

Can Cancer
be stopped
through
immunology?

Cancer

A NEW
BREAKTHROUGH

By Virginia Wuerthele-
Casper Livingston, M.D.

Cancer: A New Breakthrough

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Cancer: A New Breakthrough

Dedicated with love to the memory of my father,
HERMAN WILLIAM WUERTHELE, M.D., F.A.C.P.
October 6, 1885 - January 5, 1967.

Hero of my childhood, inspiration of my youth, friend and
preceptor of my adult years.

This book was written at the insistence of my dear husband
AFTON MUNK LIVINGSTON, M.D. Deceased May 23,
1975

*We who till now in thy shade
Rest as under the boughs
Of a mighty oak must endure
Sunshine and rain as we might
Lacking the shelter of thee.
O strong soul, by what shore
Tarriest thou now? For that force,
Surely, has not been left vain!
Somewhere, surely, afar
In the sounding labor house vast
Of being, is practiced that strength,
Zealous, beneficent, firm!
Yes, in some far-shining sphere,
Still thou performest the word
Of the spirit in whom thou dost live.*

Matthew Arnold

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Cancer: A New Breakthrough

Introduction

This dread disease reaches into every family around the world; it does not spare the nursing infant, the child, the teen-ager, the young adult, the busy mother, the providing father in his prime nor does it spare the old after many decades of useful life. One person dies of this disease in the United States every minute, 1440 a day and 350,000 a year. One person in four, 25 percent, will be stricken with it some time in the course of his lifetime. In the later decades of life, after fifty years of age, one person in three will be attacked. About 1,500,000 people are suffering with this disease at the present time. The total dead from the Vietnam War is 53,316, with 293,442 wounded. Motor vehicle accidents killed 54,800 and injured 2,000,000 in 1970. However, the vast majority of those injured in vehicular accidents will completely recover. The number who will be spared at least a year more after contracting the dread disease of cancer will be roughly one-third or less.

What is this hidden killer that destroys the just and the unjust, the young and the old, the famous and the humble, the rich and the poor, that strikes like a murderer in the dark to destroy the lives of millions of the inhabitants of the earth? The treasures of health and long life cannot be locked up in a safe. They cannot be hoarded for future use nor can they readily be bought or sold. This dread disease strikes as it will and when it will.

The common name for this epidemic disease is *cancer* meaning the *crab* because of its appearance in living tissue. It appears to have claws which spread among the body cells and reach out to entangle the surrounding structures in a relentless grip.

I have called the disease and the microbial agent we believe to be the causative agent the hidden killer — *Cryptocides*. During a meeting of the New York Academy of Sciences at the Waldorf-Astoria Hotel in New York in November 1969, we were requested to classify the microorganisms we were describing as the cause of cancer. All microorganisms are classified into groups according to their properties and given a name. This is called determinative bacteriology. The classification under a name is called nomenclature. All microorganisms are classified under an order, a family, a genus, a species, and variants.

The microorganism has been classified as follows:

Order: Actinomycetales

Family: Progenitoraceae

Genus: *Cryptocides*

Species: *Cryptocides tumefaciens*;

Cryptocides sclerodermatis (*Sclerobacillus*)

Wuerthele-Caspe, 1947;

Cryptocides wilsonii, Wuerthele-Caspe,

Alexander-Jackson, Diller, 1956.

Variants: hominis, rodentii, avii, etc.

Actinomycetales means that it is like the sun and has rays or armlike processes in its growth on being planted on cultural media which consists of selected biological material which acts

as the soil for the growth of organisms. It is called *Progenitoraceae* because it appears to be very primitive in its growth. Forms resembling these organisms have been found in pre-Cambrian rock long before man appeared upon the earth. Its genus is *Cryptocides*, a combined Greek and Latin word which means the hidden killer. Under species there are groups which cause various diseases such as cancer, scleroderma (a hardening of the skin) and other connective-tissue diseases. The variants mean that it can occur in several different species such as man, rodents and birds. The Actinomycetales also contain the micro-organisms which cause tuberculosis and leprosy.

It is now commonly believed that cancer is an infectious disease caused by a tumor agent described at times as a virus and at other times as a C-particle because of its shape under the microscope. The purpose of this book is to relate the disease of cancer to an infectious agent, Progenitor *Cryptocides*, and to describe how this hidden or occult infection produces the many forms of the disease. Also, this book is intended to inform the average person what he can do to protect himself by guarding against this infection and what kinds of treatment may be helpful once he has contracted the disease.

Thousands of dedicated people using millions of dollars the world over are devoting their lives to the conquest of this disease. Some are working in beautiful, well-funded and well-equipped laboratories, with large amounts of money and material at their disposal. Others, equally qualified, but more obscure, are working under great adversity with little money, poor equipment and receive only discouragement from the Establishment. Throughout history, not only in science and medicine but in other fields, the man with the dream has persisted in the face of every obstacle. It is human nature to believe that what is acceptable today scientifically must be enforced and perpetuated in our medical institutions. But the average man rises up in rebellion against the dictates of established medical procedures. He asks, "Are you a cut, burn and poison doctor?" Meanwhile the dreamer knows that tissue

destruction is not the answer, that there are other ways to utilize the wisdom of the human body, which, given assistance, can heal itself. The dreamer seeks to prevent and to heal using the protective mechanisms with which each of us is blessed. That dreamer may be a present-day Koch, Pasteur, or Semmelweis. That day may be now.

The Hidden Killer

An attractive woman and her husband entered our consultation room. Her beautiful clothes and careful make-up did not conceal the signs of her dreaded disease, cancer. Her moon-shaped face, under the make-up, had a waxy yellow pallor. Her cheeks and chin were covered with a thick, coarse fuzzy growth of hair. Her right arm was swollen tight against her sleeve and her right hand was puffy and blue in color. She was obviously wearing a wig. She had tied a soft white filmy scarf around her neck. As she sat down she crossed her ankles and placed her feet under the chair as far as she could, trying to conceal once shapely ankles now swollen and puffed over the top of her loose shoes. My husband and I, both physicians, knew before she spoke why she had come to see us.

Since our appearance in January and February 1972 on Joseph DeSilva's "Open Forum," Channel 13, Los Angeles, when we were interviewed on various aspects of cancer, our medical office in San Diego has been crowded with terminal

cancer patients. This woman was one of the many who came seeking help. Her history was typical. As an intelligent person and a regular contributor to the American Cancer Society, she was aware of the seven signs of cancer. She had also seen the movie on self-examination of the breasts. So it was that three years ago, as was her monthly custom, halfway between her menstrual periods, she examined her breasts while lying down. At first she thought she was imagining things but after checking the left breast, which had some irregularities that were soft and rubbery, she knew that this lump was different. For three days she watched the lump. Since it did not change, she consulted her family physician. He sent her for a mammogram, an X-ray picture of the breast. This showed an area of density that strongly suggested a tumor mass. From there she was sent to a competent surgeon who scheduled her for breast surgery within the week. At the hospital she was thoroughly examined, with chest and skeletal X-rays as well as by a complete laboratory workup including blood typing. She signed an authorization for the surgeon to remove her breast and to perform a "radical mastectomy" if the frozen section of the small lump proved to be malignant. The surgeon explained that the lump would be removed and examined as a frozen specimen in the pathology laboratory by the pathologist while she was under anesthesia. If his verdict was "malignant" then, without returning to consciousness, she would have a radical mastectomy performed.

The tumor was malignant. The radical mastectomy was performed. Not only was the entire breast removed but the underlying muscles and all of the glands in the armpit as well.

The complete pathological report, made a few days later when she was able to walk around and was ready to be discharged from the hospital, stated that no nodes in the axilla, or armpit, were involved and that all of the tumor had been cut away. Her surgeon recommended, however, that she have both her ovaries removed because she was still having menstrual periods. He thought the breast cancer might be "estrogen dependent," that is, the hormones from the ovaries might have

an effect on possible cancer-prone residual tissues, causing new tumors to arise elsewhere in the body or in the scar from the removed breast. He advised a short rest period. She went home for two weeks then returned to the hospital and both ovaries were removed.

All went well in the hospital following the oophorectomy except that she began to have “hot flashes” due to the loss of estrogen, or female sex hormone, now that she no longer had her ovaries. She was told that she could never take estrogen and must learn to live with these symptoms. After the wound from the mastectomy healed and the stitches were removed, she was started on a series of cobalt treatments over the area of the surgery. She was advised that these were necessary to prevent the cancer from appearing in the scar and in the surrounding glands and tissues. This treatment meant a daily visit for four weeks to the hospital except for Sunday. She lost weight because of nausea and poor appetite. She was assured that she would feel much better when the cobalt series was completed.

After the radiation treatments she did feel much better. However, her right arm was quite swollen from the removal of the glands from the axilla. She then received physiotherapy treatments and was given exercises to return the arm to normal function. She went to a surgical supply firm and was fitted with an artificial breast, which helped her clothes to fit properly. The psychological trauma resulting from all of these procedures was tremendous, but she was fortunate in having a considerate husband who overlooked her depression and irritability, and teen-age children who remained loving and attentive. When she was sufficiently recovered, her husband took her on a European trip for several weeks. Gradually, she adjusted to the traumatic experience. She returned to her usual activities and rationalized that the whole situation was worthwhile because now she could look forward to a normal life.

A little more than a year later while drying herself after her usual morning shower, she suddenly felt some small pea-sized nodules along the old breast scar. All her former fears returned.