

culations, especially a sensation of tiredness all through pelvic viscera, even in perineum.

UPPER LIMBS—Itching of skin, metacarpal end of first phalanx of L. index finger, no redness or eruption.

LOWER LIMBS—Thighs and legs as if overworked; excessively fatigued. Eruption of pimples in the fold of R. side of nates, near anus, becoming very sore and seemingly like blisters; as skin rubbed off, became very sore.

SKIN—Tingling of skin of face.

FEVER—Sweat all over and headache between eyes. Sweat on scalp and slight moisture over body.

I would be pleased to receive a future report of your experiences with this remedy in your respective practices in order that we may thereby derive a worthwhile benefit to us all.

—*Jourl. of the Am. Inst. of Homœopathy, July, 1956.*

## CANCER ON THE INCREASE

Figures published by the World Health Organization do not pertain to health but to cancer. The theory must be that health is to be achieved in part by escape from cancer. It would be a fascinating speculation, if nothing more than that, to see if the final escape from everything would automatically leave health the principal remnant; and it would be engaging to reflect whether health as a remnant saved by escape would turn out to be very much worth having. At any rate, the World Health Organization asks itself none of these questions, but goes on to classify cancers by locality. The figures show that in 26 countries the majority of cancer deaths result from cancer of the stomach, next from cancer of the large intestine, finally from cancer of the rectum. All three rolled into one make up cancer of the digestive organs, according to the tabulation, more fatal to men than to women, and in the year 1955 accounting for the following proportion of all cancer deaths:

United States	39.0%	Sweden	52.7%
England	44.5%	Italy	54.6%
Canada	46.7%	Uruguay	54.6%
Spain	48.9%	Chile	62.6%
France	50.1%	Japan	73.3%
Switzerland	50.6%		

Increasing mortality from cancer since 1900 is shown clearly in the statistical tables of the World Health Organization, and they consider it remarkable. Remarkable it must seem to everyone. But the tabulations of themselves weigh less than the reasoning by which to explain them. "Because cancer starts mainly around middle age, the fact that people live longer means that more of them may be struck by this disease." That is the reasoning most often advanced and it is quoted from Page 357 of *Science* for August 24, 1956, commenting on the World Health Organization statistics. This is plausible enough, but how well does it stand analysis?

"Struck by this disease . . ." What do those words convey? Do they mean that cancer exists somewhere outside the aging human, waiting for sufficient aging before launching an attack? If that is so, what is cancer like before it strikes a victim? And where is it hiding? How do you go about looking for it? How would you recognize it? Has anyone seen it?

Or, from another angle, suppose a victim is "struck", when did that take place? When cancer tissue appeared? Was the victim perfect until cancer tissue appeared and thereafter cancerous? If he was perfect, and cancer struck a perfect man, does that mean cancer strikes all perfect men when they reach middle age? Is the way to escape cancer, then, either to be imperfect or not to reach middle age?

From the standpoint of cancer as it lurks in hiding for the right chance and the properly ripened victim, will it strike indiscriminately everyone who reaches middle age, or will it pick and choose? The tabulations are percentages, so according to them the strike is not indiscriminate. Then, how does cancer make its selections? If something exists within the middle-aged that predisposes some of them and not others, could this something be taken to be part of the case? If it

could, then does the whole cancer problem begin and end with cancer tissue in the body?

Now the piece in *Science* goes on: "Furthermore, in the past 50 years other causes of death such as the infectious diseases have lost much of their importance, thus increasing the proportion of deaths caused by cancer." Plausible as this, too, seems at first blush, does it not suggest that perhaps more is in cancer than mere cancer tissue? If persons are made rid of infectious diseases, and the process is the process of cure, should they then go on to cancer? What is the purpose of medicine anyway—simply to be rid of some diseases? Or does medicine when fully conceived aim for cures which raise the ability to remain well? If infectious diseases which are either made to disappear or by some sort of shot are prevented from making their appearance—if the next thing is more serious and hard to manage, such as cancer, has the patient really been benefitted, or has he been harmed? Is it not extremely important *how* the patient with infectious disease is handled?

When early maladies, infectious ones among them, are made to disappear by a method that brings deeper maladies, cancers among them, later in life, the later and deeper malady is offspring of the earlier and lighter malady. Put in better terms, the patient has been sick all along. Stopping what is manifest about his early sickness does not stop the sickness at all, only the manifestations, unless the stopping is done by cure. If the sickness itself is stopped from showing itself in one way, it will go on to show itself in another way at a later time. The second showing is always deeper, always more dangerous, than the first showing. That is one good reason to suspect that cancer increases over the past 50 years largely because medicine has more often quashed maladies and has not cured sickness. It is a well known process. It is called suppression. For the future of mankind, medical suppression is a most ominous menace. It is with medical suppression that the World Health Organization is dealing for the most part when it is looking into cancer, though the World Health Organization might be astonished to find that out.

This link between the lighter ills preceding and the serious ills which follow—this link which bridges decades of human life—when medical treatment is suppressive shows its reality every day in the office of the genuine homœopath. If the case comes to Homœopathy in the later stage, perhaps a case of cancer; if not too much tissue has been destroyed and there is reasonable vitality remaining; the physician has the opportunity of getting enough more in the way of symptoms and history besides cancer tissue to reveal the remedy. That remedy will not be a cancer remedy. It will be the one remedy homœopathic to that patient at that time. When that one homœopathic remedy goes to work, then the later, deeper, more dangerous state characterized by cancer will disappear and in its place will come back once more the earlier state which was—perhaps years or decades before—the first manifestation of the patient's illness. This makes the relationship inescapable between the early malady and the late malady. This establishes the link, and the link is the patient's actual sickness. When the events following the remedy take that inverse course, then and then only is the patient's actual sickness reached. By the inverse course of events everyone who understands will know the actual sickness has been reached and is being cured. The earlier lighter malady, brought back for a return visit, makes a brief and passing call and itself bows out.

Suppression in medicine, its awful consequences to mankind, and the law of the inverse order by which suppression may be turned back, are as strange to the World Health Organization as they are to the medical colleges themselves. To understand suppression and its opposite, cure, the physician must reach beyond his M.D. and study post-graduate, as in the Post-Graduate School conducted by the American Foundation for Homœopathy. But as a principle, laymen get it, and as a principle it is clear to laymen, when they take the Foundation Course for Laymen. When physicians and laymen more generally appreciate medical suppression the World Health Organization will be seeing far less cancer.

—A.B.G.

*The Layman Speaks, Nov., 1956.*