

CAN CANCER BE SUCCESSFULLY TREATED BY NON-SURGICAL METHODS?

FREDERICK DUGDALE, M.D., Boston, Mass.

"Nobody will pretend that surgical removal is the ideal method of treating cancer, and surgeons all the world over would welcome some better and wholly different means of dealing with it.
"Charles P. Childe, B. A. F. R. C. S., Pres. Brit. Medl. Assn. in 1923. Cancer and the Public.

"Only by prevention can we reduce, and eventually abolish, the holocaust of unspeakable suffering and martyrdom and death which at present afflicts mankind. Only by prevention can we overcome the most horrible of all scourges (cancer)-Sir Arbuthnot Lane. Introduction to Cancer by T. Ellis Barker.

The writer has always been among those who contend that the clinical history of cancer cases points to its infectious origin and as a consequence to its successful treatment by systemic and not by local measures. Those who think differently have been in the majority and their ideas have dominated medical practice and as a consequence the accepted methods for the treatment of cancer have been those of surgery, X-ray and radium. Time has proven these methods to be failures, for the growths return, and both the prevalence of the disease and the number of deaths from its ravages are annually on the increase.

These facts are leading the laity to inquire, "Is there no cure?" "Is it not possible to find a medicine or a serum that will destroy cancer?" "Is there no way of preventing cancer?" Evidence of the constitutional nature of cancer, of its parasitic origin and of the possibility of finding a successful medical treatment has been accumulating for over 20 years. This journal has recently published the facts observed by Glover, Scott, Louden, McCormack, Shaw-Mackenzie, Young, Irwin Smith and others who have contributed conclusive evidence as to the parasitic origin of cancer and some months ago it published several papers with over forty histories of cured cases under the general title "Cancer, Its Function and Cure" by Wm. F. Koch, M. D., of Detroit. *

* (Cancer Its Function and Cure is available on this website.)

The purpose of this paper is to give a brief summary of the facts concerning a successful non-surgical treatment of cancer, a treatment that has now stood the crucial test of time-over 6 years. I refer to the antitoxin treatment of Dr. Koch who received his first recognition from the medical profession for research on the function of the parathyroid glands in 1912. Dr. Koch was a teacher in the Medical Department of the University of Ann Arbor for four years and after that for six years in the Detroit College of Medicine. During all these ten years, he did much research in physiology, animal experimentation and chemical analysis. After completing his work on the parathyroids, he directed his attention to the study of cancer, its toxin, its function, its cause, its cure, and in 1919, made to his local medical society the first announcement of his "Cure" and about the same time sent a paper on his findings to the Medical Record which was published by that Journal, Oct. 30, 1920.*

* (From a paper read at the Fourteenth Annual Convention of the American Association for Medico-Physical Research. Chicago, Sept. 21-26, 1925.)

The writer first visited Dr. Koch in December 1920, at which time in referring to his discoveries, he said that his observations had proven to him that cancer is a result of a germ infection, the toxins of the germ acting as an exciting stimulus to cell growth.

When this toxin, which he had succeeded in isolating, was injected into animals they developed symptoms of a character that showed that the toxin acted upon the nerve centers in the brain which control certain portions of the optic and auditory nerves, and on various centers in the spinal cord which control the power of locomotion.

As a result of these findings, Dr. Koch concluded that cancer is a constitutional disease from the moment of its inception.

TOXIC SYMPTOMS OF DEVELOPING DISEASE

He had clinically observed that a peculiar group of symptoms, which varied in each individual case, had usually preceded the development of the cancerous ulcer, tumor, lump, or growth, and these symptoms partially or completely disappeared when the ulcer, tumor, lump, or growth was developing or had become fairly well developed.

These observations led him to believe that the function which the cancerous ulcer, tumor, lump, or growth was attempting to perform was to change the toxin of the cancer germ into antitoxin and thus establish immunity. The fact that the ulcer, tumor, lump, or growth continued to grow was sufficient evidence that it had not succeeded in its effort.

CANCER FUNCTION MISUNDERSTOOD

The failure to understand what cancer is and the function it attempts to perform is due, in the opinion of Dr. Koch, to the general misconception of the process by which immunity to disease is produced. Based principally on the Ehrlich theory, the medical schools teach that immunity to infection depends upon the production of antibodies by the cells of the body, which combine with the toxins of the infecting germ and thus neutralizes them. Dr. Koch stated that he had proven this theory is incorrect.

ANTITOXINS ARE CONVERTED TOXINS

He found that antitoxins are toxins which have been converted into antitoxins, as a result of the changing of certain groupings in the electronic structure of the toxin itself. Even after this change has taken place, the antitoxin resulting therefrom can still combine with the toxin of its original source and continue to induce further chemical changes within its structure, producing more antitoxin. This antitoxin is harmless to the host but ultimately causes the death of the germ and thus brings about recovery and continued immunity to the sufferer.

DEVELOPS A SUCCESSFUL CANCER TREATMENT

Having found the cause of cancer and the way in which this cause acted, it was then necessary to find a treatment which could successfully act upon those suffering from this disease and

immunize them against any possible recurrence, and which could also be used to prevent the disease from developing in others.

After a careful study of the chemistry of the stimulus toxin, Dr. Koch succeeded in identifying its electronic structure. This indicated the type of change required to develop there from an antitoxin through which the desired results would be possible. Four years were devoted to extensive and intensive research work in the biochemical laboratory in which chemistry of the most delicate nature was involved. He finally succeeded in developing a synthetic chemical compound which, when injected into sufferers in the advanced stage of cancer, was able to do what the cancerous ulcer, tumor, lump, or growth tried to do, namely, to convert the toxins into antitoxins. The correctness of his discovery was proven by the restoration of the patient's to health.

NATURE OF THE CONVERTER

The electronic structure of the synthetic chemical used in the treatment, which acts as the converter of the toxins to antitoxins, is a late intermediary phase, through which the toxin automatically passes into the antitoxin stage before a complete conversion of the toxin into antitoxin takes place. Dr. Koch says that the electronic structure of the completed antitoxin is such that it can never be changed back into the toxin state.

This synthetic chemical has been called Koch's synthetic antitoxin. It is described by Dr. Koch as a difficult and delicately prepared synthetic compound which requires great accuracy in the proportioning of its active groupings for correct energy distribution and requires months of laboratory work to complete. It is a clear and colorless fluid.

METHODS OF ADMINISTRATION

The Treatment is administered by hypodermic injection, the location selected for administration being the upper part of the arm.

The number of injections necessary are from one to four. In 60 percent of the cases treated by Dr. Koch only two Treatments have been necessary and in many of these, only five were required to effect a cure. In about 40 percent of the cases, it has been necessary to use a third or fourth Treatment. Cases that have been treated by X-ray or radium may require several Treatments, and even then, often do not do well. The period of time between the giving of the injections is generally 12 weeks but each case is a law unto itself and the second Treatment may be given at a shorter or longer interval. When necessary, the third and fourth Treatments are given after an interval of several months.

CHANGES IN GROWTH DURING TREATMENT

In some cases, the ulcer, tumor, lump or growth temporarily becomes larger and there is an increase in all symptoms including pain. In other cases, the tumor, ulcer, lump, or growth rapidly becomes smaller, while pain and all other symptoms disappear. As the patient sees it, the ulcer heals or the tumor simply "melts away," normal metabolism is restored and the patient feels and is well.

The cancer germ and the toxins are destroyed by their own antitoxins, the ulcer, tumor, lump, or growth is dissolved and the material of which it consisted is absorbed and reverts back to the same elements as were taken from the blood in the progress of its growth and goes to again nourish the body.

RESTORATION OF DISEASED PARTS

The former cancer cells become normal and assume their original electrical polarity. In many cases as the result of the ingrowth of angioblastic tissue, parts which have been destroyed causing conditions such as recto-and vesico-vaginal fistulae are perfectly healed without even a scar.

DR. KOCH'S CLASSIFICATION OF CASES AND PROBABILITY OF RECOVERY

Dr. Koch classifies cancer cases into three groups:

Group 1. Those in whom the heart and kidney functions are normal and who have not been operated or treated with X-rays or radium. This group shows a very high percentage of recoveries.

Group 2. Those with heart and kidney complications, who have been operated upon, then treated by heavy destructive doses of X-rays or radium. The percentages of recoveries in this class is reduced fifty percent.

Group 3. Those with heart and kidney complications who have had several operations, then treated by heavy destructive doses of X-rays or Radium. Cases in this group are those in the most advanced stages of the disease and frequently confined to their bed. The percentage of recoveries in this class is, as would naturally be expected, the smallest.

OBSTACLES TO A SUCCESSFUL TREATMENT

Cases that have been treated by X-rays or radium do not respond to the "Koch Treatment," as satisfactorily as those that have not received these treatments. If organic lesions affecting the heart or kidneys, extreme anemia or cachexia exist, a favorable response is retarded. The cases which give the best responses are those in which the functions of the digestive system, heart and kidneys have not become seriously impaired.

FACTORS IN EARLY DIAGNOSIS TOXIC OR PRE-SYMPTOMS

Among the most important results associated with a study of a large number of cases treated by Dr. Koch is the corroboration of the findings previously worked out on the animal controls. In the patients treated in his earlier work these were interpreted as toxic symptoms.

Time has shown that the toxic symptoms of which the sufferer had complained previous to the appearance of the cancerous ulcer, lump or growth, were the early symptoms of the disease, the

effect of the action of the toxins of the cancer germ upon various nerve centers in the brain and spinal cord, which results in an interference with their normal functions in a manner similar to those which the animal controls presented when inoculated with the toxins of this germ.

Dr. Koch now refers to these symptoms as the "pregrowth symptoms." He is the first in medical history to call the attention of the profession to the importance of these symptoms in making an early clinical diagnosis of cancer. Never before have they been referred to in either the current or special literature relating to cancer.

LOCATION OF THE DISEASE

This ulcer, tumor, lump, or growth has generally been found in an area where the parts had been subjected to an injury or continued irritation, which had caused the resistance of the cells of that part to become lower than normal. It was at that point that the toxic poison resulting from the activity of the cancer germ stimulated cell growth, resulting in a tumor, lump, or growth and later recognized as cancer.

PRE-SYMPOMTS ABATE WHEN TUMOR GROWS

The histories studied showed that, after the patient had suffered for various periods of time with the pre-symptoms referred to above, they either partially or entirely disappeared. Many observations have shown that it is during the time in which these symptoms are becoming less prominent that the cancerous ulcer, tumor, lump, or growth is growing and attempting to change the toxins given off by the cancer germ into antitoxins and thus stop the further progress of the disease. The cancer activity, therefore, resembles the action of the parathyroid glands which neutralizes and removes certain toxic material from the blood. As long as the cancerous ulcer, tumor, lump, or growth continues to grow, it is able to partially or wholly control these symptoms.

WHEN DOES THE TUMOR START TO GROW?

In over 90 percent of the cases these pre-symptoms are so definite that after the sufferer's history had been obtained, it is often possible to tell them when the growth was first noticed.

In a series of several hundred cases which have been closely studied and treated by Dr. Koch during the last seven years, 95 percent of the patients referred to various symptoms which were found to have existed for periods ranging from a few months to as long as 40 years prior to the visible or physical appearance of the disease. And these symptoms become less and less marked or disappear entirely when the growth is discernible. The appearance of the disease in the form of an ulcer, tumor, lump, or growth has been proven by Dr. Koch to be but a local manifestation of an advanced stage of the disease.

PREGROWTH SYMPTOMS REAPPEAR AFTER ATTEMPT AT REMOVAL

It has also been observed that within a short period of time after an attempt was made to remove the ulcer, tumor, lump, or growth by a surgical operation or by other methods, the former

symptoms reappeared and that with the recurrence of the cancerous ulcer, tumor, lump, or growth, the symptoms again also wholly or partially disappeared. This proves that the growth can partially change the toxins of the cancer germ into antitoxins.

PREGROWTH SYMPTOMS AND EARLY DIAGNOSIS

Dr. Koch is convinced that if the physician will carefully study the character of the symptoms which are associated with the development of this disease and give them the serious consideration to which they are entitled in each individual case and associate them with other findings which might be suggestive of the presence of malignancy, thousands of lives can be saved. For a while the sufferer is still in the early stage of the disease before a tumor develops is the most favorable time for treatment.

PRESENT METHODS

The surgeons in their effort to give the suspected sufferer every chance possible are now advising the removal of the breast in all cases in which there is a suspicious ulcer, tumor, lump, or growth, or the opening of the abdomen in all cases in which cancer of the internal organs are suspected, frankly stating that it is far better that a breast be unnecessarily removed, or that an exploratory operation be performed than to wait until a positive diagnosis can be made, for by then the sufferer's chance of recovery had been reduced at least 80 percent.

ADVANTAGES OF THE KOCH TREATMENT FOR DIAGNOSIS

By considering each case a law unto itself and associating all the findings regarding same, the presence of cancer can in at least 95 percent of the cases be recognized, long before the ulcer, tumor, lump or growth appears, by men trained in the recognition of the pre-growth symptoms. It has been Dr. Koch's experience in cases of this character that his Treatment can be used as an aid to determine the presence or absence of the disease so that neither the extensive removal of tissue nor an operation is necessary. If the disease is present, an injection of the Synthetic Antitoxin is followed by what is known as "focal reactions," that manifest themselves in the areas in which the disease is located.

REACTIONS FOLLOWING USE OF KOCH TREATMENT

Reactions frequently follow the use of this Treatment, the intensity and time of appearance of which vary according to the type of cancer with which the patient is suffering, its location, the size of the ulcer, tumor, lump, or growth, and its stage of degeneration.

These reactions, which consist of fever and, at times, nausea and vomiting, are due to the changes in the concentration of the toxins circulating in the blood stream and the liberation of the stored toxins from the original and secondary metastatic tumors or growths which have frequently affected organs in other parts of the body.

The first reaction is due to the rapid decrease in the toxins circulating in the open bloodstream; the second is to the liberation of the stored toxins and the absorption of the material of which the

cancerous ulcer, tumor, lump, or growth consists. The last two reactions result from the withdrawal of the last traces of the toxin.

These reactions generally appear for a few hours during the second to fourth day, during the fourth or sixth week, about the middle of the ninth week, and even during the middle of the twelfth week. They may be delayed until the twentieth week.

USE OF KOCH TREATMENT AS A PROPHYLACTIC

Based upon his findings that cancer is a germ disease and in all probability hereditary, Dr. Koch advises the use of his Treatment for prophylactic purposes as a preventive against the development of one of the most subtle and destructive diseases with which the medical profession has to deal. As no harmful effects have ever followed the injecting of this synthetic chemical compound, no reasonable excuse can be offered against its use.

SPECIAL DIET FOR CANCER PATIENTS

During the period of time the patient is under the Treatment, he must carefully observe certain dietary regulations. The food selected has been found to be sufficient to nourish the patient and will, at the same time, assist in maintaining a normal alkalinity of the blood. All irritants, stimulants, and toxic substances are avoided, which would tend to affect the progress of intracellular function of the stomach, bowels, kidneys, and skin. Vegetables, except tomatoes, rhubarb, spinach, radishes, and onions, can be eaten freely, raw or cooked. Only the sub-acid fruits are allowed:- apples, pears, melons, dates, figs, and sweet berries. No fried or broiled foods are allowed, no eggs, smoked meats or fish, and no condiments. Boiled meats may be eaten. Neither alcohol nor Glycerine can be used either internally or externally. Coffee and tobacco are forbidden. * (*Koch Cookbook on website.)

TIME REQUIRED TO EFFECT A CURE

The time required to effect a cure varies from three months to two years. The kind of cancer, the location of the cancer, the duration of the disease, the general condition of the patient, the kind of previous treatment and other factors enter into the prognosis as to the time which will be required in any particular case to affect a cure (it being understood that the case is one favorable for the Treatment).

THE WRITER'S EXPERIENCE

At the time of my first visit to Dr. Koch's laboratory at Detroit in 1920, he considered his work still in the observation stage, and said he was not prepared to furnish the synthetic antitoxin for distribution, and it was more than three years later before he would allow other physicians to use his Treatment. Since then, I have treated over 125 cases with his Antitoxin; the reports of two of the clinically cured cases were published in this journal in October 1925.

Many of the cases were of the hopeless, death door class; 30 have died, 16 are clinically cured, and all the others are progressing favorably toward recovery. It will require another year before I

can give conclusive figures from personal experience in the use of a treatment which I am convinced is a cure for cancer. My investigations of this Treatment have taken me several times to Detroit and neighboring cities where I have personally interviewed a large number of Dr. Koch's cured cases, and I have corresponded with many others. Some months ago I copied from Dr. Koch's records the case histories of these patients, all of whom were in good health when I interviewed them this summer. It was my intention to publish these case histories. About half of them have since been published in this journal in connection with Dr. Koch's papers on "Cancer, Its Function and Cure," and if you will secure a reprint of these papers to be had in a little booklet, you will find some very interesting reading. Among the cases that were recorded, which I had included in my investigation are the following:

Case 1.-Inoperable Cancer of Uterus, diagnosis by exploratory operation. Cured in 1920.
Case 2.-Inoperable Cancer of Stomach, diagnosis by exploratory operation. Cured in 1920.
Case 3.-Inoperable Cancer of Stomach. Exploratory operation and specimen diagnosis. Cured in 1923.
Case 4.-Recurrent Cancer of Rectum following operation. Specimen diagnosis. Cured in 1923.
Case 5.-Inoperable Cancer of Stomach, diagnosis by exploratory operation. Cured in 1920.
Case 7.-Cancer of Liver, diagnosis by exploratory operation. Cured in 1920.
Case 10.-Cancer of Breast with Paget's Disease, diagnosis by pathologist. Cured in 1920.
Case 11-Recurrent Sarcoma of Brain after operation and X-ray treatment. Cured in 1923.
Cases 15 and 16.-Cancer of the Uterus, Surgeon diagnosis. Cured in 1922.
Case 21.-Goitre and Cancer of Rectum. Both the goitre and the cancer cured by the Treatment, 1923,
Case 29.-General Sclerosis and Cancer of Hand, Specimen diagnosis with recommendation for amputation. Treatment cured both the cancer and the sclerosis, 1922.
Case 31.-Marked Skin Pigmentation and Cancer of Rectum. Pronounced hopeless after operation, X-ray and radium treatment. Cured in 1923.

The above list shows that Koch's Synthetic Antitoxin is effective in the treatment of all forms of cancer and has saved many who had been pronounced hopeless after the use of other methods. The cases cited above have remained cured for a period of 2 to 6 years. All are presumably in perfect health today, as they were when last heard from less than three months ago.

The Editor has limited this contribution to five pages of the Journal, and I shall use the remaining space for a few more case histories, selecting those which bring out points not covered by the cases above cited.

Case 1.-Recurrent Cancer of the Breast.

Mrs. C. A., Detroit, age 36.

History: In July 1920, she discovered a lump in her left breast behind the nipple, but gave it little attention until it began to grow and had become the size of a small egg, at which time smaller lumps had also appeared in the armpit, but from which she had no pain. She then consulted Dr. Bernard Friedlander, who sent her to the Women's Hospital in Detroit, where he removed the breast. Microscopic examination by some of the tissue of the breast, which was submitted to Dr. James Davis, was reported by him to be medullary carcinoma. The wound did not heal and six

cancerous growths appeared on the chest and upper abdomen varying in size from a nickel to a little larger than a silver dollar, and a few lumps the size of a pea also made their appearance.

Dr. Friedlander referred this patient to Dr. Koch who saw her first on August 15, 1920. At this time, her weight was 116 pounds.

By December 1920, four months after the first Treatment, she had made a perfect recovery: all cancer tissue had entirely disappeared, her weight had increased to 129 1/2 lbs. She was later examined by Dr. Friedlander and several other surgeons, all of whose opinions confirmed the above statement. One of the interesting features associated with this case was the fact that, though the cancer had spread extensively over a wide area, she suffered practically no pain.

Mrs. C. A. is now, five years later, in perfect health.

Case 2.-Cancer of the Stomach, following Gastric Ulcer.

Mr. W. F., Lansing, Michigan, age 38.

History: Suffered from indigestion since he was 16 years old, for which he was always taking soda. In 1913, he was told his stomach trouble was due to appendicitis, was operated, but the appendix was found to be perfectly normal.

In 1914, the abdomen was opened by Dr. Wm. Campbell, of Pittsburgh, Pa., who found one large and two smaller ulcers in the stomach. These ulcers and a strip of stomach wall, two inches wide, were removed, and the stomach and bowel were joined with a new opening. On being allowed to eat his former food, the severe burning in the stomach, throat, and mouth returned; there were acid eructations, and he again resorted to soda. As time passed, he became very nervous, even the opening of a door would cause him to jump up out of his chair. The pain from the abdomen to the back became severe and he was unable to stretch out or ride straight. The bowel movements were frequently black and tarry. Regardless of how careful he was about diet, the stomach trouble grew worse and he had to give up work.

On the night of January 8th, 1921, he had a severe attack of pain associated with the vomiting of a considerable amount of blood. During the next three days he had three severe hemorrhages from the stomach and the stools were tarry. This loss of blood left him dizzy, cold and very weak. It was when he was in this condition that Dr. Koch was called in, Jan. 12, 1921. Examination revealed a small mass in the abdomen above and to the right of the umbilicus about the size of the fist. He was taken to Dr. Koch's private hospital for treatment. His weight at this time was 137 lbs. There was no further bleeding after the first Treatment. He received four Treatments. When he left for home, five months later, in June, 1921, his digestion was perfect, he could eat whatever he pleased, the stools had become normal. He weighed 164 pounds and he was in perfect health. An examination, in February 1923, showed no tumor present. He was in robust health and had no soreness or pain.

Mr. W. F. is now, two years and eight months later, in perfect health.

Case 3 -Cancer of the Tongue and Throat.

Mrs. M. B., Martin, Ohio, age 75.

History: (Furnished by her daughter, as Mrs. B. was unable to talk). Prior to January 1922, she had complained of a spot on the back of the right side of the tongue, for which she consulted and was examined by Drs. MacCormick and Murphy at St. Vincent's Hospital Toledo, Ohio, who removed, a piece of the tissue from the tongue and sent it to a pathologist, who reported the trouble to be cancer. She then received radium treatment for two weeks. This gave relief for a short time. But the cancer soon began to spread rapidly into the throat

In May 1922, she consulted Dr. Willett, of Elmore, Michigan. He advised her to go immediately to the University of Michigan Hospital at Ann Arbor, and consult Dr. Canfield. She was taken to this hospital on May 20, 1922; treatment was refused as they considered her case hopeless, but they supplied her with morphine for relief from the pain. One of the doctors at the hospital had, however, been kind enough to tell her of Dr. Koch and advised her to come to Detroit because he knew of cancer cases that had been successfully treated through the use of the "Koch Treatment."

She was admitted to Dr. Koch's clinic three days later, May 23, 1922. Examination showed her to be suffering with a cancer of the tongue, so extensive in size that it was impossible to examine the throat. She could neither close her mouth, talk, or swallow. She drooled a bloody, offensive-smelling saliva, was very, very weak, and suffered terrible pain. She was given her first Treatment on the date of admission. (There is no form of cancer which causes more suffering than cancer of the tongue and throat in an advanced stage). Within 48 hours later, her pain had been greatly relieved, and she was able to swallow a little. A week later, she could talk quite easily. She was given three Treatments in all. All the cancer mass disappeared and the parts healed up nicely.

On November 15, 1922, Dr. Koch took Mrs. B. to the University of Michigan Hospital at Ann Arbor in order that the surgeons who had turned her away as hopeless might examine her. They all stated after a thorough examination they could find no evidence of cancer, that the healing was perfect and that it was a fine piece of work. A similar statement was made by Dr. Willett who also carefully examined her.

She is, now, three years later, in perfect health.

Case 4,-Cancer of the Leg. (Sarcoma).

Dr. W. E. L., Minneapolis, Minn., a former professor of medicine at the University of Minnesota, age 66.

History: Consulted Dr. Koch March 15, 1922, relative to a growth five inches in length, which involved the upper part of the left leg. He said that X-ray pictures had been taken and a diagnosis made of bone sarcoma. It was thought by surgeons that amputation of the leg would be of temporary benefit only.

At the time he consulted Dr. Koch, he was suffering intense pain, and it was necessary to have the support of an attendant and a cane. Within three weeks from date of receiving his first Treatment, he was practically free of pain, and had discarded the use of his cane. A few weeks

later, he was given a second Treatment and returned to his home where he resumed his practice the following September and has since had no trouble, and has never had to favor the leg in the least.

Dr. L. is now, three years and three months later, in perfect health and successfully treating other sufferers with cancer with the Koch Synthetic Antitoxin.

Case 5.-Cancer of the Rectum.

Mrs. S., Detroit, age, 48.

History: Enjoyed good health until spring of 1921 when she had bleeding from the rectum and was troubled with constipation which progressively grew worse; pain developed in the lower part of the spine and by the spring of 1923 she presented the symptoms of intestinal obstruction.

She entered Henry Ford Hospital, March 17, 1923, where a growth of the lower 10 inches of the bowel was removed. Microscopic examination of the tissue proved it to be cancer. The shock of the operation was so great that it was two months before she could be removed to her home. Shortly after her return the condition grew rapidly worse; the pain in the rectum was severe, pain in the upper abdomen was associated with vomiting; there was a foul bloody discharge from the rectum, a mass of cancer tissue encircled and blocked the anal region, and an opening appeared between the rectum and vagina through which the bowel movements passed.

It was at this time, August 7, 1923, that Dr. Koch was called to see her. An examination of the abdomen showed an enlarged liver reaching down one-third the way below the ribs to the umbilicus, a hard three lobed mass filling the pelvis and reaching up to one finger's breadth above the umbilicus, and the walls of the anal orifice so completely covered and closed by cancer tissue that exploration of the rectum through this mass was not attempted. Through the fistula to the vagina, which admitted three fingers, the rectal mass was explored, the recto-vaginal wall was thickened, nodular and inelastic and there was considerable bleeding and a profuse discharge of a very foul characteristic odor.

She was given a Treatment after the examination. There was no reaction until the 12th week when she ran a temperature of 101° F. for three days. By the latter part of January, less than six months from date of Treatment, 1924, recovery was complete-the recto-vaginal fistula was completely healed. All traces of cancer had disappeared, exploration of the recto-vaginal wall showed no abnormality. There was some loss of sphincter control which was the result of the operation. There was no pain, no discharge and all bowel movements came through the rectum.

Mrs. S., now, one year and eleven months later, in perfect health.