

Cancer: Its Proper Treatment and Cure

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<http://www.whale.to/a/nichol1.html>

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Introduction

WERE IT NOT FOR THE FACT THAT A GREAT many people are constantly making declarations that cancer cannot be cured; were it not for the fact that the majority of physicians and surgeons are advocating (as you will see published in popular magazines) that "the knife, radium, and x-ray are the only remedies," the publication of this book, which contains the proof that such declarations are false, would not be a necessity.

We submit this book, with the facts as quoted, and a list of thousands of references. This reference list is as up-to-date as it is possible to have one, each patient having been heard from just before the material for this book went to our printers. Cancer, Its Proper Treatment and Cure, will be mailed free to any one interested.

All we ask is that you investigate this place as to our reliability in a business way and our ability in our chosen work.

The Dr. Nichols Sanatorium
Savannah, Missouri

Foreword

THIRTY-THREE YEARS AGO THE DR. NICHOLS Sanatorium was established in Hot Springs, South Dakota. Six years later it was transferred to Savannah, Missouri. This change was made on account of Savannah being more centrally located.

During these thirty-three years the joy and satisfaction of having been able to cure thousands of those afflicted with cancer has far out-weighed the discouragement we have had; in fact, the discouragements, as we look back over the years, seem only like little happenings along our way.

We do not, and never have claimed to cure all the patients we treat, but are so thankful we are able to give permanent relief to a good percentage of the ones accepted for treatment.

We are often asked if we have branch sanatoriums where our escharotic treatment is used. The Sanatorium at Savannah is the only one we have and we do not have any one making examinations for us any place excepting here.

Realising, as we do, what the loyal cooperation of our helpers has meant to our Sanatorium, we desire to give them full credit for the successful carrying-on of this work. Our slogan is, "This work must go on."

To any one interested, we extend a cordial invitation to visit this Sanatorium. Our friends are welcome any time.

1. Cause of Cancer

THE IMMEDIATE CAUSE OF CANCER-FOR THE real cause man knoweth not—we believe to be always an injury or an irritation of some kind.

It is known that a large percentage of people who have cancer have previously been subjected to one of three things: either an injury, which is less common; a wart, a mole, or some type of tumor, which is more common; or the most common of all, a chronic, irritated spot of some sort.

Our office experience corroborates this. A lady will relate an experience of a car accident and a bruise on the breast; or a striking against the edge of a door; or an injury in some other way, causing a bruise on the part in question. A man will relate an experience of a stick of wood hitting his cheek, making a bruise or a sore; this wound may or may not have healed up previous to the starting of a malignant growth, or cancer. A mole or wen will have been injured in shaving, the injury repeated a few times before the first is entirely healed; a chronic sore and a cancer is the result.

The lapse of time from the date of the injury to the development of cancer is not very uniform, but at least seventy patients out of one hundred will give a history of some kind of an injury or irritation preceding a cancer or a sarcomatous growth.

Therefore, quoting in part the language of the late William Mayo, of Rochester, Minnesota:

"Seek relief as soon as you discover any sign or symptom of irritation about warts, moles, and tumors, or ulcers, or injuries, however slight, which fail to heal promptly. When the people understand that all sources of irritation carry with them a deadly significance, the prevention of cancer will have been greatly advanced."

Cancer No Respector of Persons

Cancer is found in all nationalities, and in all classes of society and among people of every occupation.

We read of Mary Ball Washington, the mother of the first president of the United States, that "an accidental blow on the breast hastened the growth of a tumor, which slowly killed her."

Also, President Ulysses Grant died of cancer of the tongue in 1884.

Tropics of Cancer

Speaking of localities, it has been supposed that in certain districts, like western and northern New York, which have been called the "tropic of cancer," cancer was exceedingly frequent, as in some parts of New England, while in a state like Minnesota it was comparatively rare.

On this account it was believed that there must be something in the locality, or that there are some places where human beings live in large numbers that produce the causes that underlie the disease. Investigation shows that this is not true, for Minnesota has as large a percentage of cancer as any other state.

Exposure to sun, wind, freezing, etc., we believe to be predisposing causes.

Cancer Not a Disease of the Blood

Cancer, as well as other forms of tumor, is known to be local in its origin and is not a disease of the blood; consequently, there is no remedy to be taken internally, or to be applied externally, as salves, oils, or ointments, that will produce the slightest curative effect in any case. We believe that the diseases cured by salves and internal medicines are some other trouble and not cancer.

Cancer Not Hereditary

Without a doubt certain temperaments are more prone to malignancy than others, yet we do not believe this disease to be hereditary, for the reason that we find practically no families exempt, and no families at all uniformly afflicted with cancer, as in consumption. Further: "Cancer is pre-eminently a disease of the middle-aged and elderly people," whose families are already grown, before they themselves have cancer; therefore, it does not seem to us that it can be hereditary. As to cancer being hereditary, Hoffman, statistician of the Prudential Life Insurance Company, says: "After having made; an extensive investigation of the death rate and the causes of death, not only does cancer in the family have no effect upon cancer in the individual, but it is an actual fact that, if anything, the statistics are slightly in favor of the people not dying of cancer where there is cancer in the family."

2. General Description of Cancer

CANCER HAS BEEN A SCOURGE TO HUMANITY from a time so remote that "the memory of man runneth not to the contrary." King Cyrus' sister had cancer of the breast, 550 B.C.

As a rule people are deceived about the first appearance of cancer, thinking it a cold sore, eczema, or a harmless sore, or just a tumor, and that it will some time go away of its own accord. This is the first of that chain of fatal mistakes on the part of the afflicted. Have it cured at the start; do not trifle with it. Whenever a sore becomes chronic and will not yield to ordinary salves, it is almost sure to be a cancer.

Remember, all cases of cancer are local, at the start, and can be cured. Remember, all cancers destroy life, if not themselves destroyed. Remember, there is a stage in the growth of cancer after which it cannot be cured by any known remedy. "The day, the hour" that this condition will creep upon you is "as a thief in the night." Remember, it would be better judgment to have your trouble cured promptly, at the start, even though it may not seem dangerous, than to run those terrible risks in delays. That brown scale which comes and falls off, leaving a watery exudate under it—sometimes healed and sometimes not—is threatening cancer; have it cured. That little bunch in the breast, no matter how small—have it cured; it is too dangerous to leave. Remember, a cancer is always small and apparently harmless when it begins. It is like the young lion of the forest, harmless and innocent, for a time, but as it grows it conquers all in its way.

A cancer, when quite well advanced, is either an open sore, or a bunch in some form or other, and is almost sure to return more violently when cut out.

Cancer Seldom Painful

There is generally no pain to a cancer and it does not hurt to touch it.

Do not be mistaken in thinking it is harmless because it does not hurt you. This is the most common mistake on the part of the sufferer. Pain is positively not to be taken as a sign of cancer, except it be of very rapid growth. Patients by the hundreds tell us in these words: "Doctor, this isn't cancer; why, I've had it a long time, and it doesn't hurt me a bit."

The patient has here described, in the most positive terms, a sore that is a cancer. Do not make this

mistake. Cancer often gives no pain at all till beyond cure. It is notably a disease in which the signs are small, but the meaning is serious.

Your Family Doctor's Errors

In nearly all cases the sore or tumor has a history of getting better at times, and you will think your trouble is about gone; though it will constantly recur, each attack being a little worse than the one before. Your family doctor, in the meantime, may tell you it is not harmful, and to let it alone, or to have it cut out, or to use the x-ray, or radium, or to have some kind of injection used, all of which is bad advice.

Finally, the symptoms never cease to be present; the cancer is rapidly growing, and gets beyond cure. Your doctor then may tell you it has turned into cancer and there is no cure. He is mistaken. It was cancer at the start. He should have told you frankly in the beginning what it was, but we must realize that the average doctor has given no special study to this disease and meeting only a few cases of cancer in his lifetime of practice cannot be expected to recognize readily the disease in its early stage.

We often hear it said that cancer cannot be cured; and this is said by some doctors, too. But let us tell you that the doctor who says this is ignorant. Every authority of any note, and every medical college on this continent, teaches that at least a few cases of cancer can be cured, if taken in time. The reason for so many failures is delay on the part of the patient, and failure on the part of the physician to administer the proper treatment.

Dr. Robert B. Greenough, assistant professor at Harvard Medical School says, "Cancer is like a coal of fire which rolls out onto the hearth rug. It may be stamped out if it is found soon enough, but if not put out, later the house may I mm down. It is the only disease, which if left alone, kills 100 out of 100 people."

The majority of people think it necessary to consult many physicians and friends as to the best mode of treatment. Many die without doing anything, because of the conflicting opinions that are thus obtained. Many lose their lives, because they take treatment from some inexperienced person. Still others take "home treatment" and fail, of course. (See "Fallacy of Home Treatment," page 34.)

Do not be thus bewildered. Either come directly here, or consult our patients, who know well the results of our method of treatment. Do not be treated at or near home simply to save expense—it may be a dear experience. Remember—if you wait till the glandular system is much involved, you cannot be cured. Remember—there are few failures here in curing cancer in the early stages. Have your trouble taken care of when it is small. The cost will be less, the time will be less, the disfigurement will be less, and the cure will be practically certain. Do not put off treatment until a more convenient time, because every case of cancer is an emergency, and you know an emergency case waits for nothing.

Kinds of Cancer

There are different kinds of cancer, with many different symptoms and appearances which are here briefly described:

Scirrhus or Hard Cancer

Scirrhus cancer is usually located in the breast and always begins in a small, movable lump, at first neither tender nor painful, but after weeks, months, and, in some cases, years, it is subject to paroxysms of darting or lancinating pains, which increase from time to time and extend to the lower part of the shoulder blade and the surrounding parts. The nipple commonly retracts, the tumor becomes adhered to the skin and flesh beneath, and thus rendered fixed and immovable. Ulceration

finally follows and an open sore is the result. When this condition takes place, and commonly before, the glands in the armpit become involved and a cure is uncertain, the disease being already far advanced. Do not wait for this stage; have it cured at the start, when it is only a small-sized bunch and has no further complications.

The movable lump or tumor, the lancinating pain, especially if the nipple be retracted, are never-failing signs of cancer of the breast, even though there be no open ulcer and no discoloration of the skin. In many cases the skin over the tumor does not become discolored in the slightest degree until the disease is far advanced. The nipple, as a rule, does not retract early, and in some cases, in which the tumor begins on the extreme edge of the mammary (breast) gland, the nipple never retracts. Pain, when present, is experienced differently by each individual, so that no person can describe symptoms that would be applicable to all cases. In many instances this disease is not accompanied by pain until near the death of the patient.

If you have a bunch in your breast that does not in any way conform to the above description, do not be deceived should it be diagnosed (named) tumor. A very large majority of all tumors that appear in the breast (90 per cent) are true cancers and should be removed.

Epithelioma

The term epithelioma, or skin cancer, is misunderstood by many who get the impression it will only involve the skin. As it advances, it will destroy muscle, bone, and all in its way. Sooner or later it will attack the glands in the adjacent regions, this condition often taking place long before the patient can be brought to realize it; and it is the first sounding of the "death-knell."

When it makes its first appearance, no matter where located, there is frequently an itching, crawling, or creeping sensation, as if a fly were walking over it. It is usually in the form of an insignificant-seeming scab, causing no thought or anxiety. A man observes a little roughness on the free border of his lip, which he brushes off without giving the matter any further attention. The roughness comes back, however. After a while it is picked away, and it is seen to be a scab, but under the scab is found a slightly ulcerated surface. The patient's fears are very rarely aroused until this ulcerated surface appears. It does not always appear as an ulcer, but often shows itself on the skin in the form of a wart, mole, or induration (hard edge). You cannot attach too much importance, nor act too early in this form of disease, as more lives are sacrificed by epithelioma than by any other variety of cancer for the reason that the beginning is usually so small and the growth so gradual it is hard to realize the seriousness of it until the trouble is far advanced and near-by glands involved.

Leukoplacia

Leukoplacia is a formation of white patches on the mucous membrane of cheeks, roof of mouth, and sometimes on the tongue. It often develops into real epithelioma if not cured in the early stages.

Lupus

Lupus is a very destructive disease of the skin. It usually begins as a small, smooth, reddish-brown spot, from the size of a pin-head to that of a split pea, which may be level with the skin or raised in the form of a small tubercle. It occurs most frequently on the cheeks. It is often mistaken for epithelioma. However, it is always a malignant condition and will most invariably terminate in true cancer, and should, in any stage, be treated as true cancer. It will not yield to any other treatment.

Sarcoma

This form of disease attacks all parts of the body and is sometimes mistaken for scirrhus cancer, especially when it is situated in the breast. The peculiar features of the disease are that it grows to immense size and spreads to surrounding parts with great rapidity, and that it rarely becomes an

open sore. Sarcoma has, until recently, been grouped as a variety of cancer, and it may well be classed with the same family as cancer, being an extremely malignant tumor. The distinction between cancer and sarcoma is that cancer is preeminently a disease of the middle-aged and elderly, while sarcoma is preeminently a disease of the young. Like cancer, it is prone to follow an accident or injury which, from any cause, makes a poor recovery. Sarcoma is varied in its appearance and in its action but is usually a bulging growth with an uneven surface, much more rapid in its growth than cancer, more commonly resembling inflammation in appearance. It is amenable to the same treatment as cancer, and, in the early stages, practically sure of a cure. To the patient it is unimportant whether we distinguish between sarcoma and cancer; both are malignant and both should receive early treatment.

3. Pathology of Cancer

PATHOLOGY IS A GREEK WORD AND MEANS A DIScourse on disease. By it we mean a knowledge of the interior structure or composition of the abnormal or diseased parts and any peculiarities of the same.

Definition—Cancer: A tumor often becoming an ulcer.— Webster's Academic Dictionary.

Benign and Malignant Tumors

The reader will now understand that a cancer is a tumor, and that all tumors may be considered in two groups: one, the benign, or harmless tumor; the other, the malignant, or cancer tumor. Under the general term of carcinoma, or cancer, will, for all practical purposes, be found and described the entire family of malignant growths or tumors. In other words, a malignant growth means cancer, and vice versa; and a benign growth means any tumor that is not cancer. Many people come here, say they have no cancer, and that the doctors say they have a tumor. This is very evasive on the part of the physician and is purely deceptive to the patient. You will understand that a tumor may lie a cancer, or it may not be. A cancer is always a tumor, though a tumor may not be a cancer.

Cancer Cells

A cancer is composed of young or embryonic cells as seen by the microscope. These cells are microscopic particles of flesh, and the definition of this kind of cell will apply to any other kind of cell in the human body; namely, the smallest particle of flesh capable of life, growth, and reproduction. Pathologically, cancer is found to contain such varieties of cells as: small round cells, cylindrical or columnar cells, giant cells, etc., depending upon the kind of cancer and its stage of development. You will now understand that these cells of cancer follow the usual law of growth, each dividing, as it were, and forming two cells, each one of the two bdng like the original from which it sprang. These two will divide and form four, and the four will divide and form eight, etc. The reader may now see, from this explanation, that all cancers are very small when they begin, mid that they are capable of becoming very large, and that it is only a matter of time until they do. Why nature should become peculiarly contorted and permit this growth mid the accumulation of these cells in the shape of tumors, nobody knows. What they are composed of and how they will act and multiply, and the laws that regulate their growths, we do know something about.

The Law of Growth

For instance: The Law of Growth of cancer is well described in *The Annals of Surgery*, December, 1905, as follows:

"Cancer invades, conquers, and destroys the body of its victim, not by uniform or arithmetical progression, but in a geometrical or constantly accelerating ratio of progress. The late stages are manifold more rapid than the early stages."

The whole subject may be expressed in the following theorem: " 'The risk to life in malignant (cancerous) growths increases as the square of the time of growth.'

"Thus, doubling the time increases the risk of life, not twice, but fourfold; tripling the time increases the risk of life, not thrice, but ninefold, etc.

"Fundamental Conceptions—Malignant tumors spread not in a linear dimension, but centrifugally, from their foci in all directions.

"Stated mathematically, the disease radiates in a sphere, with the primary focus as a center. Like light, heat, and all radiations, it follows the law of cubes. This soon brings us to infinite risk in finite time. In other words, a comparatively short time suffices to make every case infinitely dangerous or practically hopeless. This only restates theoretically what every good physician knows to be mournfully true."

Microscopic Anatomy

In microscopic anatomy we find what we call connective tissue, binding together the various cells, or elements of growth, or tumor. This connective tissue is found practically wanting in all malignant growths, the affected cells being left free to scatter through the normal cells of the flesh. In a benign tumor the cells are bound together by means of this connective tissue, which also forms a capsule, or covering, like a ball cover. The cells of cancer may, therefore, be likened unto criminals at large, which will prey upon the flesh of the body, as the criminals will prey upon the public. The cells of cancer are not particularly unlike the normal cells of the body. Neither is the criminal particularly unlike other citizens, so far as we can judge by his anatomy and physique, but he seems to be bent upon destroying the laws of a community, just as the cells of cancer are bent upon destroying the laws of physiology.

In the benign tumor it may be said that its elements, or would-be criminals, are enclosed in the capsule, or jail for them, and the members still tied together by chains within. As the jail may be broken and the criminals set free in a community, spreading terror to the same, so the capsule or covering of a benign tumor may be broken and its cells may escape. An injury on a benign tumor can cause it to become malignant the same as an injury on any other tissue, and it can be readily understood that an enlargement will be more likely to receive an injury than a normal condition.

All tumors should, in consequence, always be removed wherever found.

How a Cancer Can Be Both a Tumor and an Open Sore

Now, because, as before explained, the cancer has no connective tissue and no capsule, it is a poorly bounded bunch or tumor, which sooner or later becomes an open sore.

Many times when we speak of cancer as a tumor those uninitiated in medicine will say: "I thought a tumor was a bunch or growth, or something of that kind, and you tell me a cancer is a tumor, and, as I understand a cancer, it is a big eating hole. How about it?" You understand a cancer is a growth of "cells," and the cells are inserted, as it were, between the normal cells of the body, where the cancer may be forming. This impacting increases pressure upon the normal cells and the tiny blood vessels, and around the edge of this "eating hole" you will find a raised, indurated border—a hard crust, which is near the true border of the tumor. Now this pressure at the border, caused by the insertion of the cancer cells among the cells of normal flesh, has caused pressure upon the vessels of support, which pressure makes these vessels unable to carry nourishment to the interior of the tumor, which, in consequence, is without food. It starves; it rots, as it were. You see now that the outer edge of the tumor is growing and its particles, or cells, somewhat mixed with sound tissue,

and the middle of it is decaying, or sloughing away. It is an "eating hole." Only for this decay, you would recognize the growth—the "bunch"—you would expect in a tumor. The reader will now see that, in order to cure a cancer, the tumor must be removed, and with it a section of surrounding flesh, which may be said to have a cancerous tendency. This is the hard part for the uninitiated to understand.

The original meaning of the word cancer was "crab," or something with finger-like projections, or roots, the ancients giving it this name, no doubt, because they found that it could not readily be cured and assumed that a cancer must have roots. But a cancer really has no root-like projections, though it may develop more rapidly in certain directions than in others, following the law of least resistance.

We have known people to have cancer for thirty years and at last die from it. We have known others, again, to have cancer which ran its entire course, from beginning to end, in less than a year. The soft cancer usually grows the more rapidly. In some cases a cancer is a hard, solid bunch, and in other cases it is not very hard, and still a bunch. In still other cases it is simply an open sore, with high, crater-like edges. In others (eating cancer) there seems to be no growth at all, simply a sloughing away of the tissue, or flesh, the hole or depression made by the same being simply a raw surface.

Involvement of Glands

The lymphatic glands, or nodes, in the vicinity of cancer always, sooner or later, become involved as secondary cancers. This involvement is much varied in its dates of appearance. ... In the breast, and also in the under lip, the glands in the vicinity are likely to become involved in the early stages. In case of cancer in the breast, the glands which become first involved are under the arm and appear in the form of a small, movable lump.

If the glands under the arm are extensively involved, many times the glands in the neck above the collar bone become affected and when the disease is in all three places, breast, under arm, and above the collar bone, the patient is beyond cure.

True, the lump in the neck can be removed but when the whole chain of glands is involved, there is little or no benefit to the patient, as there are involvements under the collar bone which cannot be reached.

With cancer of the lower lip, the glands under the jaws or chin are likely the first to become involved. They appear in the form of a lump and very often are neither sore nor painful. This point is very hard to make the one afflicted believe, there being no pain, nor any physical signs of this condition when it actually begins. The involvement of internal glands, in what is termed general metastasis, or constitutional stage, is the last stage.

For some reason or other, we do not know why, the longer the cancer has been growing upon the body, the more rapidly will the whole, or any part of it, multiply, according to the "law of growth." This is a feature most people do not understand, and they generally think that the last thing they were doing previous to this speedy growth is the cause of this rapid development of the disease, not knowing that the disease would have made about the same growth anyway.

Cancer Not Infectious

As to the pus or discharge of cancer, we will say that the discharges from this disease are absolutely non-infective, and that, while the disease is seldom cured by the knife, and while the knife often scatters the growth in the immediate regions and hastens the death of the patient, it is singular that the disease cannot be transplanted from one person to another. In proof of this statement we quote

from Dr. N. Senn, of Chicago. During his life Dr. Senn was one of America's most noted surgeons and the author of textbooks which were accepted as authority.

On April 28, 1906, this article from Dr. Senn appeared in The Journal of the American Medical Association:

"On May 4, 1901, I inoculated myself with carcinoma tissue immediately after I had completed a radical operation for advanced carcinoma of the lower lip. The patient from whom the malignant graft was obtained was an Irishman, 60 years of age. The submental and submaxillary lymphatic glands were involved. The excised glands were immersed in a warm saline solution, and from one of them a fragment the size of a split pea was used for the implantation. A small incision was made about the middle of the forearm, over the supinator muscles, under strict aseptic precautions. One of the margins of the skin was undermined sufficiently to make a pocket large enough to receive the graft. After implantation of the carcinoma graft, the wound was closed with horsehair sutures and iodoform collodium. The carcinomatous nature of the glandular affliction was proved by microscopic examination of the gland from which the tissue was taken. In the course of a week a subcutaneous nodule, the size of a pea, made its appearance, which remained stationary for two weeks, when it gradually disappeared. At the present time a faint linear scar remains, indicating the site of the incision. This, as well as a few similar experiments made by Alibert, furnish strong and convincing proof of the non-parasitic nature of carcinoma. The bacteriologic search for the supposed microbe cause of carcinoma will continue in the future, but, undoubtedly, will be as devoid of positive results as it has been in the past.

"All germ, or bacteriological diseases produce fever in the patient. Cancer never does. Germ diseases start rapidly; cancer always starts slowly."

Cancer Not Contagious

Of thousands of cases of cancer of the under lip, which comes constantly in contact with the upper lip, we have never seen one case of cancer of the upper lip from it. We have seen cancer on both the upper and lower lips, but it has always developed from one lip to the other around the corner of the mouth.

Also, we have never seen a person with cancer inside the mouth who had cancer of the stomach, too. We advise, however, that care of patients afflicted with cancer be taken, on the general principles of cleanliness, and not because there is any danger of others getting the disease from them.

The late Dr. William Mayo, of Rochester, said:

"Is cancer contagious? It has been known, for instance, that certain families, or a number of their members, would be afflicted with cancer. The husband and wife may be afflicted with the disease, and yet, always, when investigation has been undertaken, the statements are exaggerated. There is nothing that the medical profession has been able to learn about cancer which shows that it is contagious, in the ordinary sense of the word."

After five years' special work, the Imperial Cancer Research Fund of London announces that no cancer contains a virus or parasite foreign to the living organisms. Tens of thousands of mice have been experimented upon to arrive at this conclusion. The average mouse lives two years. Through three generations cancerous mice have been associated freely with hundreds of healthy mice, and in not a single instance has the disease been communicated from one to the other, or by heredity.

This establishes the fact that cancer, wherever it occurs, arises independently and spontaneously, no

one case bearing the least relation to any other.

Tubercular tissues all have the tubercle bacillus in common, and acquire a generic similarity, irrespective of the natural properties of the tissue before affection. Cancerous tissues retain the characteristics of the species of animal affected and also of the individual's several normal and different tissues.

There is not even a connecting link between two cancers on different parts of the same body, so English scientists are positive in their finding that no danger to family or associates exist from any sufferer of the disease. This will be welcome news to many a household.

4. Bad Methods of Treatment vs. Escharotics

THE MEDICAL FRATERNITY IS AT SEA, SO FAR AS curing cancer is concerned. This is evidenced by our current literature. Note there has been nothing done, up to this date, by the Rockefeller Research Societies, for cancer; also, the Cosmopolitan Research Society has recently admitted the failures to cure, and the damages done, by would-be popular fields of x-ray, antitoxin or serum, radium, and the knife.

Chicago World Leader in Cancer War

The following article appeared in the Chicago Daily Tribune on December 13, 1928:

"Chicago may some day lead the world in cancer research, it was predicted yesterday by George A. Soper, former managing director of the American Society for the Control of Cancer, in an address before members of the Chicago Women's Club and the Chicago Medical Society at the Drake Hotel.

"Dr. Soper said Chicago has the wealth, energy, and influence for becoming the center of war against cancer, in addition to four of the largest medical schools in the country.

"Dr. Charles Mayo of Rochester, Minnesota, recently suggested that a cancer research clinic be founded here. His proposal met with approval among club women and medical men.

"Following explanations of various types of cancer treatment which have been administered with little success, Dr. Soper said: 'I do not mean to paint a gloomy picture. Medical men are not pessimistic, but the overconfident tone is gone. The modern note is accuracy and candor. With our existing knowledge it would be idle to claim a cancer cure. We must face the facts and combine all our resources to combat the situation.'"

If the medical profession will turn to escharotics in the treatment of cancer, they will accomplish ten times more than they are doing. Any doctor interested in our method of treatment will be a welcome visitor at The Dr. Nichols Sanatorium any time, and we will gladly show him our work in its different stages.

That the evil effect of the above-named remedies may be further understood, we will take them up as follows:

Iodine a Failure

Iodine (local applications on cancerous growths), so commonly used by physicians, of course, has no influence toward effecting a cure, and only serves to waste time, while the disease is making progress.

Serum a Failure

Serums, or antitoxins, have failed, because cancer is not a germ disease, and these remedies have effect or influence on germ diseases only.

For many years, every now and then, there is an outbreak of serum treatments for cancer. If serum or any other used method of treatment were more valuable and more successful than what we are using, you may rest assured that The Dr. Nichols Sanatorium would be using it.

Microscopic Examination a Failure

To any one with experience it is usually as easy to discriminate a cancer from other tumors as it is to differentiate a colored man from a white man. When they cut out the section and send it away for examination, they have first endangered the persons life, through delay; they have next endangered his life by aggravating and stimulating the malignant growth.

"We should take into strict consideration the possibilities of dissemination (scattering) of carcinomatous (cancerous) material during operative procedures." This quotation is from William J. Mayo, M.D., Rochester, Minnesota, found in first paragraph, second column, p. 513, Journal of American Medical Association, Feb. 15, 1913.

Now, the removal or cutting out of a specimen for microscopical examination is an "operative procedure," and of the most dangerous kind, being traumatic, as well as surgical.

Next, the result, as given under the microscope, is frequently erroneous, as evidenced from the best institutions in the land, and clinical experience has demonstrated the failure of the microscope in many cases of malignancy. You will see (page 50) that, under our system of treatment, the curette, a little spoon-like instrument, serves the same purpose, and is fully as accurate as the microscope with no danger of scattering the disease.

Removal of Inferior Maxillary (Jawbone) a Failure

We wish here to call the attention of the public, especially those who are afflicted with cancer, to a point which is frequently misunderstood by surgeons: namely, when a man has carcinoma, or cancer, of the under lip, and glandular involvement, surgeons commonly remove one-half of the inferior maxillary, or jawbone. This should never be done.

The removal of the jawbone has nothing to do with growth of cancer in the flesh, and it will only add more misery to the patient. Upon general principles, do not permit removal of the jawbone for cancer, especially if you give the history of having it on the lip first, as a cancer practically never invades the bone when it starts in the lip.

Fallacy of Home Treatment

To you who are afflicted, note this: a physician may claim to be a cancer specialist of great ability—you know nothing of the value of his claims; you know not his reputation in his home community—he mails you a box or a bottle of medicine—you personally know nothing of the nature of these medicines; you personally know nothing of the nature of the disease for which you apply these medicines; you do not for one moment realize what you are doing.

In our institution we reserve a special corps of nurses, who are by nature well qualified for this art, to do absolutely nothing else but apply the medicine for the purpose of the destruction of cancer. And no matter what the education or previous experience of these people has been, we do not consider them competent to apply this treatment without the guidance or judgment of an expert in this art for at least four years. This would apply to a physician as well as to a nurse—in that he would have to act in the capacity of a learner for at least four years before we would consider his

judgment reliable.

Again let us warn you, in the light of the wisdom of all the ages, that the cure of that seemingly harmless sore (cancer) is difficult and deceptive. Don't fool yourself into thinking you will cure the very first one you attempt, without education or experience in the art. "It is a fairy tale."

X-Ray Not a Cure for Cancer

X-ray not only usually fails to cure a malignant condition but, in many instances, is the cause of cancer, for the same rays that are used to treat the cancerous cells in the patient may irritate the healthy cells until he has a more extensive case of cancer than before starting treatment, or, likewise, irritate the healthy cells in the doctor until he develops cancer himself.

Naturally, the cancer caused by x-ray inflammation is a form of cancer in which x-ray treatment cannot be used. It would simply increase the original cause of irritation. It is no wonder that more than 150 doctors and research workers died of cancer induced by x-rays and the gamma rays of radium in the first thirty years after Roentgen and the Curies made their discoveries.

Moreover, death may result years later. A curious thing about x-ray burn is the fact that unlike burns from fire, sunlight, or acids, their worst results are delayed. Within the last few years, one after another of the pioneers in medical radiation has died of cancer caused by x-ray burns received thirty or forty years ago, and if you read their obituaries you will notice that it is nearly always cancer of the left hand or arm that kills them—the hand and arm that were used to test the rays.

Following are excerpts taken from an article published in the Kansas City Star, June 10, 1937, which easily shows the dangerous and destructive power of x-ray:

"Dr. Charles Harvey Archibald, a native of Nova Scotia, who practiced radiology in New York and California, died in March, 1936, after having the middle finger of his left hand amputated in 1930 and losing his whole left arm in 1934. Dr. F. S. Pepperdence of England and Canada, died of x-ray cancer in September, 1933, after undergoing thirteen operations between 1911 and 1932, which cost him his left hand and arm. In March, 1930, Dr. John W. L. Spence of Edinburgh died after losing his left hand a few years earlier. He had been an x-ray specialist since 1897, when he worked with Wilhelm Conrad von R. Roentgen, professor in Wurzburg University, Bavaria, who discovered the electrically produced x-ray in 1895.

"Dr. Christian Deetjen, an Austrian pupil of Roentgen who carried the science of x-rays to Baltimore, was yet another who lost his left arm. After he had undergone eight operations on his left hand, the surgeons told him, in 1930, that he would have to 'submit' to a number of further operations in the years to come.

"Deetjen's pupil, Dr. Frederick H. Baetjer, radiologist of John Hopkins Medical School, underwent fifty operations and skin graftings on his left hand and arm before his death in 1925. His is one of the forty American names on a monument at Hamburg, Germany—those who gave their lives in the study of x-ray.

"Professor Bergonie of Bordeaux, the man who invented an ingenious magnet for drawing steel splinters from war wounds, devoted the greater part of his life to the ray treatment of cancer, and, like so many others, died from the disease he was fighting.

"Dr. William Hope Fowler, chief radiologist of Edinburgh Infirmary, was another who would not stop his researches, though he lost finger after finger and, finally, an entire arm, in 1932.

"Most appealing of all these stubborn men was Dr. Guido Holzkecht, radiologist of the Vienna Public Hospital in Austria. He made his own x-ray machine. In April, 1931, he lost his left arm and six months later, died."

It is useless to deny the danger of x-ray, for there are too many proofs to the contrary.

The Boston Medical Journal, January number, 1905, recites: "Whereas, we had hoped to find in the x-ray a cure for cancer, have found instead that it is a cause of cancer, instead of a cure."

An official letter from the Mayo Clinic, written in June, 1921, concerning a patient whose case they had diagnosed as carcinoma, contains this statement: "It might be advisable to give him some x-ray treatments, but our experience with this has been rather disappointing." We next quote an authority—the greatest in the world, on electricity—the late Thomas A. Edison, who said:

"I am through with electricity as a therapeutic agent. I took a strong, vigorous, young man as my assistant a few years ago, and, through my experiments for a number of years, I made repeated x-ray burns upon his body, and today he is cancerous from head to foot, from the burns, and has but a short time to live."

A Martyr to Life Work

Radium Burn Is Fatal for Dr. Joseph L. McDermott
Weakened by Years of Research with the Element and X-Ray, He Is Unable to Survive Infection

Kansas City, Mo., March 7, 1936—Experimental work in the x-ray and in allied radium fields to which he devoted his life led to the death late yesterday of Dr. Joseph L. McDermott at the St. Joseph hospital. He was 61 years old.

While engaged in post-graduate work in Vienna in 1913, Dr. McDermott became interested in radium and the x-ray. He became recognized as a pioneer in the little-known work. But even those most advanced in such research failed to fully realize the dangerous properties of radium. The fatality rate among the early research workers was high.

The early specialists grew to accept philosophically the "skin changes," slow obliteration of the arteries caused by the powerful metal. To Dr. McDermott it was the unavoidable hazard, associated with his type of work.

While the effects of handling radium had become pronounced in Dr. McDermott's case, like the others, he continued his work. About a year ago he suffered a small finger burn from radium. Years of exposure to the x-ray had affected the circulation of blood in his hands. Healing was slow, almost impossible. Finally came the inevitable. Septicemia developed in the ulcer. He was in charge of the x-ray work at the University of Kansas.—The Kansas city Star.

(This shows what a power radium is but there is not the danger to the operator now as in the early use of it.)

Doctor Dying of Exposure to X-Ray

"Boston, January 8, 1926—Dr. James A. Day, 55, a pioneer in the use of x-ray in New England, is fighting for his life at the Massachusetts General Hospital, a martyr to science. Continual exposure of his hands to rays has led to the amputation of right arm at the elbow and three fingers of his left hand.

"Dr. Day himself gave the order which resulted in the amputation of the fingers of his left hand. A month ago the cancerous growth which characterizes the x-ray infection spread to his right hand, and it was cut off at the wrist. Late Sunday he was brought to the hospital, and the forearm was amputated in an effort to check the spread of the infection. Science has been unable to discover a cure for over-exposure and slight hope is held out for Day's recovery. Infection which set in six years ago from x-ray burns is still spreading, despite a series of six operations." -Los Angeles Times, January 10, 1926.

Dies of Cancer Caused from X-Ray Burns

"St. Louis, May 6, 1931-Dr. William P. Sanders, a dentist with offices in the University Club Building, died early today at Veterans' Hospital, where he had been a patient intermittently for about a year.

"Death was due to cancer developed from an x-ray burn suffered about ten years ago when he was being treated for a skin infection contracted during the World War.

"Dr. Sanders served during the World War as Captain of the Second Anti-Aircraft Machine Gun Battalion in the 138th Infantry. During the Spanish-American War he had enlisted in the Army and served in the Philippine Islands."—St. Louis Post-Dispatch.

Authority on Dermatology (Science of the Skin) Condemns X-Ray

"Memphis, February 3, 1927—At the forty-third annual convention of the Tri-State Medical Association, Dr. Richard L. Sutton, distinguished authority on dermatology, in an address declared that the x-ray has produced greater injury than it has accomplished good in the cure of cancer, stating that thousands of deaths have been caused by such treatment. In the course of his talk he stated that cancer of the skin was certainly curable, if treated in its early stages. 'But,' he said, 'the x-ray is not the way to combat it.'

" 'The danger of burns, that only make the cancer worse and often render it incurable and hasten death, is too great with the x-ray to make it a desirable remedy,' he declared." —The Commercial Appeal, Memphis, Tennessee.

What Dr. Edward Ochsner Thinks of X-Ray

The following was taken from a paper read before the Southern Surgical Association, Biloxi, Mississippi, December 15, 1926, by Edward H. Ochsner, B.S., M.D., F.A.C.S., Chicago, Illinois, Augustana Hospital:

"Just thirty years ago I observed the effect of the x-ray upon epitheliomata in the clinic of Professor Kuemmel of the Neue Allgemeine Krankenhaus of Eppingdorf, Hamburg, Germany. These were, I believe, some of the very first cases treated in this manner, before there was an x-ray machine for either skiagraphic or therapeutic work in Chicago, and even in the whole United States. During the subsequent years I saw a goodly number of patients treated by this agent, and in the course of the following ten years I gradually came to the conclusion that the x-ray was of no real value in cancer. During the following three or four years I gradually became convinced that it was not only useless but actually harmful; that it increased the pain in many of these cases, reducing the resisting power of the normal tissues and thus actually made the patient less able to combat the disease. For the past seventeen years I have been preaching this doctrine at my clinics and expressing this view at medical meetings.

"Only recently I heard a radiologist state at a medical meeting that epitheliomata of the lip and cancers of the tongue should never be operated upon but always treated with x-ray. When the medical profession as a whole once becomes convinced that this agent is not only valueless in the

treatment of cancer but that it is actually harmful, it will, I am sure, condemn its use in the treatment of cancer and will make even greater efforts than it has made in the past to discover a remedy which will have a specific, selective action upon cancer, none of which essentials is possessed by x-ray."

It is easy to secure the confidence of the patient; because the first few applications of x-ray will apparently alleviate the symptoms of cancer, and sometimes appear to cure; but, be not deceived. Every day of the year we see the sad results of x-ray in patients who come here suffering from x-ray burn, which is as bad as cancer, and they still have cancer, but situated more deeply in the flesh than before the application of the x-ray, which has only scattered the disease or driven it in.

The following quotations are further and convincing proof of the terrible power of radium and the inability to control it:

Radium Not a Cure for Cancer

"New York, December 18, 1920—After exhaustive tests on rats, mice, and guinea pigs, the use of radium as a cure for cancer and tumors has been found to be a failure, according to the annual report of Dr. Francis Carter Wood, head of the Crocker Cancer Research of Columbia University.

"One of the first experimenters with radium, Dr. Howard Kelly, of Baltimore, Maryland, now admits results unsatisfactory."

Have No Faith in Radium

Surgeons in Session at New York Say Latest Cancer Treatment Has Proved Itself Failure

"New York, April 11, 1919—All hope of curing cancer by radium has been abandoned by some of the foremost surgeons and research workers in the country, who said, at last night's meeting of the American Society for Control of Cancer, that the failures of radium outnumbered the cures 100 to 1."—St. Joseph News Press, December 15, 1919.

Doctor Near Death from Radium Tests

"Mexico City, Nov. 17, 1935—Dr. Julian Villarreal, President of the Mexican Red Cross and one of the greatest surgeons in Mexico, was reported near death today as a result of experiments with radium."

Refutes Radium Cancer Cure

"Philadelphia, October 25, 1921—Dr. John B. Deaver, of Philadelphia, who was installed as president of the American College of Surgeons last night, declared before the convention of the clinical congress of the college that radium, as a remedy for the relief or cure of cancer, had failed.

"Dr. Deaver is the author of many textbooks on surgery. He is professor of surgery in one of the largest medical colleges in Philadelphia, and chief surgeon in the larger hospitals of Philadelphia. He evidently knows what he is talking about."

Discoverer of "Cancer Cure" Dies of Cancer

"New York, April 6, 1928 (Special)—Dr. Charles H. Viol, of Pittsburgh, who had spent several years trying to discover a substance which would cure cancer, himself died of cancer today at the Memorial Hospital in this city.

"He went to the hospital a few months ago and subjected himself to many of the known treatments for curing cancer, including that of radium and his own discovery of ' radon,' said to be 160,000 times as active as radium.

"Dr. Viol was secretary of the Standard Chemical Company, of Pittsburgh, and director of its radium laboratory."

Physician Doubts Powers of Radium

Foresees Disappointment in Cancer Treatment

"Saskatoon, Sask., December 28, 1934—Expressing the conviction that many who are pinning their faith on radium, as a cure-all for cancer, are to be disappointed, and that the expense, to which the provincial government has gone to secure radium for treatment of the disease, must be considered only in the light as an expenditure for a continued experiment, Dr. Donald MacKenzie, pioneer Saskatoon surgeon, stated Saturday that he expected much more satisfactory results from the use of arsenic in treating cancer."—Free Press Prairie Farmer, Winnipeg, Can.

(While arsenic is classed as an escharotic, there is no arsenic in the escharotic used by the Dr. Nichols Sanatorium.)

Radium Was Ineffective

Won't Cure Cancer of the Breast, Says British Surgeon

"New York, October 3, 1931-Sir George Lenthal Cheatle, consulting surgeon of Kings College Hospital in London and this year's recipient of the Royal College of Surgeons' Award for research into cancer treatment, said yesterday he had found radium worthless in treating cancer of the breast. Sir George, arriving on a visit to America, said a few years ago he paid \$15,000 for sixteen milligrams of radium for experimentation and found his results were generally negative."—News Press.

As radium will have no beneficial effects on cancer of the breast, is it reasonable to expect it will on cancer located on other parts of the body?

Radium Worst of All Known Treatments

The following is part of an address given before the Allied Medical Association of America, at Atlantic City, Jersey, June 26, 1921, by Perry Nichols, M.D., Savannah, Missouri:

"That radium is a power is no question, but this great power to penetrate skin, flesh, disease, and bone is completely outside of human control, and the wounds thus made sometimes refuse, by any known assistance, to heal permanently; there being no boundary discernible, and the sloughing away or cleaning up process is impossible. It is the worst of all known treatments for cancer.

"This, in substance, is the experience of Mr. F. B. I Landon, 306 North Kaufmann Avenue, Temple City, California, who crossed this continent several times in search of a cure for cancer, He went to the Mayos, and they advised radium, and that the best place was some point in Mew York City or Baltimore. The Dr. Howard Kelly Institute looked to him (Mr. Landon) as the most probable, as representing the peak of authority, the world over, in the use of radium. So there he went. This institution gave him every encouragement as to a cure, at the time of acceptance.

"He took his first treatment October 26, 1918, and his last treatment February 21, 1919 (thirty-nine treatments), at which time the doctor in charge wrote to the son of Mr. Landon that no cure was possible. The son, of course, wired the father to return to Pasadena, California.

"I have here the official record of these thirty-nine radium treatments. Come up and examine them, if you wish. They are at your command.

"Mr. F. B. Landon came under my charge, professionally, April 15, 1919, and our official record card I have here, also. It shows the diameter to be three inches, the growth to be indurated, and involving both the eye and antrum and one-half the roof of the mouth. Mr. Landon was with us about forty-five days the first time. He was with us again June 21st to July 4th, and finally, from September 22nd to October 1st, 1919, when he was discharged as cured, which cure has stood the test of nineteen months, and no sign of trouble whatever since. (Mr. Landon is still well after over twenty years. See testimonial on pages 67-69.)

"This same Mr. Landon, while in Baltimore, states: 'I soon discovered that all the occupants of the house where I was, were being treated with radium for cancer, and my observation was that not a single one was being cured, or even benefited, and, to my knowledge, a number of them died, who to all appearances were not in as bad condition as I was myself.'

"Now, ladies and gentlemen of the Allied Medical Association of America, it has been my lot, situated as I am, to see the results of over a thousand radium treatments for cancer and not a single cure."

Therefore, we are justified in our belief that radium should be mentioned only to be condemned, in the most positive terms, as a cure for cancer.

Surgery Not a Cure for Cancer

Consider the knife! The majority of surgeons will tell you that the knife is the only cure for cancer. Let us see if this is true. The great surgeon, Sir Benjamin Brodie, after operating on nearly six hundred cases of cancer of the breast, came to the conclusion that life was rather shortened than prolonged by his efforts in this direction, and decided never to remove another breast with cancer, without first laying before the patient his experience of its results.

In a lecture on Surgical Pathology, Sir James Paget said:

"I will not say such a thing as cure is impossible, but it is highly improbable. The hope of this occurring in a single Instance cannot reasonably be entertained."

Annals of Surgery, March, 1908, page 337. We quote one paragraph from Robert H. M. Drawbarn, M.D., of New York, surgeon to the City Hospital and to the Polyclinic Hospital: "It must have been the lot of every surgeon of average experience to have known of repeated instances of very rapid redevelopment of cancer after apparently radical extirpation; and next appearing as a return in loco, most commonly within the armpit or the thorax, and after such a very short interval as to compel the conviction that the operation had shortened, rather than prolonged, the span of life; that it had added to the misery of the patient, while depriving her of the reasonably long free interval In the hope of which gain, at least, she had submitted to ill's mutilating operation."

Escharotics the Most Efficient Remedy for Cancer

We quote from William Stuart Halstead, surgeon to the Johns Hopkins Hospital, Baltimore, Maryland. Please note the exact quotation. The article is found in The Annals of Surgery, July number, 1907, page 18:

"Caustics—I am indubitably convinced that the local mill regionary recurrences after incomplete operations, which come as a rule with amazing rapidity when the knife has been used, are, to say

the least, relatively late in making their appearance when chemical or actual cauterization has been employed. I have several times had occasion to operate upon cancer which had been vigorously and repeatedly treated with caustics (escharotics) and to note the comparatively admirable conditions, the freedom from cancer permeation of the surrounding tissues and of the axilla; whereas, after incomplete operation with the knife, the local manifestations of recurrence were almost invariably deplorable and the prognosis, of course, invariably hopeless."

You will now see, from the foregoing, that the use of escharotics for the cure of cancer has, even in the hands of quacks and uneducated people, sustained a reputation superior to the best surgeons on earth. Then, why may not the sufferer from this dreaded malady be reasonably sure of relief, should those poor tools be sharpened and placed in the hands of skilful men? We refer you to an article in the Journal of the American Medical Association, dated February 15, 1913, written by the late William J. Mayo, M.D., Rochester, Minnesota. Please get the Journal and read the entire article, and you will see that it shows conclusively the great danger of scattering cancer, both by the knife and by manipulation or handling during surgical operations. The value of caustics is indicated in this article.

Note carefully the following quotation, which is taken from Park's System of Surgery by American Authors, Volume 1, page 465, which recites: "Escharotics form one of the most efficient methods of removing cancerous growths."

Plasters, caustics, and escharotics mean one and the same thing, namely: medicines in some form, either plaster, liquid, or otherwise, which will absolutely destroy any growth or flesh in contact with them. That which any of you may know as the old plaster treatment for cancer may be called the application of caustics or escharotics, and their success will depend upon the kind of caustic used and the skill of the one using it.

Dr. E. Johnson, professor of surgery in the University of the South, Sewanee, Tennessee, in a speech some years ago had this to say of escharotics:

"The principle of escharotics in the cure of cancer is right, and we physicians and surgeons ought to use it. As the matter now stands, it is left almost exclusively in the hands of uneducated people or quacks. This is a disgrace to the medical profession."

Kinds of Escharotics

There are many kinds of escharotics, with as many varying merits. That which is the most rapid is the best, because some cancers will grow faster than a slow treatment can kill them. As one patient said: "Why do you talk about curing cancers? You don't cure at all, you kill cancers; you kill them on the spot." Strange as it may at first seem, that escharotic which will act with the greatest rapidity is the least painful. You are well aware that a sharp knife will cut deeply into the flesh, with but little irritation or pain, while a dull one will irritate and produce much pain, and yet do but little cutting. So it is with escharotics. The strong, penetrating one will do more in a shorter time, and with less pain, than the slow or irritating one.

5. The Cure of Cancer

OUR METHOD OF TREATMENT IS THE ESCHARotic or medicine which will destroy any living or fungous tissue, and which has as many advantages over the plaster as an electric light has over a tallow candle, and has been successfully applied in a hundred situations where no one with either knife or plaster has ever dared to venture. Our escharotic is a double compound, about four times the strength of chloride of zinc plaster, or the arsenical or Marsden's paste, and acts with decidedly

less pain. When properly applied, it will kill any ordinary cancer upon the face in a few hours. Upon the breast, or in some very heavy growths, it will take from two to five days. In treating we follow up the action of the escharotic with the curette, a small spoon-like instrument, with which we remove the dead tissue. This method has a wonderful advantage in helping us to determine locations and extent of the disease, as we can usually tell by the curette which is and which is not diseased tissue, and, in consequence, so apply the medicine as to be practically sure of destroying the entire disease, and at the same time take the necessary margin to effect a cure, and not more than is necessary, between the diseased and the sound flesh (see Pathology, page 22, first paragraph). The curette is used only on the dead tissue; it is neither painful nor injurious to the patient, no living tissue being touched with it, and no hemorrhage or bleeding being caused by this process.

The disease and necessary margin now having been destroyed, in the above manner, a poultice is applied, and the remainder of the eschar, or dead flesh, is sloughed away in from four to six days, no matter whether the piece be large or small. The wound is perfectly healthy and will heal with great rapidity and leave but a small scar, where a large one would be expected.

Special Advantages

Among the special advantages in this form of treatment may be mentioned:

First: That the escharotic is a very reliable haemeostat— haemeostat meaning that which stops bleeding.

Second: Many physicians will tell you that we will infect a patient with our treatment. This statement is plainly false and untrue, as is shown by thousands of experiences, and not a single case of infection. This, the escharotic treatment for cancer, has a decided advantage over surgery, which is always accompanied by danger of infection. Also, surgical operations are accompanied by danger of shock from ether or chloroform, which dangers are avoided in the application of escharotics, as no anaesthetic is required.

Third: In case the disease should involve the bone or bony structures, our treatment is applicable, just the same as in the flesh. It is not true, as is the prevalent opinion among physicians, that continued necrosis or decay of the bone will result. The eschar of bone will separate and slough away in a few weeks, instead of four to six days, as in the case with fleshy tissues, and the circulation within the healthy part of the bone is always sufficient by way of lacunae and Haversian canals, to regenerate and heal over nicely, the result being simply a plain, healthy scar.

Fourth: The escharotic method stands alone in the world, in that it will generally reveal to the naked eye of the operator whether or not any of the disease remains after the removal. It reveals just how many and where are the parts of the cancer that are not removed, after each action of the escharotic, and the sloughing away. The granulated sore, or wound, will, as a rule, reveal the trouble, if any, even to the uninitiated, in which event the escharotic is again applied, and so continued until no cancer remains. Ordinarily, only one treatment, or removal, is required; but, in particular and complicated cases, the above fact has enabled the operator to save many lives, where no other method has offered the slightest hope of cure.

Fifth: Control of treatment is easy and certain for those skilled in it. For instance: an eyelid—many times we take half its thickness, leaving the remainder intact; or entirely to the eyeball, and not injure the eye; and in any other locality with equal exactness.

Sixth: Our escharotic is not poisonous. We treat cancer in the mouth with no danger to the patient.

Seventh: Our escharotic is successfully applied in many regions of the neck for removal of cancer, where there is no possible show of even a temporary removal with the knife.

Our escharotic is successfully applied to the lymphatic glands of the neck, which are secondary cancerous growths, under the jawbone and under the chin.

Our escharotic is successfully applied to cancerous growths, even where bones are involved.

Our escharotic is successfully applied in many instances, even where the brain was exposed during removal.

Our escharotic is successfully applied in the region of the axillary, or armpit, in cases of cancer or carcinoma of the breast with armpit involvement.

Our escharotic is successfully applied in the mouth, or on the tongue, for removal of cancer.

Our escharotic is successfully applied for the removal of cancer of the vagina, or cervix, and rectum when near the surface.

Our escharotic is successfully applied to remove cancer of the mammary glands, or of the chest, though the disease, in many instances, involves the ribs.

Cancer of liver, stomach, or uterus, however, is not amenable to the application of escharotics; but escharotics can be successfully applied in any locality that can possibly be reached.

Practically the only inaccessible locations are the stomach, liver, or uterus, or when it involves serious anatomical structures, the destruction of which would cause the death of the patient—any cancer not so situated can be removed and cured if taken in time.

Pain During Treatment

During the process of destroying the growth and sloughing it away, which is always only a matter of a few days, the patient will have a feeling of general miserableness, though not sufficient to bar him from eating and sleeping.

After the cancer and the margin of surrounding flesh are removed, in the manner above described, the patient is generally free from all pain and suffering.

The only direct pain in this treatment is produced by the action of the escharotic while killing the growth. The degree of pain differs in different individuals. To the majority it would be quite painful, if not protected by anodynes (medicines to allay pain).

Therefore, we advise the use of anodynes whenever any patient suffers pain, as they can be used with perfect safety in sufficient quantities to allay the pain in any stage of the process. Hence, any patient may safely rely upon this, that the pain can, and will be, in all cases, practically controlled.

The old dread of caustics is entirely a back number with us, the majority of patients getting through much more easily than they had anticipated. Old people stand our treatment surprisingly well.

This subject is best concluded in the language of a former patient, who said: "Doctor, why didn't you tell me I could easily stand the pain of your treatment? This is no comparison with what I expected, nor with what my father went through. Had I known it did not hurt more than this, I would have been here long ago." Therefore, consider not the pain of the treatment, for it does not hurt badly; it does not last long. The question of the afflicted is, "Can I be cured if I take treatment now?"

Plastic Surgery for Mending Disfigurement

So far as we can learn, we are the only people who, in connection with the cure of cancer, make a specialty of mending disfigurements, which, in many cases, result from the growth of cancer and its thorough removal. For example, a patient comes here with a bad cancer on the nose. In order to cure the cancer quite a portion of the nose is moved with escharotic. In a week or two the patient returns home to allow the place to heal and fill in all it will. After a test of time, to be sure the cure is permanent, he returns to have his plastic work done. In a case like this, where the removal has been extensive, we cannot make a perfect feature, but we can mend the disfigurement so that the patient does not look bad and will be comfortable. This is a valuable adjunct, saving the patient from what might be a repulsive appearance the rest of his life. Be it, however, distinctly understood that we never use the knife to cure cancer.

Percentage of Cures

As we have been frank in declaring our cures, we are also frank in declaring that we meet, many times, our Waterloo.

People often come here as a last resort with one foot in the grave. We cannot cure all who arrive here in such a condition. Some we are compelled to reject, some we undertake to cure and fail, and some we have to treat more than once, or several times, in order that the patient may have every possible chance for a cure. So upon arriving you may find a few who have been treated here before, but when you consider that if any of our patients are ever troubled with cancer again, we treat them free of any future fee, excepting the hospital charge of \$10.00 or \$12.00 per week, so long as there is a chance for a cure; and when you also consider that there are more than nineteen thousand of our patients in the United States, if you do not meet more than two or three dozen here for re-treatment out of that number, it surely is a very fine showing and is the way you will find it.

Whosoever will attempt to tell you that he has no failures in the cure of cancer, or any disease, for that matter, is either doing no business, or "he deceiveth himself, and the truth is not in him." But with the treatment we have described, the failures will be few.

Our applicants might be considered in three groups:

First: Those who are incurable—Prognosis (prospect of cure, as based on percentage) 0%, and the applicant rejected.

Second: Those severely afflicted, yet a chance of a cure —Prognosis around 50%.

Third: Those who apply in the early stages of the disease and may be practically sure of a cure—Prognosis around 90%.

The diagnosis and prognosis in every case is fully explained before acceptance for treatment. Of the number of patients whom we accept for treatment 75% receive a permanent cure, and those who do not receive a permanent cure are benefited and their lives lengthened.