hours, undigested food within 24 hours. The proteins that go into the cells of the organs, glands, muscles and tissues, the carbohydrates that maintain body warmth, and the minerals that go into the cells of the bones and teeth, all travel at different rates of speed and are eliminated as metabolic waste. Carbohydrate waste is eliminated within a few days, the wornout proteins within a few weeks, while the mineral waste from the bones and teeth may take months.

The metabolic waste should move through the intercellular channels of the body much like automobiles on the highway. If nothing happens to cause a traffic jam, each auto reaches its destination with dispatch. But if something happens to block the highway, such as the wreck or breakdown of a car, it may take hours before traffic can resume its normal speed. Or it may be a landslide or a road washout that disrupts traffic. In which event it may take weeks to clear or repair the road and to get traffic to moving again, normally.

It is an intercellular traffic jam that causes stases in the body and sets the stage for the development of disease. The intercellular channels are the highways for the movement of body waste. But traffic jams in the intercellular channels, the result of irritation created by the waste material, by overwork, underrest, nervous or emotional tension, or by overeating or poor elimination, are the factors that cause the stases. Then doctors must come to the aid of nature and help her overcome the traffic jams of sickness and disease and to get traffic back into its normal flow.

Another factor in traffic jams (stases) is nerve energy. It is the "intelligence" that directs and controls all body traffic. The importance of this is not readily understood until it becomes known that higher forms of life—such as human beings—would no more have been possible without a system of traffic control (the nervous system), than civilization could have developed without law and order. It is the cerebro-spinal system of nerves that brings law and order to all the activities of the body, without which there could be no human life or health; nor animal life. When law and order breaks down in any part of the body, as a result of nerve interference, a stasis will always develop in the part involved. Such a part will be more susceptible to irritation and will be the first to develop a static condition, which can and all-too-often does lead to disease and then to cancer.

Therefore it should be obvious that, in the correction of disease, all stases must first be overcome, and that, in overcoming stases, the correction of nerve interference is equally important as any other type of treatment, if not more important. Without the removal of nerve interference, even though treatments may bring relief, an ailment seldom is cured. It only becomes chronic. And such as that is too prevalent today,

if statistics can be believed. A statistical report put out by the Metropolitan Life Insurance Co. in 1948 on the incidence of chronic ailments in death, said that in 1900 there were 34 deaths of chronic ailments in each 1000, while in 1948 the number had increased to 63. This means that chronic ailments have doubled in less than 50 years, and inasmuch as chronic ailments are carcinogenic, it also means that the cancer problem can not be successfully solved until doctors stop turning acute conditions into chronic ailments.

Other factors in the cause of cancer are mentioned by Dr. Andrew Seargeant McNeil, a British scientist of note, in his book, "The Cancer Mystery Solved," are these: "Vaccinations and injections, in my opinion are among the causes of the pre-cancerous state. The underlying idea, in both these lines of treatment, is to obtain protection from infection or the effects of infection, by a particular microbe, or from several, in the case of a mixed vaccine. These substances are supposed to act by sensitizing the tissue to a particular microbe or microbes, so that if the body is attacked by the microbes concerned the sensitized tissues will develop a powerful reaction and destroy them. We have, however, by this method of treatment 'fallen from the frying pan into the fire,' for whatever the degree of protection conferred by the vaccine may be (and in many cases it is valueless and even harm instead of good may result), we have sensitized our tissues and deliberately produced one of the essential conditions for cancer production."<sup>29</sup>



## CHAPTER VII

### Diagnosing Cancer

Inasmuch as the successful treatment of cancer depends largely upon its early detection, the development of a test or a method through which it can be detected in its early stages is of greatest importance. It was for this purpose that Spears Research Department—headed by the writer—exerted every effort. All the current methods aimed at an early cancer diagnosis were tried and thoroughly tested. The result was that we found and developed a test that has proved to have a high degree of accuracy. Dr. Spears named it the Spears Cancer Diagnostic Test, but your writer prefers to call it the Pathology Determination Test; for it has a much broader field of usefulness than that of cancer diagnosis.

Not only has the test been made on more than 9,000 patients at Spears during the past six years; it has also been used in public demonstrations on a number of occasions. Through all these tests, Spears method has demonstrated a high degree of accuracy. When its accuracy had been proved on a large enough number of patients, over a sufficiently long period of time, the Spears test was offered to the medical profession. We offered to demonstrate it to the medical profession and to teach the intricacies of making the test and of interpreting its findings. Needless to say the offer was rejected. Many reasons for the rejection were given. The real reason is that M-G (majority group) AMA doctors will not accept anything developed by other doctors, or even by its own doctors (as we have discussed) unless it fits into their program.

First let me say that the cancer cases at Spears Chiropractic Hospital & Sanitarium fell into three categories: (1) terminal cases, (2) those given up by other doctors, but still had a fighting chance, and (3) those who had cancer in its early stage, who had taken no other treatments.

Of the three groups, 40% of those who went to Spears were in the first group; 50% were in the second group; while only 10% were in the third group. There was but little chance of helping the first group; while the chance of helping the second group was not the best, they did have a better chance; obviously it would be on the third group that the best results would be obtained, and that is the way things turned out.

These facts are mentioned at this time for only one reason: to show that at Spears we had not only a sufficiently large number but all types of cancer cases on which to develop the Pathology Determination Test.

### Diagnostic Methods

Most of the patients in the first and second groups had biopsies made before reaching Spears. But the patients of all three groups were also given the conventional orthodox type of examination, besides the P-D (pathology determination) test, in which the X-ray and fluoroscopic examinations were made of the chest, visceral organs and bones; chemical and microscopic tests were made of the blood and urine; and a thorough physical examination was given. Therefore the findings of the P-D tests were thoroughly checked against the findings of other types of examination, in our efforts to assure its accuracy. We realized that, if P-D test was to be reliable, it had to measure up to the other methods and had to produce findings that, in the main, paralleled their findings.

The P-D test is made on microscopic glass slides, on which fresh blood, with nothing added, is spread a certain way on the slide and is allowed to dry. A microscope is then used to determine the BCG (blood-cell grouping) pattern of the red blood cells. Bolen in this country, and Gruner of Canada, were the first to use this method of diagnosis. Later it was rejected by the M-G (majority group) AMA hierarchy. The reason? They said, as a result of extensive tests made in two hospitals on no few patients, that they found too many people who had BCG patterns comparable to those found in cancer patients. And we were ready to discard the test for the same reason until we had made several hundreds tests. Then it began to make sense. So we continued experimenting with it. Now, as a result of tests made on more than 3,000 cancer patients and over 6,000 others over a period of six years, we have not only developed a test that has proved to have a high degree of accuracy; but we believe it gives us the authority to speak on the question. If that number of tests on such a large number of people do not give us such authority, how else could a doctor become an authority on any question?

However, let me say, the only resemblance between the P-D test we finally developed and the methods developed by Drs. Bolen and Gruner is that we all use blood and glass slides. There the resemblance ends. The great difference between our tests and those developed by the other doctors, lies in the seven new factors we found and developed at Spears, which make up our P-D test, such as:

1. The factors that cause alterations in the grouping behavior of the red blood cells.
2. The different ailments that have altered BCG patterns.
3. The ailments that are carcinogenic, in which cancer more often develops.
4. The ailments that have false positive BCG patterns and the factors which create them.
5. The ailments that have false negative BCG patterns and the factors involved in them.
6. The factors that cause variables in the blood slides and how to prevent such variables.
7. Developed a more reliable method for making slides, called the "Gravity Spread Technique."

### Facts Found in Public Tests

We recognized that for our P-D test to have real value, it should be made on people other than on patients at Spears. Therefore we arranged for, and made, such tests. Besides we also wanted to check the claims made by the American Cancer Society, that one out of every five people either has cancer, has it starting to develop, or will have it before he dies. Were their conclusions correct? We wanted to know.

As a result of the thousands of tests made at Spears, I had concluded that tests made on a hundred average healthy people would reveal these figures:

- 7% would be normally healthy.
- 75% would have minor chronic ailments, which could become carcinogenic.
- 15% would have chronic ailments in which cancer was already getting a start.
- 3% would have definite indications of cancer.

The figures we obtained from tests made on the hospital staff and

other personnel varied only slightly, as the following reveals, and show my estimations weren't far from being right:

- 8% were found to be normally healthy.
- 77% were found to have minor chronic ailments which could become carcinogenic.
- 13% were found to have chronic ailments in which cancer already was getting started.
- 2% were found to definitely have cancer in various stages of development.

Therefore, according to our figures, approximately one in every 6½ people already has cancer or has it in the process of development, while 77%, under the right conditions, could become carcinogenic and potential cancer victims. While these figures varied only slightly from my estimations, they varied no little in the public tests we made on 457 people, as these figures show:

- 8.12% were found to be normally healthy.
- 60.15% were found to have minor chronic ailments which could become carcinogenic.
- 28.02% were found to have chronic ailments in which cancer was already getting a start.
- 3.71% were found to definitely have cancer in various stages of development.

The variation was greatest in the groups who either had cancer already developed or in the process of development. Why there was such a variation between these and the previous hundred we had tested, when we had expected to find a close similarity, was difficult to explain. At first the variation puzzled us. Why should there be more than twice as many who were victims of cancer in its early stages in this group, than in the other group? We couldn't understand it until we made a study of the charts of the tests made. Then the answer soon became apparent. In the public tests, more of the people who took advantage of the test were those on whom doctors had found cancer, or who were suspicious of having cancer, and came to us for confirmation of their diagnosis or to try to disprove the accuracy of our P-D test.

### The Underlying Factors of the P-D Test

In our first experiments with the P-D test, we didn't know what caused BCG alterations. So we turned to our laboratory for the answer. We separated the red cells of the blood from its plasma then cross-mixed them. Cells of the blood of cancer patients, cross-mixed in the correct proportion with the plasma of healthy people, caused no BCG alterations. But when we mixed the cells of healthy people with the plasma of cancer victims, major BCG alterations were produced. Therefore it was obvious that what changed the grouping behavior of the red blood cells was something in the plasma. Later we separated the blood serum from the plasma and again made cross-mixed tests. As a result we found the factor that caused BCG alterations was something in the serum. Still later, and as a result of many tests, we found the factor involved to be poisons from pathology and especially from cancer.

As we pieced together the facts we had accumulated, we found the explanation of what took place in the blood stream to cause alterations in the grouping behavior of its cells. The waste products of disease pathology, called pathogens, and the waste products of cancer and altered secretions from cancerous organs and glands called, respectively, necro-

proteins and malignins, are picked up by the blood in the first stage of the process of elimination. In the blood stream these factors tend not only to alter blood chemistry; they also alter the electric charge of the blood cells. Whereas the red blood cells are negatively charged and repel each other under normal conditions, which prevents them from forming into groups when they dry on the glass slide, the change in blood chemistry causes some of them to lose their negative charge and become positively charged. Whereas previously they had repelled each other, the negative cells now attract the positive cells. The result is that the blood as it dries on the slide forms into islands and lakes. If there is only a small amount of such poisons in the blood, sufficient only to cause minor changes in its chemistry, there will be only small lakes form in the blood as it dries.

Therefore when a blood slide reveals only a minor BCG pattern, it is pathogens from minor pathology that has altered the blood chemistry. When the BCG pattern is medium, we know it is necroproteins or malignins, or both, that are changing the chemistry of the blood and that cancer is beginning to make its appearance. But when the BCG pattern is major, as indicated by small islands and large lakes, we know that the disease pathology has definitely turned into cancer. Therefore this P-D test, when all the false negative and false positive BCG factors are given due consideration and properly evaluated, gives us the best means not only for the detection of cancer but, also, for the determination of the presence of pathology and its stage of development. As a result we now know, for it can readily be detected, that the pathology of disease can be divided into three stages—minor, medium and serious—and that each stage can readily be detected through P-D test. All of which gives us the most reliable method for determining the presence of disease pathology, as well as the presence of cancer, and their stages of development.

The real value of the P-D test in detecting cancer, and in determining its stage of development, is best explained on the basis of its percentage of accuracy on the different grades of cancer, as this chart reveals:

- 94.6% accurate on non-cancer patients and grade O of cancer.
- 97.0% accurate on cancer grades 1 and 2.
- 99.0% accurate on cancer grades 3 and 4.

Grade "O" means a chronic ailment that can become carcinogenic. Grades 1 and 2 mean that cancer is developing and is getting a good start. Grades 3 and 4 mean not only that cancer has developed but that it has reached a serious stage. Disease pathology before it reaches the stages of development classified as grade "O," comes under the heading of simple pathology. While it could mean an acute ailment, which would easily be recognized; it more often means a chronic ailment and represents its degree of chronicity.

## CHAPTER VIII

### Cancer Treatments

Not only should the I-G (independent group) doctors have the right to present their concepts of the nature and cause of cancer to the public and to be given a hearing equal, in proportion to their membership, to that given the M-G (majority group) doctors in the press, radio and TV; they should also have a similar right to present their methods of treating cancer, when they have been proven to be successful.

In Chapter V we discussed most of the outstanding leaders of the I-G doctors and gave summaries of their methods of treating cancer. Now we shall discuss the methods developed at Spears Chiropractic Hospital & Sanitarium of Denver, Colorado, where the writer was Chief of Cancer Research for four years, before retiring after 38 years in the chiropractic profession. These methods also have a right to be heard.

First to be considered will be a statistical report of a group of 297 patients and the results they obtained at Spears, on which proper controls were maintained during the period of their treatments. The evaluation of the results obtained was made on the basis of three factors: (1) the arrestment of cancer activity; (2) a general health improvement; and (3) the prolongation of life. The patients of this group were classified into three divisions according to the seriousness of their ailment which was, of course, cancer.

The first division, comprising 40% of the group, were terminal cases. They came to Spears as a last resort when everything else had failed and were terminal upon arrival. With no exceptions, these patients had had surgery and/or X-ray or radium, but had grown steadily worse. Spears was their last hope.

The second division, while not classified as terminal upon arrival, had gone the rounds of the M-G doctors, had also had surgery, X-ray or radium, or all of them, and had been told that nothing more for them could be done. The chances of curing them were not the best; but they did have a chance to get well.

The third division were those who came to Spears first, instead of last. They came to Spears as soon as it had become apparent that they had cancer or had had a diagnosis of cancer, or were suspicious of having cancer. They had taken no other treatments. Obviously it was on these that the best results were obtained.

The percentage of patients in each division in round figures, and the percentage of results that were obtained, were:

1st division—40%, results obtained were .....	11.7%
2nd division—50%, results obtained were.....	68.4%
3rd division—10%, results obtained were.....	96.0%

These figures mean that, of those in division one who didn't have a chance when they came to Spears, more than eleven out of a hundred were sent home at the completion of their treatments very much improved. They had had a number of good years added to their lives. A number of them were still alive four years later. The others were allowed to return home when it became apparent that they had gone beyond human help.

In the second division, more than 68 out of a hundred were restored

to a good state of health. And this, mind you, was after they had been told that nothing more for them could be done! While it is difficult to keep track of all patients, we know of a large number of these that are still well and enjoying life. On a recent trip to Spears, I met three of them who had returned for a check-up. They reported that they felt fine.

Of those in the third division, 96% of them had their health restored, and from all indications are cured of cancer. It was on only a few of these that cancer got very much of a foot-hold before it was discovered, sufficient to prevent their recovery. So it was not so difficult to restore their health.

### The Last One of Twelve Patients Who Had Had Mastectomies

Well do I recall one patient, who was one of the second division. One day on my usual visit, I found her crying. When I asked, "Honey, what's wrong?" she handed me a clipping from a newspaper. It told of the death of a certain woman, about her age. Then she told me this story. She had had a mastectomy two years before for cancer of the right breast. Cancer had now started in her left breast, and that was what had brought her to Spears. While in the hospital for the breast removal, she had met eleven other women who were there for the same purpose—to have their breasts removed. Some of them had just entered the hospital, some only recently had had their operations, while others were ready to go home.

Having a common interest, these twelve women decided to keep in touch with each other. During the two years following this incident, she told me that ten of these women had died. The clipping she showed me was the eleventh who had passed away. Therefore, she was the only one still alive—and she again had cancer—two years after that group of women met in that hospital.

When she told me these facts, I could appreciate how she felt. Her eleven newly made friends had all passed away, and she couldn't help but feel that she would be the next. The others had stayed with the M-G doctors. To avoid suffering the same fate, she had come to Spears. Yet it was difficult for her to see, even though we were approaching her case from a different point of view, that she would get well. But she did. Two months later she left Spears in a good state of health, and the last time we heard from her she was still feeling fine.

It is not my purpose to present a volume of testimonials; which would be easy to do. And I could mention many cases who have had no recurrence of cancer in more than five years. But that is not the purpose of this book.

My purpose is to present research facts—facts that we have found, tested and proved to be true; as well as to present a summary of what the M-G and the I-G doctors are doing for cancer, letting their own doctors speak for them. To this end we have heard only from those doctors who are recognized to be authorities in their respective groups. That is the only fair way to handle the subject.

### Spears' Methods of Cancer Treatment

In dealing with the chronically and seriously sick people at Spears, as is true too often of cancer patients, we encountered two big problems. Not only did they appear to be big, they WERE big. They were cell exhaustion and body poisons. And their importance can be more readily be recognized when I say that on the patients on whom we solved these problems, we obtained the best results; on those on whom these problems were not so successfully solved, our results were not so good.

The one meant that the cells of the body, as a result of the long battle they had waged against the disease, had become too weakened and exhausted to continue the battle for survival. The effect of this was that a patient lost his "come-back," as it frequently is called or, as I say, his body lost its power of response, which had enabled it to meet the demands created by sickness. In such a condition, the body becomes incapable of responding to treatments.

Body poisons, as we found on the other hand, were an irritating factor which created the stases we have talked about and kept the cells of the body in a heightened state of exhausting activity. Such a state prevented our obtaining faster results, for it kept the diseased areas too irritated for us to greatly reduce their pathological activity.

This posed two problems. One was to rebuild the exhausted cells. To restore their fighting power and step-up the body's BPR (body's power of response) rate. The other problem was to get rid of body poisons which kept disease pathology constantly stirred into a state of heightened activity because of their irritating effect. In our researching to find a workable solution to these important problems, we found the four more successful approaches to solving them, which are: (1) spinal adjustments through which to restore the functional coordination of the body; (2) nerve and cell goading to break up stases and to step up the curative action of the body; (3) colonics to clean out the bowels and a diet to normalize intestinal activity and elimination through which to get rid of and prevent the further accumulation of body poisons; and (4) proper diet through which to build up the fighting power of the cells and the BPR rate of the body.

**(1) Spinal Adjustments.**—There could be arguments, and there are arguments, against the need for spinal adjustments in the process of health restoration. But there is one point on which there can be no valid argument. It is, that concurrently with the evolution of life there had to also be evolved a system of functional coordination, else higher forms of life would no more have been possible than would our present civilization without law and order.

It is through the cerebral-spinal system of nerves that the "law and order" of the body is maintained. However, it is true that all the connections between the nerves of the internal organs and the nerves of the spine can be cut, so no nerve energy can pass from the spinal nerves to the internal organs, and that the animals on which this operation has been performed can still live, but they are reduced to no more than a mass of living protoplasm. As such they are no longer capable of foraging or fighting for food or of defending themselves against the elements or enemies. Why? Simply because the coordination of body activities is no longer possible and body functions are carried on in a disorderly manner.

This brings confusion into the body activities, just as truly as the confusion of tongues brought confusion into the construction of the Tower of Babel and forced its discontinuance, as those of us know who have read our Bibles. When they asked for mortar, they were given stone; if they wanted water, they got straw; and if they wanted brick, they got wood—for those people no longer understood each other. So the whole project had to be given up because of the disorder the confusion of tongues created. And such as that is what happens in sickness or in a diseased part of the body. Disorder reigns. That is why they call sickness a "disorder." Disorder reigns because the orders from the diseased parts no longer can get through to the brain. The result is that "orders" for the nutritive and reparatory elements needed in a diseased

part or the "order" for the elimination of poisonous waste material cannot be filed. The cells, as a result, become anemic and exhausted, as well as poisoned by their own waste material. Such as that is called a stasis, as we have previously mentioned, and will again discuss presently. It is the basis of all disease and it comes, obviously, from a "confusion of body functions."

It should be equally obvious that it is nerve interference that causes the "confusion of body functions." But it is also true that things other than nerve pressure, that is caused by twisted conditions of spinal joints or segments, can also cause nerve interference and prevent "orders" getting through for the cleaning up of waste matter or for supplying the needed materials through which to rebuild diseased areas, and that such as this can interfere with or prevent the body's curative action clearing up the diseased condition.

The other factors that can cause nerve interference are: nervous tension, body poisons, such as toxic waste material, carbonic acid or alkalines, a de-mineralization of the body through wrong diet, and a polarization of, or a reversed polarity in, a diseased area. And it is also true on the basis of my research findings that any system of treatments that can overcome nervous tension, or can aid the body in getting rid of its poisons, or can restore the necessary minerals to the body through the proper diet, or can break up polarizations and reversed polarities, can help sickness-suffering humanity.

But the question arises, do such things really restore health or do they only help patients over critical periods? In other words, does the cessation of accelerated disease activity mean the diseased is cured or only that the destructive process has been brought under control? Or can it be said that an ailment really is cured until all nerve interference, including pressure on the nerves at the spine, has been fully corrected and that the functional coordination of the body has been completely restored? It is only my purpose to pose the question, not to answer it. Nor is it my purpose to tell a person what to do. Instead, it is only to present what my research has revealed and to let each person use his own judgment in the course he chooses to follow.

**(2) Nerve and Cell Goading.**—The cells of the body, in order to survive, must inherit certain patterns of action. Since they are life entities and are just as important in their microscopic world, as the human body is in its world, they must inherit the patterns of action as well as the physical properties required for their survival, such as: the urge for nutrition and elimination, the mechanism for reproduction, the urge for protection, including the ability to respond to a demand. Were either of these lacking, a cell could not long survive; nor could life.

It is the defense mechanism of the cells in which we are at present interested and more in particular, in their patterns of defensive response against factors that would destroy them. In the first place we must recognize that cells, since they do not have brains in the sense that human beings have, act on the basis of inherited patterns of response comparable to the instincts of insects, birds and higher forms of life. Instinct is an unlearned, inborn pattern of action, such as the nest-building of birds, web-weaving of spiders, anthill-engineering of ants or honeycomb-construction of bees. In these acts no intelligence, such as man's, is manifest. If it were, a bird, a spider, an ant or a bee would think about what it does and would try to make improvements. But such as that is not true, for the last nest built, the last web woven, the last anthill engineered or the last honeycomb constructed are no more perfect than



the first. There is no improvement. They learn nothing through trial and error as do the higher forms of life. Nor do the cells of the body. They only act on the bases of set inherited patterns of response, comparable to the inherited instincts of the other forms of life.

It is only on the basis of the cells inheriting patterns of response that we can understand the response cells make because of and in relationship to a need, such as stepping-up their activities or changing their size or shape in the presence of a demand, that is, something that would destroy them. When it is known that cells can not think—for they have no thinking mechanism—but act only on the bases of inherited patterns when there is a need for action, it gives us something to understand. More so is this true when we further understand it is body poisons which irritates the cells that sets them into accelerated activities and also understand that properly controlled induced irritation can produce similar results. But this time the action is constructively directed.

Such an explanation presents a basis on which to understand nerve and cell goading and to understand how, through the use of the trained fingers of a doctor, at the right places, in the right way, the actions of cells can be increased considerably. The increased activity, thus induced, accomplishes a number of things. It facilitates the elimination of accumulated waste material, it overcomes polarizations or reversed polarities and makes it possible for nutritive elements and oxygen to reach the cells in a greater abundance. All of which helps to rebuild exhausted cells, builds their fighting power and materially increases the curative action of the part involved. In applying this principle to cancerous areas, the goading is first done around such areas and then as the cancerous condition is improved, it is done over the cancer. Therefore nerve and cell goading, as developed by Dr. Leo Spears, has a splendid value in helping overcome most types of cancer and is of value in most ailments. But a doctor must be specially trained to use it.

**(3) Colonics and Better Elimination.**—Since we have previously discussed stases and how they were caused by mechanical and—mostly—chemical irritation, as well as their significance in the cause of cancer, it shouldn't be necessary to stress the importance of getting rid of body poisons in order to the more effectively overcome cancer. We should mention, however, that we have not found a single case among the more than 3,000 cancer cases treated at Spears in which body poisons were not found to be a factor that needed to be contended with in the correction of cancer. Furthermore, we never found a case of cancerous activity that could be slowed down or corrected until we first got rid of body poisons.

And it should be mentioned, as we have found, that body poisons fall into four different classifications: (a) functional poisons that come from metabolic waste and improper elimination; (b) foreign poisons from adulterated foods, certain medicines, aluminum, smog, smoke, drinking water, etc.; (c) disease poisons, such as pathogens, necroproteins and malignins; (d) digestive poisons, those that come from incompletely digested proteins; and (e) acids and alkalines from starches and sweets. Digestive poisons, because we have found them to be the more important of the body poisons, are the only ones that need special consideration. It will be given under the heading of "Diet in the Treatment of Cancer."

Therefore we should recognize that, aside from bulk in foods and properly balanced meals, colonics are the next most important factor in ridding the body of its poisons. And colonics, it should be understood, should be viewed from the standpoint of keeping the inside of the body clean as one would keep the outside. So in their place and used judiciously,

colonics are of value in overcoming cell exhaustion, such as is necessary in overcoming cancer.

**(4) Diet In The Treatment of Cancer.**—Diet, it should be understood, has no curative power. Only the curative power of the body can effect a cure. But diet is a powerful factor in the curative process, for several reasons: (a) it supplies the elements the body needs in effecting a cure; (b) it can build-up exhausted cells; (c) it can prevent the creation of body poisons; and (d) it can aid in the elimination of poisonous waste materials.

(a) The body can no more be strong and healthy without the elements it needs, than can a strongly-constructed house be built without the proper materials. To accomplish the building or the maintaining of a strong, healthy body, vitamins and minerals are needed. If people ate the right amounts of vegetables and proteins and these were grown on adequately mineralized soils and animals were fed on such vegetation they could obtain all the vitamins and minerals their bodies need. Then they would need no extra supply of vitamins and minerals. But such as that is far from being true. Therefore it is necessary for people to obtain those elements in the form of food supplements. And in most instances, unless it is definitely known that a deficiency of a certain vitamin or mineral exists, it is better to take multiple vitamin or mineral tablets. But when there is a definite deficiency, it is better to take the vitamins and/or minerals needed in the amounts the body requires. On this point, however, it is best to consult your doctor. But be certain to get the elements your body needs for good health, either from the natural source or from supplements.

(b) Building exhausted cells requires proteins, and the best proteins for sick people comes red lean beef, liver, lamb and eggs. Sick people have a slow rate of digestion, so can not adequately handle complex proteins, such as nuts, soya beans or coarse whole wheat. Milk products are not so good, except buttermilk or cottage cheese. But these should be taken sparingly. Gelatin, because it is an amino acid, is thought to be a good food for sick people. It proved to be otherwise on cancer or any other sick patients. It is because the type of amino acid gelatin has the most, is the one the body needs the least. When patients are too weak to take meat in their diet, stew lean meat with green leafy vegetables, including carrots and red beets. Put it on in cold water. Let come slowly to a boil and then allow to simmer at least two hours. Flavor with salt and eat as is or pour off the broth and drink, or mash, put through a colander and eat or thin down and drink. It is most nourishing.

(c) In eating the rate of digestion is the important factor. A slow digestion can turn good food into so much garbage, while a good digestion can obtain nourishment from poor food, according to the way foods are combined. Sick people, elderly people and skinny people, all have slow rates of digestion. Robust people have good rates of digestion. They do not need to watch food combinations. All they need do is to eat the foods which contain the elements the body needs, not to over-eat and to eat sufficient bulk to take care of elimination.

The things which slow down digestion for the other three types of people are: starches, sweets and greases. They should never be eaten by these people with animal proteins. Nor should fruits or pastries. All of which slow down digestion. Fruits are fine alone or to make a meal of, made into a vegetable or a fruit salad. Fruit we found, to our surprise, is not so good for sick people, except in small amounts preferably in the evenings. Such people need more proteins and green leafy vegetables, which proved to be the best for rebuilding exhausted cells. The

## Addenda

particular part to remember about diet is the different classifications of foods and what each will combine with. It will be simple if this classification is kept in mind: (1) starches and sweets; (2) fats and oils; (3) fruits; (4) proteins; and (5) green leafy vegetables, including red beets and carrots. No. 5 will mix with the other four, but those four will not successfully mix with each other. They will slow down digestion and turn an otherwise good meal into so much garbage.

Remember those three groups of people—sick, elderly and skinny people—require only limited starchy foods, such as potatoes, grain products or rice, and no sugar. Sugar and white flour were found to be enemies of cancer. Contrary to so much propaganda, they do not create energy; they only force the body into greater activity to burn them up, which gives a false feeling of being energized. It acts like a whip on a tired horse. It only makes him weaker in the long run and such as that is true of the human body when starches and sweets are eaten by those three types of people. But a baked potato eaten with a green vegetable salad, with cottage cheese or an avocado, may be eaten once a day or three times a week when it is necessary to build up a patient's weight.

(d) In good elimination bulk is an important factor, as many people know; and they also know that bulk comes from green leafy vegetables and whole wheat. Bulk also has another important function little considered or not known. It keeps the nutritive elements so spread out that the digestive juices can the better act on them and the glands of the intestines—the lacteal glands—can the better come in contact with and absorb the nutrients. For, without bulk, a person can not live long on the concentrated food elements. He soon becomes weak and emaciated, as experiments on American soldiers proved to be true. Therefore bulk from green leafy vegetables is an important factor in keeping down body poisons.

It should be mentioned before we leave the question of diet that fruit-juice-fasts, when a cancer patient is seriously sick and the cells of his body are in a high state of exhaustion, cause more harm than good, unless given only a day or two at a time by an experienced doctor. All such patients, as our research proved, need a high protein diet. Therefore these patients should eat but little fruit, preferably fresh, and then either an occasional meal of fruit or in the evening. Carrot juice, cherry juice or apple juice are equally good as grape juice. The only difference is that more patients tolerate grape juice and can take it longer with less unpleasant reactions. And it should also be mentioned that any of these juices diluted 50% produce better results than taken straight.

However, it is not the intention of this chapter to give more than a brief outline of the value of diet in the treatment of cancer and of the important factors that need to be given consideration. For a more complete discussion of the question of diet in general, you are referred to my book, "A New Slant to Diet"; which it really is. (It costs \$6.00 and can be purchased at the Standard Research Laboratories' business office, 1540 S. State St., Salt Lake City 15, Utah.)

While in so short a space, it would obviously be impossible to give more than a brief outline of the important factors involved in Spears cancer treatment, it should be sufficient to give a idea of the main things of which it consists, and some idea of its capability of getting rid of body poisons, of overcoming cell exhaustion by building strong cells, of removing interferences to a full coordination of all body functions, and of setting the body's natural curative power into action, from which cancerous activity is overcome and cancer is corrected.

It has not been my purpose to write a lengthy book on cancer, for which I have ample material, but to present, as the title suggests, things you should know about cancer.

Before closing, let me leave these thoughts with you: (1) Dr. Crile's advice is worth pondering over; (2) A "Two-Party" health system is a necessity; (3) Independent doctors can't be such a bad lot; and (4) A word about Dr. Leo Spears who recently died of a heart attack.

## (1) Dr. Crile's Advice

If you can obtain a copy of Dr. Crile's book, *Cancer & Common Sense*, do so and if you haven't time to read more than a couple of short chapters, read these two: *Is the Operation Necessary*, and *A Tragedy of Errors*. They are worth the time of everyone to read, as is the whole book. In discussing surgical operations, he places them in three categories: emergencies; those that should be performed but not immediately; and those that seldom if ever should be performed.

Rarely is an operation for cancer, he says, an emergency. It is something that should be thoroughly considered and the chances taken in it properly evaluated. He also cautions people against the doctor who is too quick to operate; who puts fear into patients, then rushes them to the operating table. Such doctors are only interested in their big fees. Cancer operations, he warns, do not have to be rushed. There is time to consider it for a week or so, away from the atmosphere of fear and emotional upset; in which one can calmly consider the chances he will be taking—for there is always the element of chance in such an operation—and be willing to take the chance if he goes ahead.

The other operations, such as the removal of ovaries and uteri and benign tumors of the uterus from women in middle life on into old age, rarely or never have to be performed. They are doing no real harm; certainly not the harm such women have been led to believe; but can cause worse harm if operated upon. It is being rushed into operations without knowing or considering all the facts, and having unnecessary operations, which are better off never performed, that become the tragedies of error. In this the best advice to follow is an old proverb: "Whatsoever thou undertaketh to do, considereth well the end thereof."

## (2) A "Two-Party" Health System

Have you ever considered what it would be like, if the M-G (majority group) doctors had their way and succeeded in putting the I-G (independent group) doctors out of business, which would make the health profession a "one-party" system?

Would a "one-party" health system give you any more health freedom than does a "one-party" political system, or would health matters be carried out with dictatorial power, as are political matters in Russia, and you would have no more health freedom than the political freedom "enjoyed" by the Russian satellites? And; if we had only one political party in our country, wouldn't we have a dictator? A one-party health system would likewise give us a health dictator. Is that what we want? God forbid!

The majority of medical doctors are fine men. They believe in "living



and let live." They are not back of the movement to put the I-G doctors out of business. It is the political AMA group. It is they who lobby laws through the state and national legislatures that keep restricting the practice of the I-G doctors. If this trend continues—and it will continue until it is stopped by people like you who believe in fair play and will let their legislators know the facts—there will be nothing left for the I-G doctors to practice, other than that which has been medically proved, which would mean a "one-party" health system and a health dictator.

The AMA hierarchy knows better than to work openly to attain their all-too-obvious ends. They know the people, like yourself, who have the most to lose, would rise up against them and prevent their cunning machinations. So they use the courts of our country, supported by your taxes, to take away your right to go to an independent doctor if you so choose. If laws were to be enacted which would force you to go to the I-G doctors, they would be the first to "howl their heads off." Yet that is what they are trying to do. If you don't believe it, all you need to do is to get the real facts on the why of law-suits against the independent doctors. Last December, in the courts of Long Beach, California, (as previously mentioned), the judge dismissed the charges against the eleven I-G doctors and ordered their equipment, which had been confiscated, returned to them. In dismissing the charges, the judge said it was one of the worst misuses of law that he had seen in his many years on the bench.

Who trumped up the charges and had these doctors arrested? Hierarchies of the AMA, of course. Who put the laws on the books? The AMA hierarchies. Did they expect to get convictions? That part didn't bother them; for frequently, if you want to put a doctor out of business, all you need to do is to haul him into court and play it up in big headlines in the newspapers. Then say nothing about it, when he is proved to be innocent. That was how it happened in Long Beach, and the way it is happening around the country—when the real facts are known. However, in Long Beach, those involved in the arrests will think twice before they haul another group of I-G doctors into court. They are now facing a stiff lawsuit. And that is the only thing that will stop their persecution of independent doctors. Certainly they should be made to pay for the damage they do to a doctor's practice and reputation, in such indefensible tactics.

Whether you believe in or will ever go to an independent doctor, such as a non-AMA allopath, homeopath, chiropractor, naturopath or osteopath, is beside the point. The point is that, if you want to go to such doctors, you should have the right to do so; and there should be no law to deny you such a right. But there are laws already enacted that are gradually denying you that right. Simply because they are forcing the I-G doctors to use only medically approved methods, or else . . . ! Such as this leads to dictatorial powers. Do we want a medical dictator? But we already have one. If you don't think so, read the Yale Law Journal of May, 1954. It discusses the facts, fearlessly. It tells who had such laws put on the statute books, and how they obtained dictatorial power, through inveigling unsuspecting law-makers into enacting such laws on the pretext that it would protect the public. Ye, gads; how could we be so dumb! But the truth will out.

### HEALING FREEDOM

"Speaking of Healing Freedom—175 years ago Dr. Benjamin Rush, Surgeon General of the Continental Army, signer of the Declaration of Independence, and organizer of the first anti-slavery society, said to Thomas Jefferson:

"To restrict the art of healing to one class of men and deny equal privileges to others will constitute the Bastille of medical science. All such laws are un-American and despotic. They are the vestige of a monarchy and have no place in a republic. The Constitution of the Republic should make provision for medical freedom as well as for religious freedom." "

### (3) The I-G Doctors Are Not a Bad Lot

The I-G doctors believe in the same God, belong to the same churches, clubs, lodges and political parties, are married, have families and pay taxes, just the same as you and the M-G doctors. But because they choose to be another type of doctor—and more often for a good reason—they then become something different. It doesn't make sense.

The AMA hierarchy says it fights the independent doctors because they are poorly trained. By whose standards? They want only their standards to be accepted, which is regimentation of the worst sort. They have fought, as they say, to raise the standards of the I-G doctors. But what they don't say is that it took 5,000 years for them to reach their present standards; or that the independent doctors accomplished the same thing in 50 years. If you will take time to write to the leading osteopathic, chiropractic or naturopathic schools and ask for their brochures, then compare the training these schools give with the medical training, you will learn that the hours required for graduation are the same or higher in the independent schools. Still they tell you that the independent doctors are poorly trained; and through their control of the news channels, as discussed in an early chapter, they prevent the real facts from reaching you. Is that the kind of freedom for which the blood of so many people has been shed or for which our country so proudly stands? Need I give the answer?

Most of the independent doctors became converted to their professions because of some outstanding cure they witnessed, either of a member of their family, a relative, friend or of themselves. From then on they became dedicated men, dedicated to their profession and to the cause of medical freedom. My own case is a good illustration, and many, many more could be cited with whom I am personally acquainted. So my case is not unusual. If I had taken the medical verdict that nothing further could be done and hadn't gone to an independent doctor, I would have been dead of tuberculosis for nigh onto forty years.

Among my close relatives are four medical doctors and five nurses. So you can see that it wasn't an easy matter to go to an independent doctor. But my brother-in-law and two other medical doctors had their chances to help me during most of the five years that I was sick. The final break came as a result of the influence of my older brother. He had been cured of appendicitis by a chiropractor. His third attack. Today, at the age of 78, he is still in an excellent state of health, and has never had any further appendix trouble. Needless to say that I have been ever grateful to him; for, because of his advice, I got my health back and found my life's work. To which I have been dedicated for over 38 years.

When my brother-in-law would rant to my mother about me becoming a chiropractor, she would shut him up in a hurry. All she needed to say was, "You had your chance to help the boy. He only turned to chiropractic because you and your profession failed him. So how can you blame him?"

### (4) A Word About Dr. Leo L. Spears

The reason for a special mention of Dr. Spears is twofold. First,

he recently died of a heart attack and secondly, even in death his enemies would not let him rest in peace. The person who wrote the news item which the Associated Press sent all over the country, made a vicious attack on Dr. Spears through innuendo. His having died needs no further comment, other than to say that he gave his all, even his life from overwork, to the thousands of sickness-suffering people who sought his aid during his 34 years as a chiropractor, including 14 years as a hospital owner and operator. These people lost a friend. And it should also be mentioned that Spears Hospital (Denver, Colorado) will continue to operate and will still give the same courteous service. Dr. Dan Spears, a nephew, who was an understudy of his famous uncle for 19 years and was for many years chief of staff at the hospital, will be in charge.

But on the vicious attack there is something to say. For those who didn't happen to see the A-P report we are reprinting it. It was sent over the A-P wires under this heading: "Heart Ill Claims Controversial Denver Doctor." Then it said: "Denver, May 16—AP—Dr. Leo L. Spears, 62, a figure of controversy in the operation of his Spears Chiropractic Hospital, died Wednesday following a heart attack. He was the chief figure in several court suits in which he sought damages totalling nearly \$36 million dollars. He never has been awarded a cent from any of the suits although one is still pending before the Colorado Supreme Court. Spears built his hospital in the early 1940s and since that time was engaged in almost constant litigation over operation of the institution. When one of his early patients died at his institution, Spears was charged with manslaughter. Acquitted, he sued state and city health officials, charging malicious prosecution, but lost the suit. He later brought, and also lost, a \$50,000 libel suit against Collier's magazine."

What the news item didn't say, was that, if each time a patient died in a hospital manslaughter charges were preferred, there would be no small number of manslaughter trials. Nor did he say that the singling out of Dr. Spears was only a part of a plan to injure the reputation of his institution; or that his unjustified arrest was a part of a campaign initiated and carried out for the medical profession by the health authorities to prevent Dr. Spears from obtaining a license to operate his hospital. Nor did it say that Dr. Spears was harassed by the health authorities for seven years, in which the temporary license given him was revoked over trumped-up charges on several occasions, until the Supreme Court of Colorado gave him a permanent license in 1950, which was made retroactive to the time he opened his hospital in 1943. Because he dared to fight for his rights to own and operate a non-medical hospital, and dared to sue those who so arbitrarily withheld his permanent license and hailed him into court on trumped-up charges, which the Supreme Court mentioned in its decision, he was called a "controversial figure."

Nor did the news item mention what it was that brought about the Collier's and other damage suits. The Collier's suit came from an article it published about Spears hospital in which it was called "a quack institution." The other suits involved the Denver Post and the Better Business Bureau, which had also spoken disparagingly of his institution. Even though he lost these suits, he won a moral victory. No longer do you see an epidemic of articles against Spears hospital, in which the term "quack" is used. However, with the Denver Post and the Better Business Bureau, only the first round of the court battle was lost. The decision has been appealed and has a good chance to yet be won. Again, because he dared to fight for the reputation of

his institution, he was called "a controversial figure." When there was so much that could have been said in Dr. Spears' favor, how could anyone be so cruel as to still try to injure a person even in death?

### Cancer Symptoms

Any book on cancer would be incomplete without mentioning the things that lead to cancer. Our advice, first and foremost, is: do not allow an acute condition to become chronic. Do not take pain-killers that only deaden pain and suppress symptoms, to allow them to later return as a chronic ailment. Watch chronic ailments. Those that keep returning and become more stubborn to relieve are dangerous, especially when there is bleeding, swelling, inflammation, growths, eruptions or constant pain. Watch moles, warts or skin blemishes. If they change color or become sore or swollen, consult your doctor. Such changes are danger signals.

Another danger signal is chronic hoarseness, especially if it progressively worsens. But the first concern should be over chronic ailments or over allowing acute ailments to become chronic. In them lie the greatest source of potential cancer. They are carcinogenic. But each person should consider well that, even though he may have a carcinogenic ailment, cancer seldom develops except in a carcinogenic environment created by body poisons from wrong eating and personal abuses. In a carcinogenic environment, cancer grows fast and is the more destructive; otherwise it grows more slowly and is not so destructive of life. In many types of cancer, its destructiveness is frequently held in check for many years, when no carcinogenic environment causes it to flare up.

Remember cancer is no more difficult to cure, when handled right and taken at the proper time, than any other ailment. It is only when other ailments are allowed to become chronic and to reach the "killer stage," that cancer develops and turns killer. So the prevention of cancer is in the hands of each individual, as is the choice of doctor and the methods used.

It is not the purpose of this book to advise any one on what to do or the doctor he should consult. Instead, it is to acquaint the public with the other side of the cancer question, by presenting the views of the independent doctors. Then, if a person happens to develop cancer, he will know the better what to do and can act the more intelligently.

The facts presented concerning our research findings, should bear some weight; inasmuch as they involve more than 3,000 cancer patients, covering a period of over six years. Certainly that should give us the right to speak with some authority, at least, on the question of cancer.

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