

The Cancer Business

by Patrick Rattigan ND

EPIDEMIC

The Dark at the End of the Tunnel

In Britain, at the present time, around one third of general hospital patients are suffering from cancer. Two out of five of the population have, or will develop, the disease. If we accept the figures, for cancer incidence, of 30 percent in 1980, 40 percent now and 50 percent in the year 2010, at the present rate of increase the figure will reach 100 percent around 2080. A multitude of factors suggest that the rise is set to accelerate.

The 5-year survival figures, not to be confused with the successful treatment of the disease, for the major cancers are:

- stomach - 5 percent
- trachea, bronchus and lung - 5 percent
- breast - 50 percent
- oesophagus - 5 percent
- large intestine - 22 percent
- pancreas - 4 percent
- liver - 2 percent ¹

There has been no significant increase in survival rates since records began.

The Solid Gold Source

The cancer business is second only, in size, to its big brother, petrochemicals.

In the 20 years from 1970 to 1990, in the USA alone, the cancer business was worth an estimated 1 trillion dollars (\$1,000,000,000,000).² If the same percentage of the overall disease bill applies in Britain as in the US, the current expenditure on cancer will be 3 to 6 billion pounds per year.

With these kind of amounts involved it is quite understandable why the drug/radiation/scalpel/vivisection cancer cartel have maintained a constant, ruthless campaign to suffocate, at birth, any and all attempts to introduce rational therapeutic regimes to deal with the species-threatening plague.

The Enemy Within

The cancer epidemic has many causative components; virtually all of them either actively promoted by or ignored by the government health departments, the medical trade etc.: the lethal 'doctor's balanced diet', vaccination, antibiotics, antipyretics, analgesics, steroids, routine X-ray screening, animal-'safety-tested' pesticides, herbicides, solvents, dyes, detergents etc.,

fluoride-waste dumping in public drinking water, radio/chemo 'therapy', nuclear energy, electro-pollution and so on.

Ever aware of the need to protect their brethren in the petro-pharmaceutical cancer machine, the cancer P.R. boys, aided and abetted by their on-the-payroll media pals - passing themselves off as unbiased observers - faithfully maintain the line that the whole thing is down to smoking and sun-bathing. One thing that they need to explain is the canine carnage: in a population of 7 million domestic dogs, over a million per year are dying from cancer - or the treatment.³ This constitutes a dog cancer death-rate 50 times that of the human rate, due to the regime of vet-approved vaccines, antibiotics, worming drugs, flea sprays, pesticides, herbicides etc. - all 'safety tested' on animals - tinned dog-meat etc. We are all - humans, dogs, cats - dying, like flies, from the synthetic deluge. The farm animals would exhibit the same syndrome if they were not killed, prematurely, for 'food'.

Cancer is, above all else, a nutritional problem. The lethal British diet of meat, dairy produce, eggs, refined carbohydrates, common salt and synthetics, with token amounts of fruit, vegetables and wholewheat bread - all saturated with pesticides - is a recipe for a vast range of maladies, cancer included.

1999 will see 700,000,000 drug prescriptions dished out by British doctors: a deluge of vaccines, antibiotics, analgesics, steroids, antipyretics, anti-inflammatories... all add up to a huge onslaught on the body's immune defences. Acute diseases, the body's efforts to regain health, are being continually suppressed by allopathic treatment.

Vaccination has reached a 98 percent uptake in some areas. The vaccines, between them, contain a mixture of animal-derived proteins and viruses, formaldehyde, mercury, aluminium, carbolic acid and so on. This is injected directly into the blood stream and thence to the cells, major organs etc. The immune defences stand no chance.

When alien material from dogs, monkeys, calves, chickens etc. is put directly into the human blood stream, the material is likely to change the genetic structure as the foreign proteins etc. are incorporated into the invaded cells, which, in their mutated form, continue to replicate. The immune defences can then no longer differentiate between self and non-self.

The body is then liable to invade its own cells with a variety of immune and auto-immune diseases, cancer included, as an inevitable end result.

Water fluoridation was first popular with the totalitarian regimes of the Soviet Union and Nazi Germany.⁴ Aside from being a narcotic, fluoride is also a highly toxic, persistent waste by-product of aluminium and fertiliser production, an enzyme-inhibitor, an immuno-suppressant and a listed carcinogen. 'Fluoridated Birmingham has now been compared with non-fluoridated Manchester over the years 1971-1977. After simultaneous standardisation of all data...it was found that over 1,000 excess deaths per year are now linked with fluoridated Birmingham.'⁵

The cavalier use of routine and diagnostic X-rays by the medical trade is a major cancer threat. Prof. John Gofman M.D. PhD., as early as 1980, put the figure for the US alone at 12,000 extra fatal cancers per year. He also stated that around three quarters of breast cancer cases are caused by medical X-rays; this is apart from the huge doses from 'radiotherapy'. The use of the new X-ray toys for mass lung-screenings, head irradiation for ring worm, shoe-fitting, sore throats etc. caused incalculable amounts of cancer deaths. 'I confess that I believed in the irradiation of tonsils, lymph nodes and the thymus gland. I believed my professors when they said the doses we were using were absolutely harmless. Years later the 'absolutely harmless'

radiation... was reaping a harvest of thyroid tumours.¹⁶

The huge, increasing assault on the immuno-defence systems and the ever-growing deluge of carcinogens will certainly result in a considerable acceleration of the rates of cancer incidence and death. The theoretical 100 percent cancer incidence could well be here around the mid 2,000s.

The Orthodox Cure Hoax

The definition of cure in cancer is the restoration of the cancer defence mechanisms and the elimination of cancer through these mechanisms. If this restoration is not possible, the next best is the constant support, through safe, natural means, of the body's attempts to keep the disease at bay.

Neither of these is supplied by orthodox cancer treatment.

The cancer research fund-raisers' definition of cancer cure is the apparent lack of symptoms for five years. If, or when, a patient dies a year or two after the five years, from the effects of the treatment, they remain in the 'cure' statistics: cured and dead at the same time.

'Patients may die from secondary growths at any time from a few months to many years after the treatment. Only after a gap of as much as twenty one years does the risk of death from some other cause exceed the risk of death from the original disease.'¹⁷ Or from the original treatment.

On June 8 1990, at Chelmsford Crown Court, a 42-year old woman was awarded £155,000 damages. She had suffered seven years of cancer treatment. 'She spent 13 months in and out of cancer wards during which she made friends and saw them die. Her hair fell out and she suffered continual nausea during six spells of painful radiological and drug treatment...Surgeons opened her stomach and removed an ovary in an unsuccessful search for breast cancer. Only then was the shattered woman told it had been a mistake.' (Times 9.6.1990)

The woman, who lost her career and her marriage, had never believed the diagnosis but had allowed herself to be rail-roaded by the white-coated cancer gods. The precise number of people who have been mis-diagnosed and have then been killed by the onslaught or who have survived and have been put in the 'cure' statistics cannot be estimated. One anonymous cancer statistician commented: 'I wouldn't be surprised if they are curing a lot of leukaemia that never existed.'¹⁸

In 1940, according to Prof. Hardin B. Jones:¹⁹

'Through re-definition of terms, various questionable grades of malignancy were classed as 'cancer'. After that date, the proportion of cancer cures having 'normal' life-expectancy increased rapidly, corresponding to the fraction of questionable diagnosis included.'

The oldest prong of the lethal trident, cynically known as modern cancer therapy, is surgery. The notion being that the removal of a tumour cures the patient; ignoring the fact that cancer is a whole body, systemic, constitutional disease which eventually manifests a tumour; the location of the growth being due to individual constitutional factors, and the nature of the carcinogen. As for surgery, George Bernard Shaw was of the opinion that, 'The more appalling the mutilation, the more the mutilator is paid.' In medispeak, the more appalling the mutilation

the more 'heroic' the surgery; it not being readily apparent whether the heroism is on the part of the patient or the surgeon who must know that one day he will have to stand before the Lords of Karma and explain his actions.

The hemi-corporectomy, the amputation of everything below the pelvis,⁹ was one of the bravest operations carried out by the heroic cutters but the greatest scalpel heroism was the 'total exenteration' or 'hollowing out'¹⁰ – the removal of the stomach, internal reproductive organs, pelvic floor and wall, pancreas, spleen, colon, rectum, bladder, ureter and part of the liver: far more fun than the nutritional approach to cancer.

Surgery is a massive shock to the system, uses carcinogenic anaesthesia and increases the risk of cancer in the scar tissue. It has a place only where the threat to life processes is immediate, as in digestive obstruction etc.

The routine removal of every malignant lump which is surrounded by the body with a defensive shield, is a death sentence.

Chemotherapy involves the use of extremely toxic petrochemical drugs in the hope, never realised, of killing the disease before killing the patient. The drugs are designed to kill all fast-growing cells, cancerous or not. All cells caught in the act of division are systematically poisoned. The effects include hair loss, violent nausea, vomiting, diarrhoea, cramps, impotence, sterility, extreme pain, fatigue, immune-system destruction, cancer and death.

According to the government's own figures,¹¹ around 2 percent of chemotherapy recipients are still alive after 5 years: the term 'alive' is used, here, in its literal sense: i.e. not yet clinically dead.

'Recently someone very dear to me, someone who can never be replaced, died a premature and totally unnecessary death. He had cancer and he was my father. Although there are safe, effective, natural treatments for this dreaded disease...my father allowed himself to be talked into having chemotherapy.

The side-effects of the drugs were horrendous and unspeakably cruel but he persevered with the treatment because he had faith and trust in his doctors and believed every word they told him. Clearly he was dying but he continued taking the awful treatments because he was repeatedly told that he was doing 'so well'. After all, the good doctors wouldn't lie to him, would they?...the truth about his real condition was not revealed to him until my mother accompanied him to the clinic for what was to be his last treatment...the prognosis was "very grim"...my father had less than a month to live... then, and only then, did my father allow us to take him elsewhere for non-toxic treatment...My husband took him to a cancer help centre where he received metabolic therapy...he was one hundred percent more comfortable and relatively free of pain...and he died a peaceful death.

He did not die of cancer, however, but of pneumonia, one of the chemotherapy's side-effects. Chemotherapy damages if not destroys the body's immune defence system...had my father been told that chemotherapy would never cure him...he would have allowed us to take him elsewhere...much sooner...I keep thinking of the Hippocratic oath, in particular, the first line, "First do no harm", and, "I will never do harm to anyone. To please no one will I prescribe a deadly drug, nor give advice which may cause his death." I loved my dad very much and to lose him in this cruel horrible unnecessary manner is certainly the heartbreak of my life."¹²

Whilst toxic chemotherapy has killed untold millions of patients, a systemic approach, using genuine, natural, anti-cancer agents is a valid, if not ideal, approach to cancer. 'Radiotherapy',

however, is devoid of any rational basis in theory or practice.

After radium was discovered it was tried out in various situations. It was inevitable that 'some enterprising medical men started a fad in using it on cancer victims.¹³ The tumours were shrinking; cancer was being cured. This led to a price rise of 1,000 percent and the birth of a multi-billion dollar industry without an atom of science as its basis.

In late 1991 someone at the North Staffordshire Hospital, in Stoke, noticed that the settings on the tumour-burning machine were set too low. Various masterminds, including the local MP, went on air with dire warnings of the consequences to the 1,000 patients who had not received enough of the healing rays. An investigation was ordered.

The team undertaking the investigation faced a considerable problem. If they accepted the view of the doctor-in-charge, that the 'under-dosed' patients fared no worse than those given prescribed doses, they might have been asked why patients were, and are, given large doses of immuno-suppressive, carcinogenic radiation, when not necessary.

If they decided to preserve the virtue of radiation as a valid therapy by declaring that the UDs died quicker, they risked litigation from the relatives. If they found, as cynics strongly suspected, that the UDs lasted longer, they risked some trouble-maker wanting a further 1,000 patients treated with the radiation machine turned off altogether.

They needed to bring in the Creative Cancer Statistics Squad: pronto.

Finally, the CCSS delivered their verdict: the doctor involved was wrong; the lack of radiation adversely affected the patients. Litigation from the relatives was to be preferred to admitting that the dosage made no difference.

In the US, an anonymous National Cancer Institute scientist¹⁴ explained:

'Look, when you've got 10,000 radiologists and millions of dollars worth of radiation equipment, you give radiation treatments, even if study after study shows that a lot of it does more harm than good. What else are they going to do?

Like surgeons, they've been trained to cut: so they cut.'

One person who chose to have treatment with the radiation machine turned off altogether was the jockey Bob Champion. Convinced by the early detectors, in spite of feeling well, that he was, '...likely to die of cancer of the lymph gland,' he decided that he did not relish the thought of a treatment that, '...could have ruined his lungs.'¹⁵ - let alone the rest of him - and opted for drugs.

He eventually survived the treatment and the 'lymphoma'. His doctor, 'cancer specialist' Ann Barrett, declared:

'He is the only patient in my experience who has come through this disease and achieved such a high degree of physical fitness afterwards. His recovery is even more remarkable when you consider that he refused to have the conventional treatment.' !!!

The plight of the ever-increasing number of parents of child cancer victims facing 'radiotherapy' was well illustrated in October 1993:

'...after learning of the appalling side-effects of radiotherapy...her anxious mother has opted to

*take her to America for private treatment... "I've been told the radiotherapy will cause brain damage knocking forty points off her I.Q....Her growth would be stunted...she would need hormones to help her growth and sexual development. It is also likely she would be sterile"*⁶

Further delights include bone and nerve damage, leading to amputation of limbs, severe burns and, of course, death, at a future time, from cancer and leukaemia due to the highly carcinogenic, immuno-suppressive effects of the huge doses of radiation.

*'Chemotherapy and radiotherapy will make the ancient method of drilling holes in a patient's head, to permit the escape of demons, look relatively advanced...the use of cobalt...effectively closes the door on cure.'*⁷

The five year survival rates for the different onslaughts are: ¹¹

- Surgery - 22 percent
- Radiotherapy -12 percent
- Surgery/radiotherapy combined - 6 percent
- Chemotherapy plus others - 2.5 percent
- Chemotherapy alone - 1.6 percent

... none of which has stopped the cancer industry from carrying out the same procedures, day in, day out, for decades: with the same deadly, inevitable results.

Temporarily suppressing, with the scalpel, drug or radiation, the symptoms of cancer does nothing for the victim's chances of survival. Adding gross insult to injury, the treatment involves massive doses of carcinogens and super-poisons.

The patient is subject to a regime diametrically opposed to that which is needed for survival.

Cancer is an acceptable form of suicide for those who have lost the desire to live: this loss being a major factor in the development of the disease in the first place. The great tragedy and scandal is where the victim has a strong determination to live and fight but is then destroyed by the assault from the lethal, useless treatment and not by the cancer.

Early Detection

A boost to the early detection and cure hoax has been the improved methods used in picking up early cancer - real or imaginary. This has led to an increase in numbers of people lasting five years and being put in the cure statistics. Early stage patients are stronger and more likely to survive the assault; whereas, before the improved techniques, patients with more advanced disease succumbed to the disease/treatment before the five years were up.

On early detection and orthodox treatment, Prof. H.B. Jones, then the leading US cancer statistician, with over 30 years experience, stated, in 1975:

'It is utter nonsense to claim that catching cancer symptoms early enough will increase the patient's chances of survival: not one scientist or study has proven that in any way. My studies have proved conclusively that untreated cancer victims live up to four times longer than treated individuals. If one has cancer and opts to do nothing at all, he will live longer and feel better than if he undergoes radiation, chemotherapy or surgery, other than used in immediate life-threatening situation.'

One person who, before the reality hit him, may well have smiled at Jones' statement was US Senator Hubert Humphrey. Former vice-president Humphrey, a true believer - until it was too late - in the cancer boys and their early detection was told that he was suffering from bladder cancer. This was duly 'cured' with radiation. Later, in May 1976, the prognosis was that there was no reason for any further treatment. Six months later Humphrey was operated on for the removal of a bladder tumour. His surgeon, Willard Whitmore, declared: 'As far as we are concerned the Senator is cured.'

Whitmore added that '...to wipe out any microscopic colonies of cancer cells that may be hidden somewhere in the body' treatment with experimental chemotherapy - 'bottled death' as Humphrey later called it - would begin. Humphrey changed from an active middle-aged man into a feeble, ageing wreck and died within one year in full view of the media who all, apparently, thought he had died of cancer.

Any doubts about the brass neck of the Syndicate, in the face of such a spectacular public defeat, were dispelled the very next year by the publication of a book which stated that Humphrey was a '...famous beneficiary of modern radiation therapy' who had '...remained well for three years until the development of a new, more advanced cancer.'²⁰

The use of very expensive body scanners to detect early lumps has been a favourite source of pride with the cancer cartel and their faithful fund-raisers. A letter from an MP stated: 'I have now received the enclosed reply from the...DHSS about the value of body scanners in treating cancer. As you will read, the government does acknowledge the value of body scanners but can give no statistical evidence of this.'²¹

This is fully in keeping with the tradition of orthodox medical practices. Estimates vary from 50 percent to over 85 percent as to the degree of these practices which are, at best, unproven or, at worst, lethal.

Breast Cancer

Around 15,000 women, diagnosed with breast cancer, die each year in the UK. The medical cynics, engaged in the ongoing competition to demonstrate that it is quite impossible to insult the intelligence of the public on matters of health, have always found fertile ground in the field of breast cancer; the crowning achievement being when one of the jokers convinced healthy women to have both breasts removed to prevent breast cancer.

*'The American Cancer Society and the National Cancer Institute, as a showcase project of the "war on cancer", co-sponsored a massive X-ray screening program for breast cancer - on 280,000 women - the notorious mammography follies. With kind smiles and Pollyanna counsel, women were encouraged to affirm their virtue on the altar of technology by exposing themselves to periodic radiation known to increase the risk of the disease. ...Emphasis was placed on radiating women over 50, the very age group that would be most vulnerable to induction of cancer by radiation.'*²²

By 1989 four random-controlled mammography trials had taken place: in the USA, UK and two in Sweden. In the final, and most sophisticated, trial, in Malmo, it was found that for one woman to have a cancer avoided or delayed it would need 68,000 women to be screened.²³ As such a figure is completely meaningless, the grave dangers of mammography are entirely without any possible counter-balancing benefits.

*'Breast scanning increases cancer risks for women....middle-aged women who have regular mammograms are more likely to die from breast cancer than those who are not screened...'*²⁴

The largest ever trial of mass breast cancer screening was the Canadian National Breast Screening Study, involving 50,000 women and directed by Prof. Anthony Miller. Half of the

women were given X-ray screening every year or 18 months and half were given just a physical examination. Within the X-rayed group the cancer death-rate was 'significantly higher.'

The danger, according to Miller, was from the fact that mammograms lead to surgery for tiny lumps, encouraging secondaries to grow. Also, according to Miller: '...one potential problem was that surgery, the anaesthetic and radiotherapy, involved in treating women with breast cancer, were interfering with immunity.' No kiddin'?

Dr. Irwin Bross, Director of Biostatistics, Roswell Park Memorial Institute, had his funding stopped by the National Cancer Institute when he released his figures linking X-rays with cancer and leukaemia. Bross said that the mammography stunt would cause four or five cancers for every one detected, leading to '..the worst epidemic of iatrogenic breast cancer in history. In my view...the NCI would be better off putting the money allocated for future screenings into a trust fund for the victims of the programme who will develop cancer in 10 to 15 years time.'

According to Prof. Jones: 'With every patient that...boosts his health to build up his natural resistance, there's a high chance that the body will find its own defence against the cancer.' Prof. Jones warned against '...being made into a hopeless invalid through radical medical intervention which has zero chance of extending his life.'

None of which has made any impression on the screeners or the knife/drug/ray tumour-zappers; or on the ever-willing multitude of females, following the camp and determined to be the next sacrifice, virgin or otherwise, at the feet of The Great God of Consensus Medicine.

Bristol

In June 1986, a study, financed by the Cancer Research Campaign and the Imperial Cancer Research Fund, began at the Bristol Cancer Help Centre. The BCHC had approached the Syndicate with a view to the evaluation of the Centre's 'complementary' methods; methods, apparently, designed to try to stop the patients dying from slash/burn/poison for as long as possible.

The study involved women who had undergone or, incredibly, were still undergoing, the orthodox onslaught, and offered a golden opportunity for the cartel to deliver a decisive blow to rational cancer treatment: a blow from which the Centre and holistic medicine has yet to fully recover. The report of the study was written by C.E.D. Chilvers, T.J. McElwain, F.S. Bagenal, D.F. Easton, and E. Harris.

The opening lines of the report set the tone for the rest of the document: 'Interest in and use of alternative medicines and practices for the treatment of cancer has been growing for several years despite lack of any scientific evidence for anti-tumour effects.'¹⁸

Of the findings, the report stated: 'These results suggest that women with breast cancer attending the BCHC fare worse than those receiving conventional treatment only... the possibility that some aspects of the BCHC regime is responsible for their decreased survival must be faced.' The report implied that women without metastasis - cancer cells spreading - were around 3 times more likely to relapse in the BCHC group.

Without subjecting the report to the usual peer or statistical review, the triumphant cancer orthodoxy, at a press conference organised by the ICRF, could hardly conceal their glee at such an easy victory. Whilst the BCHC staff, now showing belated signs that they realised what

the trial was all about, looked for holes in which to be swallowed.

Karol Sikora, of the cancer unit at the Hammersmith Hospital, had expressed doubts about the report's authenticity and had provisionally agreed to attend the press event to offer the BCHC support. He was later to contact the Centre saying that he would not attend. Walter Bodmer, one of the cancer barons behind the report and director-general of the ICRF, who were funding some of Sikora's work, repeatedly refused on camera to comment on whether he knew anything of a telephone call causing Sikora's about face.²⁴

Sikora later became deputy director of clinical research at the ICRF.

After the media blitz had done the required damage, the facts about the report began to emerge: the BCHC women were much more ill than the control group. No constant check was made to see if the Bristol women kept to the regime. No-one ensured that the controls were avoiding the 'complementary' therapies available at the Royal Marsden Hospital, where half the controls were based. Lifestyle, relationships, environmental factors etc. were not taken into account. All BCHC women were classed as 'cancer-free' at the start when nearly half had active cancer, with 19% 'incurable'. 43% of BCHC cases had undergone a mastectomy compared with 36% of controls. 85% of Bristol women were under 55, a group with a worse prognosis. The controls had 73% under 55...etc.

The report found itself under a deluge of criticism, mainly in the pages of the Lancet; and a couple of months after the report publication one of the reporters, T.J. McElwain, committed suicide. None of which caused the others involved - Chilvers, Bagenal etc. - to call for official withdrawal of the report; a report which had concluded: 'Other alternative practitioners should have the courage to submit their work to this type of stringent assessment.'

Tamoxifen

Tamoxifen is a drug which is related, structurally, to the infamous DES and is used in the treatment of breast cancer. It is now being promoted as a breast cancer preventative in the UK, despite serious reservations on both sides of the Atlantic. Women are being asked to take a tablet of the drug every day for five years with regular X-rays throughout the period. According to Professor Samuel S. Epstein of the School of Public Health, University of Illinois: 'As relatively few breast cancer patients have taken the drug for more than five years tamoxifen may be a much more potent human carcinogen than is currently recognised.'

Studies have suggested an increased risk of uterine cancer, 6.4 times higher for those women taking tamoxifen.²⁷ The literature, sent out by the promoters states: 'Liver tumours develop in rats given large doses of tamoxifen, but not in mice so it is difficult to be sure about the effects in humans.'

This has not deterred some ladies from signing up; presumably, having reasoned that they are more like mice than rats.

'Drug maker may quit cancer trial - Healthy women taking part in a clinical trial to prevent breast cancer might have been put at a risk of developing other tumours...the drug may increase the risk of tumours in the womb, liver and bowel. The disclosure, on the eve of the launch...has led to the manufacturer threatening to pull out.'²⁸

Hamish Cameron, head of medical affairs at Zeneca, the drug's makers, stated: 'Should the benefit/risk balance shift adversely, we reserve the right to withdraw that drug supply. If the

evidence is quite clear I would hope the trialists themselves would realise that the game is up.'

Dr. Richard Bulbrook, one of the original proposers of the tamoxifen enterprise, voiced his concerns: 'Things have changed. There are now so many side-effects reported - there were 41 at the last count - and some of these are fatal.'

The USA abandoned the tamoxifen prevention scam on safety grounds: all in sharp contrast to Gordon McVie 'scientific director' of the 'Cancer Research Campaign': 'What we want to know is can we get more mileage out of tamoxifen, possibly by giving it for life.'

On the question of how orthodox cancer treatment 'saves' half the women with breast cancer, Dr Irwin Bross is quite unequivocal - half the women don't have breast cancer in the first place:

'If you are a woman who has been diagnosed as "early breast cancer"...there is one simple scientific fact that you need to know...more than half the time the pathologist is wrong - it is not actually breast cancer...What most women have is a tumour which, under a light microscope, looks like a cancer to a pathologist. Chances are this tumour lacks the ability to metastasize...the hallmark of a genuine cancer...'

The world's first controlled trial of adjuvant therapies for breast cancer was centralised in my department...Dr Leslie Blumenson and I...made a surprising discovery. More than half of the patients...had tumours...that were more like benign lesions.

Our discovery was highly unpopular with the medical profession. Doctors could never afford to admit the scientific truth because the standard treatment in those days was radical mastectomy. Admitting the truth could lead to malpractice suits by women who had lost a breast because of an incorrect medical diagnosis. The furious doctors at the National Cancer Institute...took our highly successful breast cancer research program away from us...they eventually succeeded in suppressing our findings and blocking new publications...

Breast cancer and prostate cancer are statistical twins. When the functions of these two sexual organs diminish, the cells often become abnormal and look like cancer cells...The Journal of the American Medical Association reported amazingly high survival rates...of untreated early prostate cancer which showed 7 out of 8 tumours were not cancers.

There is no reason for women to panic when they hear "cancer"; panic makes them easy victims.'

The patient who is wrongly diagnosed and has no cancer, and is therefore more likely to survive the 'therapy', is recorded as a 'cancer cure'.

The patient who has cancer and is in a weak state is usually killed by the treatment and recorded as having 'died of cancer'.

Those who never had cancer in the first place are made far more likely to develop the disease, in the future, from the lethal carcinogenic, immuno-suppressive effects of the surgery, drugs and radiation.

Save the Children

According to the latest Morbidity Statistics from General Practice, UK childhood cancer incidence almost tripled in ten years. In the USA, '...of the 23 children admitted to the largest

paediatric ward of the University of Minnesota hospitals in a single day, 18 had cancer.¹²⁵

A mother, writing in a women's magazine, said:

'By the time you read this my son Michael, who is just five, will be almost at the end of a year's course of treatment for cancer... To show for it Michael has a scar from one side of his body to the other, where doctors removed a huge malignant tumour and one of his kidneys. Radiotherapy at Bart's hospital left him limp like a rag doll with all the stuffing knocked out of him. Chemotherapy has made all of his hair fall out. The drugs... make him vomit for hours on end... his face is small and mostly pale: his eyes are dark and sullen and shadowed, the way a child's eyes should never be.'

Whilst it is unknown how long this child stood up to his tormentors, before being killed, it is certain that none of the medical inquisitors were hung, jailed for life, thrown into a padded cell or struck off any medical register.

It is also certain that anyone approaching the torturers with a suggestion that a regime of metabolic, herbal, nutritional...etc. treatment might effect a safe, effective approach to the illness would have been ignored or ridiculed. In the USA, Food and Drug administrator Robert Young admitted:

'In Boston a hospital tested a new NCI drug... on children. Their kidneys were lost within days... this was no big deal because new... NCI drugs are given out with literally no safeguards for people who will receive them.'

Having killed one child too many for litigatory safety, the cancer boys finally decided to tone down the assault. This led, inevitably, to longer survival times, which became 'great progress in childhood cancer treatment.' Whilst any reduction at all in the level of the drug/radiation lunacy is to be greatly welcomed, the idea that these longer survival times were due to anything other than less lethal treatments is merely wishful thinking.

The Autumn 1997 edition of the Leukaemia Research News reported the views of some LRF scientists:

'The intensive therapy given to children to ensure their survival (!)... can result in longer term side effects such as intellectual impairment, heart damage, growth disorders and even second cancers.'

When the second cancers - first cancers if the original leukaemia diagnosis was wrong - and the treatment, kill the patient, the original 'leukaemia cure' still stands in the statistics - cured and dead.

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44. Dr. G.L. Glum Nexus Dec '93