

Co-operation Is Not an Illusion, But Is an Economic Necessity.

CASE REPORTS

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Dizziness is a very frequent pregrowth symptom, since the more delicate structures of the brain, such as the center of equilibrium, are most easily injured by the toxin. Two cases are here reported to illustrate.

Mrs. M., age 58, Nurse by profession. Carcinoma of uterus with extensive abdominal involvement. History taken June 22, 1926.

Family History — Malaria, Typhoid, scarlet fever, several attacks of diphtheria, after eighteen years of age.

Pregrowth Symptoms — Dizziness and blind spells that were very severe at times and associated with loss of muscle control. These spells have been better for the last year. Had to take soda constantly for years to allay hyperacidity of gastric ulcer.

Present Illness — Operated for severe cervical laceration after first baby was born. Second childbirth caused still greater injury nineteen years ago. When a young girl, she was thrown from a horse that lightly stepped on her abdomen. Abdomen tender ever since.

Noticed bleeding from the uterus in April, 1926, (ten years after menopause). Bleeding more or less constant ever since, also odorous discharge, pain in abdomen and back. Examined at the Harper Hospital clinic, Detroit. Specimen removed and diagnosis of cancer of cervix given. Patient applied for antitoxin treatment June, 1926, and our examination revealed a much nodulated vaginal vault fairly widely infiltrating the region and fixing the uterus. The greatest changes were found in the lower abdomen and pelvis, where a lobular fixed mass as large as a boy's head filled the region below the umbilicus, and on the left side reached above the umbilicus for a distance of one and one-half inches. This mass interfered greatly with bowel action and pressed upon the bladder. Mass continuous with the uterus and fixed, adnaxia involved. Black stools for a month indicated bowel involvement.

Patient was placed on detoxication regime for a week, re-examined, findings confirmed and antitoxin administered. Recovery was completed by October 12, 1926, so far as physical findings were concerned, but in November a more or less complete general misery, achiness, chilliness and fever, a slight amount of bleeding from the uterus, reflex bladder irritability and pain in the lower ribs and epigastrium was experienced, with some pain in the lumbar muscles of the right side. At this time, the dizziness, which subsided soon after the antitoxin was administered,

returned for a few weeks and then left permanently. In December the patient started to enjoy the best health she ever had. She was again examined by a number of very able surgeons and pronounced free from any trace of disease. She is at work and in the best of health.

This patient made a rather easy recovery on the treatment. Her strongest reaction occurred about the time of the twentieth week, presenting the usual detoxication symptoms and reflexes that extended rather widely to the muscles of the abdominal wall in the viscera. Since the cancer mass was a large one and much toxic material was absorbed in a period of four months, the general misery and achiness of the twentieth week period was fairly intense. Although the patient presented a fair advanced carcinomatous condition, she was able to make a splendid recovery.

The recurrence of the pregrowth toxic state of dizziness for a short period, during her last reaction, is in keeping with our observation that the first sign of the disease to come is the last to go. Thus the nerve tissue that first took up and combined the toxin and were, therefore, the longest exposed to its action, were the last to regain normalcy through immunization. Therefore, complete freedom from the pregrowth toxic state is the last event in the recovery process. Likewise the last expressions of the sickness are the first to disappear. Thus, the digestion of the growth is the first noticeable step in the recovery process. These observations emphatically characterize the pregrowth toxic state with relation to the cancer growth.

Another, but even more advanced case that displayed dizziness at the dominant pregrowth symptoms is here given to demonstrate that regions of the body which have absorbed and held the toxin are the more favorable locations for metastases to take hold and flourish. It will be seen that the following case of cancer of the rectum presented severe headache and dizziness for years before the rectal growth came and that the brain became the site of a serious secondary growth. Our explanation of this phenomenon is that circulatory factors favored the deposition of toxin in the brain, thus providing plenty of stimulus as well as a favorable focus for such cancer cells that lodged there, so that rapid growth of such cells was supported.

Pregrowth toxicity of central nervous system predisposing to metastasis of certain cancer to the brain.

Mrs. D., age 32.

Family History — Mother had cancer of uterus (cured by antitoxin).

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Pregrowth toxic period characterized by dizziness with loss of balance as well as frequent severe headaches for ten years before growth appeared.

In December, 1923, she began to suffer with pains just below the navel and in the small of the back. In March, 1924, bleeding and discharge started coming from the bowel. In April, vomiting set in with hemorrhages from the stomach. Even as early as January, 1924, the headaches became the most serious factor in the disease. They were constant and intense. By March the headaches became associated with tension in the muscles of the neck, which gradually assumed a state of constant spasm. About the middle of May, this condition spread to involve all the muscles of the back until a constant state of convulsion with head drawn back was established. During the first week in May, she was taken to Grace Hospital for x-ray studies. A few days later, a specimen of tissue was removed from the rectum for microscopic examination and the report was given her husband that it was cancer.

Our first observation of the patient was made May 15, 1924. Two-thirds of the abdomen was found occupied by a large lobulated mass that involved the liver, the stomach region and the left side down into the pelvis. The rectal examination revealed a copious, putrid, bloody drainage coming from a growth within, that appeared to obstruct the lower segment of the bowel. She suffered constantly with her head drawn back and the back arched in continuous spasm. Vomiting of putrid, bloody material had been on day and night. The vomitus was projected some 6 feet at times. Headache was evidently agonizing. — These symptoms were positive and sufficient proof that a growth was also present in the brain.

Treatment was given and recovery followed rapidly at first, and then gradually until its completion was definitely established in November, 1924. All masses had been absorbed and all tissues healed. Her strength, normal blood quota and normal weight returned by October but some dizziness recurred for the last two weeks of that month and did not entirely subside until November. Thus, with the passing of the first symptoms of the pregrowth toxic state, recovery was completed. She remains in the best of health she has ever known.

The interesting feature demonstrated in this case was the prolonged and intense poisoning of the brain tissue by the cancer-causing poison, expressed by the dizziness and headaches. We believe that an obliterative endarteritis of moderate degree was the first change initiated. Thus the

circulation was impeded and the brain tissues placed at a disadvantage so that toxin could accumulate and interfere with the function of some of the brain tissue. This same vascular change also provided an advantageous site for the lodging and support of metastasis arising from the growth in the abdomen. There can be no doubt but that the metastasis to the brain occurred fairly early in the history of the case.

The return of perfect health, with complete recovery from cancer as widespread and advanced as was presented in this case, is certainly a tribute to nature's ability to fight for normalcy when the cause of the abnormal condition is correctly removed.

(To be continued).

Ed. Note.—A copy of Dr. Koch's book "Cancer and Its Allied Diseases" will be mailed free of charge to any physician if they will kindly send their request to the Editor of this Journal.