

# **CANCER RESEARCH**

## **HEARINGS**

BEFORE A

**SUBCOMMITTEE OF THE  
COMMITTEE ON FOREIGN RELATIONS  
UNITED STATES SENATE**

**SEVENTY-NINTH CONGRESS**

**SECOND SESSION**

ON

**S. 1875**

**A BILL TO AUTHORIZE AND REQUEST THE PRESIDENT  
TO UNDERTAKE TO MOBILIZE AT SOME CONVENIENT  
PLACE IN THE UNITED STATES AN ADEQUATE NUM-  
BER OF THE WORLD'S OUTSTANDING EXPERTS, AND  
COORDINATE AND UTILIZE THEIR SERVICES IN A  
SUPREME ENDEAVOR TO DISCOVER MEANS OF CUR-  
ING AND PREVENTING CANCER**

**JULY 1, 2, AND 3, 1946**

Printed for the use of the Committee on Foreign Relations



UNITED STATES  
GOVERNMENT PRINTING OFFICE  
WASHINGTON : 1946

## **EXCERPT**

**Relative to Testimony given by**

**Max Gerson, M. D.**

**815 Park Ave.**

**New York, N. Y.**

Senator PEPPER. Now, Dr. Max Gerson, of Gotham Hospital, New York. We will hear Mr. S. A. Markel, of Richmond, Va., first. Gentlemen, you have heard twice the bell ring for the calling of a quorum for the Senate, so I would like us to make our statements just as brief as possible, and if you could make them orally and file your written statements for the record, it might save time.

**STATEMENT BY S. A. MARKEL, RICHMOND, VA.**

Mr. MARKEL. In the interests of saving time, I have a statement here that I will file for the record.

(Mr. Markel's prepared statement is as follows:)

**PREPARED STATEMENT BY SAMUEL A. MARKEL**

My name is Samuel A. Markel. My residence is 3410 Monument Avenue, Richmond, Va. I am a citizen of the United States, having been born in Elizabeth, N. J., United States of America.

I am in favor of the bill in principle. There are very few undertakings more important than this to which the United States Government could address itself. If my information is correct, between 450 and 500 people die each day of this dreaded disease, in other words, about 165,000 to 175,000 each year. This, of course, does not take into account the tremendous suffering by cancer patients.

Millions of dollars have been and are being spent in cancer "research," and while it is unknown how much of the actual dollar finds its way into research, as compared with other expenses, the amazing fact is that the medical profession is apparently still "researching" on the subject matter of cancer, while there resides in New York City an unassuming physician who has long since passed the period of research on animals and is actually treating and, in my humble opinion as a layman, curing cancer in human beings.

I have seen patients who appeared to me to be so far gone as the result of the ravages of cancer as to be beyond the pale of anything but miracles. These miracles are in fact being performed by Dr. Max Gerson, 667 Madison Avenue, New York.

I have seen some of these results.

The wife of one of my friends underwent an operation for cancer at the Walter Reed Hospital in Washington where her breast was removed, and which appeared to aggravate her situation and it appears that cancer had thereafter spread over her lungs. After a visit in New York for several months under the treatment of this scientist, Dr. Gerson, she has returned to her home in Richmond, Va., she has gained in weight, and, so far as I know, is cancer free. She says she has never felt better in her life. Her name is Mrs. W. G. Wharton. Her address is 2806 East Franklin Street, Richmond, Va., and her husband is presently the building inspector for the city of Richmond.

I myself was relieved of a very serious case of osteoarthritis by Dr. Gerson after my own doctor had pronounced my condition incurable.

My only interest in this matter is a humanitarian one, having lost my wife with this dreaded disease, and I feel that the least I can do is to add my voice and such funds as I am able to the eradication of cancer, and I have therefore given freely to the various campaigns for research. It appears, however, that some doctors are fighting Dr. Gerson. I can readily understand that when results so fantastic are obtained that such claims can hardly be believable. My quarrel with these gentlemen is the fact that they will immediately say such things are

impossible, or the doctor is a fake, without even stopping to inquire what is being done. I have had the same experience with my own doctors, who merely throw up their hands and say that anyone claiming to cure cancer is a fake, and while I understand that the medical profession considers it unethical for any doctor to say that he cures any ailment unless that cure has been in effect for 5 years or more. I understand further than the oldest patient in point of treatment for cancer which Dr. Gerson has, in the United States, is about 4 or 4½ years, and I hope that the good doctors of the medical profession will excuse me, if I as a layman say that I would not deny the results that I have seen on account of 6 months or so, and I feel that it is worthy of investigation and certainly of further research.

The very fact that the patients treated by Dr. Gerson are living today when they were destined to die 3 or 4 years ago, according to the statements of these good doctors who treated them, I say is a sensational result and the least that can be said for it is that Dr. Gerson has accomplished something that no one else in the medical profession has accomplished with respect to the treatment of cancer, so far as I am able to ascertain.

[I would hate to think that the antipathy to Dr. Gerson would be in any manner associated with the fact that his treatments are dietary and are not surgical.] He does not use surgery or recommend surgery, as I understand it, unless there may be some remote cases. Therefore, if this treatment is effective, as I believe it to be, the public would be relieved of millions of dollars of surgical fees, and I repeat, I would hate to think that such possibilities should incense any of our surgeons, who after all are presumed to be humanitarians as well. Dr. Gerson has no doubt made enemies as the result of his dietary therapy, wherein he does not permit patients to smoke or to drink intoxicating liquors or to consume canned goods and other items which could materially affect trade in that respect if it become universal, and of course it was not designed for Dr. Gerson to "make friends" but rather to treat cancer as the result of the many years of his experience.

I think this new approach is very important since apparently cancer research and the cancer research dollar has been traveling for many years down the same avenue of conventional orthodox research, and apparently those good scientists are unwilling to look at or give credence to anything new. In any event, the discoveries of Dr. Gerson should be carried further, as, in my humble opinion, he has unlocked the door to an avenue of approach to this problem from which a solution will be found.

To my mind it is of outstanding importance that facilities be provided in some manner, so that Dr. Gerson may train other doctors in his technique and that hundreds of thousands may be treated rather than the limited number that he is able to personally attend. It would be a calamity if anything happened to Dr. Gerson with no one left to carry on in this particular field, and I hope that the committee will see to it that in the development of cancer research, dietary therapy will have an important part.

**Mr. MARKEL.** I want to say at the outset that I am here in favor of S. 1875. At first I was constrained to oppose that bill like a lot of other people. There was a general apathy. I think Mr. Perlmutter's committee has stirred up some public interest, but there was a feeling that after 50 or more years, millions and millions of dollars spent, with the helpless feeling upon the part of these victims, that out of it grew nothing that they could lean on, not even a hope, and that it would just be another hundred million dollars down the same rat hole, at the cost of thousands of dollars per "rat." I feel, however, that we ought to do something.

The only assurance that I would like to see is that the commission as constituted would be absolutely independent, that it would be willing to do a job of research, as the name implies—every avenue of research that lends promise of a solution of this problem. There should not be a closed corporation or a gentleman's club where nothing would be heard from it.

We have present here cancer patients, victims, citizens of the United States, and I do not know who would have a greater right, Mr. Chairman, to express their opinion about the expenditures of public money for this purpose than those people. As far as I know, they are in favor of this bill, but I feel fully that research ought to be what it implies.

Since we have been here 50 people have died of cancer, while we are in this hearing. Money, as stated here, means nothing. We spent billions to destroy people, and probably we can spend a few hundred million dollars for the recapture of life. That is what this bill is designed to do, if it will do it; but I am not in favor, Mr. Chairman, of making the commission the tail to any existing kite. I think that it should be absolutely independent. Let them decide what they want to do. Let them adopt their own rules. All they need to be is honest scientists and honest Americans.

Now, what bothered me was, as I said, before millions are being spent for research. We are still researching with animals, while here, an unassuming scientist in New York—and I hope the medical profession will pardon me for using the word “cure”—is curing cancer today.

Now, I understand that a patient must have been free of a recurrence of disease for 5 years before an ethical doctor would be permitted to say the patient was “cured.” Well, fortunately, nobody can take my license away, because I am an ordinary layman, I am not a scientist, I am not a doctor—and I will not cloud the results on account of for 6 months. I say when the patient has lived 4½ years longer than the time allotted by reputable doctors, I am willing to say he was cured. At least, he has not been buried when he was designed to be by the hospitals that sent him home to die, Mr. Chairman. They were told that they could not live but a few months. That is 4 years ago. Something has been done for them. It has not been surgery. It has not been radium. It has not been X-ray—and those are the only three things, if my information is correct, that the millions of dollars had been spent upon. I say if there is another avenue, a nutritional avenue—which this is—or anything else which gives promise of the cure of cancer, these research artists at least should be willing to condescend to look at it, Mr. Chairman. In this case there have been outstanding scientists, I am told, who have been told of this, and they do not even want to look at it. I do not ask them to admit that it is true. At least take a look.

Senator PEPPER. Well, suppose we hear Dr. Gerson.

Mr. MARKEL. Yes.

Senator PEPPER. I have been informed by Mr. Markel and by a gentleman from Florida who is a friend of mine, they have been very much impressed by the work that has been done by Dr. Gerson, and they have requested that he be heard, here, at this hearing. I assented to the request. Mr. Markel, I believe we could do better, in view of the short time—and I know you would like to do this—to hear Dr. Gerson as soon as we can.

Mr. MARKEL. Yes; and we have Dr. Miley, here.

Senator PEPPER. All right. I have those two.

Mr. MARKEL. There are those two.

Senator PEPPER. We will hear them just as soon as we can.

**STATEMENT BY DR. MAX GERSON, GOTHAM HOSPITAL,  
NEW YORK, N. Y.**

**Senator PEPPER.** You may proceed, Dr. Gerson. Your name is Dr. Max Gerson?

**Dr. GERSON.** Max Gerson.

**Senator PEPPER.** Will you give us a little of your background.

**Dr. GERSON.** My office is 667 Madison Avenue, and I reside at 40 West Fifty-fifth Street, New York City.

I was born in eastern Germany, October 18, 1881. I graduated from the University of Freiburg im Br., where I received my license and degree in May 1907. I was assistant, later associate and on the staff of several famous hospitals, for about 13 years: with Prof. Albert Fraenkel, internist, Berlin; Prof. B. Kroenig, internist, Berlin; Prof. Otfried Foerster, neurologist, Breslau, for 4½ years; and Prof. Ferdinand Sauerbruch, Munich, for 4 years; Prof. Herman, Zondek, internist, Berlin.

I came to this country November 1936, passed the medical examination, and received my New York license January 27, 1938, my citizenship (No. 5961570) July 13, 1944, delayed by the war.

I am a member of the AMA, Medical Society of New York State, and Medical Society of New York County.

The dietetic treatment which has for many years been known as the "Gerson diet," was developed first to relieve my own severe migraine condition. Then it was successfully applied to patients with allergic conditions such as asthma as well as diseases of the intestinal tract and the liver pancreas apparatus. By chance a patient with lupus vulgaris (skin tuberculosis) was cured following the use of the diet. After this success the dietetic treatment was used in all other kinds of tuberculosis—bones, kidneys, eyes, lungs, and so forth. It, too, was highly favorable in many other chronic diseases, such as arthritis, heart diseases, chronic sinusitis, chronic ulcers, including colitis, high blood pressure, psoriasis, sclerosis multiplex, and so forth. The most striking results were seen in the restoration of various kinds of liver and gall bladder diseases which could not be influenced by other methods up to the present.

The great number of chronic diseases which responded to the dietetic treatment showed clearly that the human body lost part of its resistance and healing power, as he left the way of natural nutrition for generations.

The fundamental damage starts with the use of artificial fertilizer for vegetables and fruits as well as for fodder. Thus the chemically transformed vegetarian and meat nourishment, increasing through generations, transforms the organs and functions of the human body in the wrong direction.

Another basic defect lies in the waste of excrements of the cities. Instead of returning the natural manure to the fruit-bearing soil, it is led into the rivers, killing underwater life. The natural cycle is interrupted and mankind has to suffer dearly for the violation. Life in forest and wilderness should teach us the lesson.

But we can regain the lost defense and healing power if we return as close as possible to the laws of nature as they are created. Highly concentrated for speedy reaction, they are laid down in the dietetic treatment.

(Dr. Gerson placed on file with the committee a pamphlet entitled "Dietary Considerations in Malignant Neoplastic Disease.")

Dr. GERSON. The tuberculosis treatment was tested with favorable results in Munich, Kassel, and Berlin. A demonstration was scheduled in the Berlin Medical Association for May 5, 1933, but I left Germany for Vienna after the political upheaval, March 1933.

The first cancer patient (bile ducts) was treated in 1928 with success. Seven favorable cases followed out of 12 and remained free of symptoms up to 7½ years.

In Vienna I tried a modification of this treatment in six cases of cancer without any result.

After 2 years I moved to Paris where a patient, Mr. Horace Finaly, president of the Banque de Paris, bought a clinic for continuation of this treatment. Here I had three favorable results and one undecided case out of seven cases of cancer, following the use of the Gerson diet.

In New York I started the Gerson diet in cancer patients, 4½ years ago.

The evolution of the dietetic treatment is given in detail in one article published December 1945, and another one will be published soon.

The treatment is ineffective in cases with less than 10 percent lymphocytes in the differential blood count when the phosphorous cannot be brought back into the red blood cells and other tissues; it is also ineffective in patients with advanced liver damage, and, of course, in those who are in extremis.

Since the end of January 1946, I treat my patients in the Gotham Hospital in New York, 90 percent of them without charge, and never refuse any patients, irrespective of their condition, in order to see what this treatment can do for them. Up to the present all practical and research work was financed by myself in cancer, as well as other chronic diseases, including tuberculosis and I will not ask for money, here. This limits the progress of the method.

My experience leads me to believe that the liver is the center of the restoration process in those patients who improve strikingly. If the liver is too far destroyed, then the treatment cannot be effective.

#### MY THEORY

Aware of the imperfection of this as well as any other theory, I shall try, nevertheless, to explain the end results of the Gerson diet. It is condensed in three surpassing components:

(1) The elimination of toxins and poisons and returning of the displaced "extracellular" Na-group, connected with toxins, poisons, edema, destructive inflammation, from the tissues, tumors, and organs where it does not belong, into the serum and tissues where it belongs—gall bladder with bile ducts, connective tissue, thyroid, stomach mucosa, kidney medulla, tumors, and so forth.

(2) Bringing back the lost "intracellular" K-group combined with vitamins, enzymes, ferments, sugar, and so forth, into the tissues and organs where it belongs—liver, muscles, heart, brain, kidney cortex, and so forth—on this basis, iodine, ineffective before, is made effective, continuously added in new amounts.

(3) Restoring the differentiation, tonus, tension, oxidation, and so forth, by activated iodine, where there were before growing tumors

and metastases with dedifferentiation, loss of tension, oxidation, loss of resistance and healing power.

Mr. MARKEL. Doctor, you want to file this Case History of Ten Cancer Patients as a part of your statement. This is Dr. Gerson's.

Senator PEPPER. All right.

(Dr. Gerson placed on file with the Committee a document entitled "Case History of Ten Cancer Patients, Clinical Observations, Theoretical Considerations, and Summary.")

Senator PEPPER. Proceed.

Dr. GERSON. I would like to show you a few of the patients.

Senator PEPPER. All right, we would be glad to have them.

Dr. GERSON. This is Miss Alice Hirsch.

(Dr. Gerson presented for the record the following operative record:)

#### NEWARK BETH ISRAEL HOSPITAL

##### OPERATIVE RECORD

Name: Alice Hirsch. Age: 14. Date: October 15, 1945.

Preoperative diagnosis: Spinal cord tumor.

Surgeon: Dr. William Ehrlich. Service of: Dr. William Ehrlich.

First assistant: Dr. Wolfson. Anesthetist: Dr. Dear. Anesthesia: Endotracheal Ether. Suture nurse: Miss Goldberg.

Procedure: A midline incision was made extending from the spine of C-7 to D-3. The spines and laminae of D-1 to D-3, were removed with rongeurs. The dura did not pulsate. On opening the dura the cord was found to be swollen and had a yellow appearance. There were several tortuous varicosities on the surface of the cord. On compressing the jugulars no fluid could be obtained and consequently, the laminectomy was extended upward in two stages until the spines and laminae of what are estimated to be C-4, C-5, C-6, and C-7 were also removed. Here, too, the dura was tense, and on opening it the cord in this region had a glistening reddish-gray appearance as if it was completely infiltrated with gliomatous tissue.

The cord bulged through the opening in the dura. Exploration laterally and anteriorly was carried out to be sure we were not dealing with an anteriorly placed extramedullary tumor. A fine needle then was inserted into the midline of the cord but no cystic fluid could be obtained. Inasmuch as the patient had fairly good motor power in the lower extremities, it was not deemed advisable to incise the cord for biopsy.

The dura mater was left open for decompressive purposes and closure was completed using interrupted No. 1 chromic catgut in layers for muscle and fascia and interrupted black silk for subcutaneous tissue and skin. The patient stood the procedure well and returned to her room in good condition. Post operative diagnosis: Cervical and upper thoracic intramedullary glioma.

Style of operation: Laminectomy, C-5 to D-3.

Dr. GERSON. This original statement shows that this was a cervical and upper thoracic intramedullary glioma, with an operation in the Neurological Institute, Columbia University. That is the only case now at least arrested in 2,000 years of medical science. The patient was operated, she being a girl 15 years old.

(Dr. Gerson presented as a witness before the subcommittee at this point Miss Alice Hirsch, of Hillside, N. J.)

Senator PEPPER. What is your name?

Miss HIRSCH. Alice Hirsch.

Senator PEPPER. And what is your address?

Miss HIRSCH. 558 Sweetland Avenue, Hillside, N. J.

Senator PEPPER. Are your parents living?

Dr. GERSON. Yes; her father is here—the mother, too.

(Dr. Gerson presented as witnesses before the subcommittee at this point Mr. and Mrs. Leo Hirsch.)

Mr. MARKEL. That is the mother, Senator.

Senator PEPPER. And what is your name? Give your name to the reporter, and your address.

Mrs. HIRSCH. Mrs. Hirsch, 558 Sweetland Avenue, Hillside.

Senator PEPPER. And this is your husband?

Mr. HIRSCH. That is right. Leo.

Senator PEPPER. All right. Now, what did the little lady have?

Dr. GERSON. She had intramedullary glioma. Glioma is a tumor of the whole cerebral nervous system, it could be in the brain or in the spinal cord; and this was in the spinal cord. The tumor was here [indicating]. You can see they operated here, by the scar. They took the bones out, here for inspection. They made a so-called laminectomy. It came out here, where you see the long scar.

Senator PEPPER. You made the operation?

Dr. GERSON. No. It was made in the Newark Beth Israel Hospital; date, October 15, 1945.

Senator PEPPER. That is where the operation occurred?

Dr. GERSON. Yes. Here is the original operative record.

Senator PEPPER. What did you do?

Dr. GERSON. Then the physicians told the father:

We cannot do anything; it is a tumor, and nobody can remove such a tumor from the spinal cord. She would die.

Senator PEPPER. Was that before the operation?

Dr. GERSON. No. During the operations they saw that the tumor was in the spinal cord. It was inside—not outside. An extra-medullary tumor can be removed; so they operated to look into it and to see whether it was extra or intra. When they found it was an intra medullary tumor they could not do anything—closed, and sent her home, and told the father, "Please make her as comfortable as possible; that is all; we can do nothing else." That is all. So when she came to me, and we applied the treatment, and here [indicating], she had a paresis in the lower right arm; the process involved especially the nervous ulnaris of the right hand and the right leg; she could not walk much, these portions became more and more paralyzed, little by little increasing if the tumor grows. It destroys the spinal cord and stimuli from the brain cannot be carried to the muscles which atrophy.

Senator PEPPER. And by your dietary treatment you cured the tumor?

Dr. GERSON. We killed the tumor, yes; otherwise, you can understand, the muscles could not have been restored; she can move now the hands and arms. Maybe there is a little bit of weakness left, here. Professor Howe was much interested in this extraordinary case.

Senator PEPPER. You gave no treatment except your dietary treatment?

Dr. GERSON. She had some liver injections, too.

Senator PEPPER. How long was she under your care?

Dr. GERSON. She is still now under my care.

Senator PEPPER. How long ago was it she came to you?

Dr. GERSON. The end of October.

Senator PEPPER. Of last year?

Dr. GERSON. Of 1945.



Senator PEPPER. Is the statement that Dr. Gerson has made substantially correct?

Mr. HIRSCH. Absolutely. She was to have been paralyzed by around December 1—she was supposed to be, according to the other doctors.

Senator PEPPER. What was her condition when she went to Dr. Gerson?

Mr. HIRSCH. Very, very weak.

Dr. GERSON. She could not walk.

Mr. HIRSCH. We had to feed her by hand. We had to take her up out of bed when she wanted to go anywhere, and she could not walk to any extent.

Senator PEPPER. Could you see the tumor?

Mr. HIRSCH. No.

Dr. GERSON. No.

Senator PEPPER. It was inside; was it?

Dr. GERSON. Only by the operation it is visible.

Senator PEPPER. Did the doctors who operated at this Newark Beth Israel Hospital tell you they could do nothing about the tumor?

Mr. HIRSCH. That is right.

Senator PEPPER. And that there was a tumor in the spine?

Mr. HIRSCH. We knew before the operation that there was a tumor in the spine, and before the operation it was almost impossible to do anything for her.

Senator PEPPER. Is this a true copy of the report of the Newark Beth Israel Hospital about the operation and all?

Mr. HIRSCH. That is right. That is from the Beth Israel.

Senator PEPPER. Would you like to leave a copy of this for the record?

Dr. GERSON. I have presented that for the record.

Senator PEPPER. Now, another witness, Dr. Gerson?

Dr. GERSON. Yes, sir; Mr. Gimson.

(Dr. Gerson presented as witnesses before the subcommittee at this point Mr. George Gimson.)

Senator PEPPER. Dr. Miley, do you know also about these cases?

Dr. MILEY. Yes. I have seen all these cases many times. I have been watching it for the last 6 to 8 months, depending on how long they have been in there.

Senator PEPPER. Your name is Dr. George Miley, of Gotham Hospital, New York?

Dr. MILEY. That is correct.

Senator PEPPER. What is your own home address in New York?

Dr. MILEY. 820 Park Avenue.

Senator PEPPER. And what is the address of Gotham Hospital?

Dr. MILEY. 30 East Seventy-sixth Street.

Senator PEPPER. Who is the head of that hospital?

Dr. MILEY. I am.

Senator PEPPER. How many beds do you have?

Dr. MILEY. Approximately 85 beds.

Senator PEPPER. Is it a privately owned hospital?

Dr. MILEY. It is a hospital owned by a private foundation—the Robinson Foundation—at present.

Senator PEPPER. Is it a member of any hospital association?

Dr. MILEY. It is a member of the Private Hospital Association and the American Hospital Association.

Senator PEPPER. It is a member of the American Hospital Association?

Dr. MILEY. Yes, sir.

Senator PEPPER. In good standing?

Dr. MILEY. Yes, sir. Well, we think so!

Senator PEPPER. I just wanted the record to show whether it was a properly accredited hospital.

Dr. MILEY. Yes.

Mr. MARKEL. Dr. Miley will file for the record a statement.

Senator PEPPER. Did you know about the case of Miss Hirsch, who was here, before?

Dr. MILEY. Yes. We had a neurological consultation on Miss Hirsch, since I saw her, because I felt I was not a capable enough neurologist to make any decision whatever on Miss Hirsch's condition, and we had Dr. Hubert Howe, of the Neurological Institute, see her, and we had her, the last few months, and I have a statement here by Dr. Howe in relation to several patients that he has seen at Dr. Gerson's.

Senator PEPPER. Are you a medical doctor?

Dr. MILEY. Yes.

Senator PEPPER. From what school did you graduate?

Dr. MILEY. Northwestern University Medical School.

Senator PEPPER. Are you a member of the American Medical Association?

Dr. MILEY. Yes; a fellow of the American Medical Association, the National Gastroenterological Association, the American Rheumatism Association, the Philadelphia Physiological Association, the New York and Philadelphia County Medical Societies, and the New York and Pennsylvania State Medical Associations.

Senator PEPPER. And is it your opinion as a doctor that the cure, or the apparent cure, or improvement in the condition of Miss Hirsch which you witnessed, is due to the treatment that Dr. Gerson gave her?

Dr. MILEY. Well, I cannot see anything else to account for it. It is the only change in routine which she has had at all. If it were an isolated case you would say, "Well, maybe she was going to get better, anyway!" But if she had died, as apparently everybody who saw her thought she was going to die, everyone would have said, "Well, you see what happened!" But taking it along with quite a few other cases—and it is getting to be too much—it is no longer a coincidence. There are a good many people walking around that should be dead.

Senator PEPPER. Let us take the next case, here.

What is your name?

Mr. GIMSON. George Gimson.

Senator PEPPER. Where do you live?

Mr. GIMSON. 729 Thirty-second street, Union City, N. J.

Senator PEPPER. Dr. Gerson, tell us about Mr. Gimson.

(Dr. Gerson presented for the record the following letter:)

VETERANS' ADMINISTRATION.  
Lyons, N. J., November 26, 1946.

Dr. MAX GERSON,  
New York, N. Y.

DEAR DOCTOR: In compliance with a request from the above-named veteran we are submitting the following information.

First symptoms of present illness were present about May 1944. First symptoms in the Army since induction. First Army hospitalization was Regional Hospital, Fort Riley, Kan., August 28, 1944, treatment above.

Examination is not remarkable except for a freshly healed scar, anterior triangle, about 6 centimeters in length. Above and anterior to the scar is an area of anesthesia going well up into the scalp, including the entire tinna of the ear, following the nerve distribution of the greater auricular and of smaller occipital nerve. This scar is so recent it cannot be decided whether there is tumor tissue remaining in the scar or whether it is simple fibroblastic tissue as a result of the operation. But there is thickening along the entire length of the incision. There is no evidence of any other cervical adenopathy nor are there any occipital glands that could be palpated. There is nothing in the supraclavicular region either. No evidence of recurrence was noted on physical examination. It was a little bit difficult to determine whether the induration was due to postoperative reaction or some remaining tumor. However, review of the entire block of tissue removed, shows that histologically the malignant areas have been removed completely. Orthopedic examination reveals patient evidences extreme pain on all body motions even remotely related to the back. All back motion is limited by pain. Straight leg raising produces lumbar pain, Obers sign is positive, prone thrust produces pain referred to the lumbo-sacral region. All reflexes are normal. X-ray taken October 10, 1944, shows cervical spine in normal alinement and shows no bony abnormality, except a spina bifida occulta of the seventh cervical segment.

Treatment here consisted of extensive pyhsiotherapy to back, dressings to the neck, and heat treatment to right ear.

Condition on completion of case: 1. Unimproved. 2. Cured. Disposition recommended: Since this patient's hospitalization he has complained of low back pain. He has been given an extensive course of physiotherapy with no signs of improvement. In view of these findings, a CDD discharge is recommended.

Maximum hospital benefits have been attained. No. 1 diagnosis is considered to be permanent. No. 2. Not permanent.

Diagnosis: 1. Strain, ligamentous, lumbosacral, moderately severe, secondary to injury incurred in fall, April 1943, Federal Shipbuilding & Drydock Co., Kearny, N. J.

2. Carcinoma, basal cell, skin back of right neck, of hair-follicle origin and precursor of rodent ulcer.

It is understood that this information is strictly confidential and not to be released to any other party.

Very truly yours,

R. C. FAGLEY,  
Major, Medical Corps, Chief Medical Officer.

Dr. GERSON. Mr. Gimson came with a big tumor that was arrested. He was operated first when he was a soldier and was in camp.

Mr. GIMSON. Fort Riley, Kans.

Dr. GERSON. And then they operated, but they could not remove the basal cell carcinoma, because it was grown up into the skull, so they sent him for deep X-ray therapy to another hospital.

Mr. GIMSON. Fitzsimmons, Denver, Colo.

Dr. GERSON. He was sent to Fitzsimmons Hospital, at Denver, Colo., for deep X-ray therapy, but there they decided that deep X-ray therapy is very dangerous to the brain, and the specialists there refused.

Mr. GIMSON. They did not give me any treatment at all, so they discharged me.

Dr. GERSON. They discharged him and sent him out and told him, "Sorry, we can't do anything!" Then it grew further, and

the whole face was swollen, here [indicating]. His left eye was entirely closed, here; he could see very little with the right one.

Mr. GIMSON. This one is still swollen. You can see the crack.

Dr. GERSON. And I sent the case also to Professor Howe, the neurologist, and he saw, it was growing into the brain, and there [indicating], and all these disturbances; and I have some X-rays and all other things, there, but I do not know whether to put them on the table; and there is another [indicating].

Senator PEPPER. Go ahead. He came to you?

Dr. GERSON. Yes.

Senator PEPPER. He came to you, and you treated him?

Dr. GERSON. Yes.

Senator PEPPER. And you applied your diet?

Dr. GERSON. Yes.

Senator PEPPER. And did you give him any liver injections?

Dr. GERSON. Yes, daily; at home. I think his wife gave them to him.

Mr. GIMSON. Yes; that is right.

Senator PEPPER. And what is this, that you have here?

Dr. GERSON. That is from the Veterans' Administration, the original.

Senator PEPPER. This is a letter that purports to be from the Veterans' Administration, at Lyons, N. J., dated November 26, 1945, addressed to Dr. Gerson, and signed by R. C. Fagley, Major, MC, Chief Medical Officer. It purports to relate to George J. Gimson, C-4491792. That is the serial number, and the letter purports to be a report to Dr. Gerson about Mr. Gimson's illness.

Now, Mr. Gimson, you tell us about your case. What was your condition, and what treatment did you get from the Army? When did you go to Dr. Gerson, and what did he do? And what relief have you had?

Mr. GIMSON. I went to Fort Riley, Kans., and I had something like an ingrown hair, you might say, on my neck.

Senator PEPPER. Will you speak louder, please?

Mr. GIMSON. I went down to the hospital, and the doctor, the major, looked at me, and he told me, "Have it off—it wouldn't take long," and I could be back with the troop, and I wouldn't lose any time, I would be back in a day or two.

Senator PEPPER. How long were you off?

Mr. GIMSON. I was off 4½ or 5 months. Two days I had marching—to keep us busy, out of trouble. Then I went to the hospital. Down there they told me I would be back with the troop in 2 or 3 days. I went down and had the operation, the next morning, and I wound up in bed, and I could not move my head or anything—pulled away over on the side. They came in for inspection. This captain came in one morning and told me it was about time I had my head straightened out. I told him I could not move my head, because from the operation it pulled me all over on the side, so he just straightened it up—and he opened it all up again; and when he ripped it open like that, I told him, "I can't feel anything; I can't hear anything," so he looked at me, and he checked me, and he gave me an examination; then he told me, "We are going to send you," he

says, "to Fitzsimmons, Denver, Hospital." I asked him, "Why should I go there? Why couldn't I go east?" He said, "Well, we haven't got the right equipment, here, for what your trouble is, so we are going to send you out there."

Senator PEPPER. Where were you?

Mr. GIMSON. I was in the regional hospital in Kansas; and from Kansas they shipped me out to Denver, Colo., to Fitzsimmons, and when I went to Fitzsimmons they gave me an examination and took a hypodermic needle and stuck me in the head with it to see if my feeling was there, so I did not have any feeling whatsoever, and they were going to give me this deep X-ray therapy, and they did not give me any. I put in for a Christmas furlough, and that was refused to me, so then they gave me a discharge the following week, and when I came home the tumor was coming up. Half my white shirt is all worn on one side from where this tumor swelled up behind my ear, here, where the scar was. It had started to come up again, so I went to the Red Cross about it, and I told them I could not sleep at nights, and I had pains; I could not even do a day's work. I would have to quit as soon as I put any pressure on myself; so she sent me down to Lyons, N. J.; so I went down there, and they told me they had lost all my papers and records. I guess they did not want to tell me what was wrong; so they told me the only thing they could do for me was to send me to the Bronx, N. Y., and get a specimen; so I asked them, "You mean a specimen by operation?" He says, "Yes." I says, "There is no more operating on me," and I refused all operation; so I came home, and my wife told me I was going over to see Dr. Gerson.

Dr. GERSON. Why did you refuse an operation?

Mr. GIMSON. Well, they did not do me any good the first time, and my condition was worse; so I went over to Dr. Gerson, and he gave me this book, and that is what I am to do. There is no tumor. I can hear a lot in it.

Senator PEPPER. Now, tell us this: Did you stay in the Gotham Hospital for any length of time?

Mr. GIMSON. No.

Dr. GERSON. That was before, before the Gotham Hospital was established.

Senator PEPPER. He gave you this book, to tell you what to eat and what not to eat?

Mr. GIMSON. Yes; what to eat and what to drink, and everything.

Senator PEPPER. And you went by this diet?

Mr. GIMSON. Whatever is in that book, that is what I took.

Senator PEPPER. And you followed strictly this diet?

Mr. GIMSON. 100 percent. I gave away my last pack of cigarettes just before I went up to his office, and from that day to this I never smoked a cigarette.

Senator PEPPER. You quit smoking?

Mr. GIMSON. I quit smoking and drinking, too. Last night I was best man at my brother's wedding, and I couldn't even drink.

Senator PEPPER. How long, now, did you take this diet before you began to notice any improvement in your condition?

Mr. GIMSON. Well, I would say about, oh, a month, 2 months, a month and a half to 6 weeks.

Senator PEPPER. You took no medicine, or had no other treatment?

Mr. GIMSON. No. Liley's injection—that is, liver.

Dr. GERSON. Liver injections.

Mr. GIMSON. Liver injections. Everything I am supposed to take and eat and everything is right there [referring to the little book].

Dr. GERSON. Here is the medication book.

Senator PEPPER. You mean the liver injection?

Dr. GERSON. Yes; 2 cc. codliver extraction, Liley, No. 352.

Senator PEPPER. That is a liver extract?

Dr. GERSON. Yes.

Senator PEPPER. You inject that into the liver?

Dr. GERSON. Intramuscular—not into the liver, into the muscle.

Senator PEPPER. So you are satisfied the treatment Dr. Gerson gave you has been responsible for the improvement in your condition?

Mr. GIMSON. Every bit of it.

Senator PEPPER. All right. Thank you.

Mr. MARKEL. May I ask Dr. Miley to talk about this case?

Senator PEPPER. Dr. Miley.

Dr. MILEY. I saw this patient when he had already recovered to a great extent. I saw him after he had been under the treatment practically 3 or 4 months. I have been watching him, seeing him once a month, since. There is no sign of recurrence, certainly, and this particular patient has had a lapse, establishing it as a basal carcinoma, which is sometimes inimical to other treatments, but usually when it involves the bone as it did in this case it has gone pretty far. He had actual bone involvement, and apparently there are no signs of that at present.

Senator PEPPER. Was the tumor that he had what we call a real tumor?

Dr. MILEY. Yes; it was a tumor, starting with a hair follicle.

Senator PEPPER. Was it malignant?

Dr. GERSON. Yes.

Dr. MILEY. Yes.

Senator PEPPER. Was the tumor that the little lady, Miss Hirsch, had, a malignant tumor?

Dr. MILEY. It is a diffused glioma, which is somewhat different. It comes out of connective tissue and it produces most of its ill effects by actual scar tissue from the glioma surrounding the nervous tissue in the spinal cord itself.

Senator PEPPER. Thank you, Mr. Gimson. We appreciate your coming.

Mr. MARKEL. Who is your next witness?

Dr. GERSON. Mrs. Anna Hanna.

(Dr. Gerson presented as a witness before the subcommittee, at this point, Mrs. Anna V. Hanna.)

Senator PEPPER. All right, Doctor. Tell us about Mrs. Hanna's case.

Dr. GERSON. In the University of Pennsylvania, an operation was performed on the patient. We found—I read this original, here—an extensive carcinoma just above the rectosigmoid with infiltration of the mesentary of the rectosigmoid and descending colon. The growth was adherent to the vena cava and both iliac vessels, and there were suspicious nodules in the liver.

Because of the metastatic involvement, resection of this growth was impossible. I took a specimen for biopsy which proved to be adenocarcinoma. Operative procedure consisted of a permanent colostomy.

That was sent to me, here. That is an original letter that was first sent to another doctor, Dr. Jules Vogel, and it was sent to me.

Senator PEPPER. The letter to which you have referred is the letter from Dr. Thomas A. Shallow, 1611 Spruce Street, Philadelphia 3, Pa., and the first letter was dated April 23, 1945. That is the letter to Dr. Vogel. The other letter is a letter dated June 24, 1946, from Dr. Shallow to Dr. Gerson, enclosing a copy of the letter to Dr. Vogel of April 23.

Now, was that a malignant growth?

Dr. GERSON. Yes—carcinoma. When the lady came she was in a terrible condition. She could not eat, and her stool came here [indicating]. Now, the treatment closed the permanent colostomy. The physicians thought it would be always there, but nature even closed the permanent colostomy, and now her stool goes through the anus, as the tumor is entirely absorbed. We have wonderful X-rays. I have them here, but I have not shown them. The patient gained weight and is in good condition.

Senator PEPPER. Mrs. Hanna, will you give us your full name and address, please.

Mrs. HANNA. Mrs. Anna V. Hanna, 331 Virginia Avenue, Manoa, Upper Darby, Pa.

Senator PEPPER. Is what Dr. Gerson has said substantially a statement of your case?

Mrs. HANNA. Yes, sir; absolutely.

Senator PEPPER. Did you take any treatment except the treatment that Dr. Gerson gave you?

Mrs. HANNA. No, sir; not any; and they certainly came down and told my daughter there was absolutely nothing they could do, she was free to consult anybody she wanted.

Senator PEPPER. What doctors did you consult, by the way, about your condition, before you went to Dr. Gerson?

Dr. GERSON. The daughter can come.

Senator PEPPER. What doctors did you consult? Did you consult Dr. Shallow, here?

Mrs. HANNA. As soon as I came out of the hospital—

Senator PEPPER. No, I mean before you went to Dr. Gerson.

Mrs. HANNA. Oh.

Senator PEPPER. Who told you?

Dr. GERSON. Miss Alice M. Hanna, the daughter, went to Dr. Vogel, first. He is the family physician.

Senator PEPPER. Give us your name and address, please.

Miss HANNA. Miss Alice M. Hanna, 331 Virginia Avenue, Manoa, Pa.

Senator PEPPER. And you are the daughter of Mrs. Hanna?

Miss HANNA. That is right.

Senator PEPPER. Will you just tell us a little bit about your mother's case—what doctors she went to, and what they told her?

Miss HANNA. First she went to Dr. Vogel.

Senator PEPPER. Dr. Jules Vogel?

Miss HANNA. That is right.

Senator PEPPER. In Brookline?

Miss HANNA. That is right; Brookline, Pa.

Senator PEPPER. 250 Brookline Boulevard, Brookline, Del.?

Miss HANNA. Delaware County, Pa.

Senator PEPPER. It is Brookline, Delaware County, Pa.?

Miss HANNA. That is right. And he was suspicious of a tumor in the colon, and possibly cancerous, he said, from his examination; so he sent her to the Fitzgerald Mercy Hospital, in Darby, Pa., for X-ray pictures. These X-rays confirmed his suspicions, and he sent her to Dr. Thomas A. Shallow, a surgeon, of Philadelphia.

Senator PEPPER. Of 1611 Spruce Street, Philadelphia, Pa.?

Miss HANNA. That is right. Dr. Shallow placed her in Jefferson Hospital in Philadelphia for examination and treatment, and after 8 days of examination and some treatment to build her up he operated on her with the hope that he could remove the tumor; but during the operation he realized that it had grown so extensively and attacked so many organs that it was impossible to remove it; so he performed a colostomy to afford her temporary relief, and the report that he gave to me was that she might live 6 months, she might live 2 years—he could not predict the time, and it was very definite that she would not live very long. That operation took place on April 19, 1945.

Senator PEPPER. At what hospital?

Miss HANNA. Jefferson Hospital.

Senator PEPPER. Philadelphia?

Miss HANNA. Philadelphia.

Mr. MILEY. That is a correction. Dr. Gerson said "University of Pennsylvania," at the beginning. It was Jefferson Hospital.

Dr. GERSON. Is it not?

Dr. MILEY. Jefferson Hospital.

Miss HANNA. Jefferson Hospital. So while mother was still in the hospital, a girl in my office who happens to be a friend of Mrs. Fleming, another patient who is here today, told me of Dr. Gerson, and I got in touch with Dr. Gerson, and he said that he thought that perhaps he could do something for her, but she had to remain in the hospital for 2 weeks or for 5 weeks, and she developed pleurisy and different difficulties, and it was possibly 2 months following the operation before I could bring her to New York to see Dr. Gerson, and he gave her the regular Gerson diet.

Senator PEPPER. Did she go to the Gotham Hospital?

Miss HANNA. No, she did not, Senator.

Dr. GERSON. This was before.

Miss HANNA. This was before. And we have been going—first, we had to go in 2 weeks, and since then we have been going once a month to see Dr. Gerson.

Senator PEPPER. You took her to him, and he saw her?

Miss HANNA. That is right.

Senator PEPPER. And he then prescribed his diet, and then you took her back home?

Miss HANNA. That is right.

Senator PEPPER. And she followed the diet at home?

Miss HANNA. That is right.

Senator PEPPER. You live with your mother?

Miss HANNA. Yes, sir.



Senator PEPPER. And then you took her back every 2 weeks for a time?

Miss HANNA. For a time.

Dr. GERSON. The first time.

Senator PEPPER. And later on?

Dr. GERSON. Once a month.

Senator PEPPER. Did you notice; did your mother begin to improve in health?

Miss HANNA. Almost immediately; and at the end of 5 weeks I believe X-ray pictures show that the tumor was almost completely gone.

Senator PEPPER. You went back to doctors and got X-rays, and they reported?

Miss HANNA. Dr. Gerson takes X-rays, and during all this time she has been under the constant surveillance of Dr. Vogel, and he is very much impressed and thrilled with her response. He says he has never witnessed anything like it.

Senator PEPPER. And she has had no other treatment that you attribute her recovery to except Dr. Gerson's treatment?

Miss HANNA. Absolutely none.

Senator PEPPER. All right. Thank you very much. Where do you work?

Miss HANNA. I work for the India Co., 1740 Cherry Street, Philadelphia 3, Pa.

Dr. GERSON. I sent the patient back to Professor Reimann to see her, and sent her back to Jefferson Hospital, and the physicians were so impressed that they demonstrated her to the other students, and even called the case (I wouldn't do it) "cured"—as a cured case. She was demonstrated by Dr. Engel.

Miss HANNA. That is right. Dr. Bucher, pathologist at the hospital, presented her to the Jefferson Hospital medical student body.

Senator PEPPER. Dr. Bucher?

Miss HANNA. Dr. Bucher. He is the pathologist.

Senator PEPPER. At the Jefferson Hospital, he exhibited her to the students?

Miss HANNA. Yes, sir.

Dr. GERSON. Dr. Miley.

Mr. MILEY. Doctor, I have not examined Mrs. Hanna recently, but Dr. Reimann and Dr. Kilingle, of Philadelphia, examined her and could find no evidence of a sigmoidostomy of any kind, nor of the original growth.

Senator PEPPER. Was your mother able to walk around when she went to Dr. Gerson?

Miss HANNA. Just a little bit, Senator. She was practically laid down in a bed in the back of the car to make the first trip, entirely. She did manage to walk upstairs once or twice a day.

Senator PEPPER. Thank you very much, and thank you, Mrs. Hanna, for coming and giving us your statement.

All right. Now, who is next?

Dr. GERSON. Mrs. Fleming.

Senator PEPPER. Go right ahead.

Dr. GERSON. Mrs. Fleming had a lymphatic sarcoma. She had terribly big tumors here, in the abdomen, glands all over the body, neck,

axilla, both groins, two big tumors from rebro peritoneal glands, here, and mesenteric glands; and one tumor was removed, there. Biopsy was made by Dr. Gensberg—

Mr. FLEMING. No.

Dr. GERSON. And slides were sent to two other hospitals, to Dr. Stuart, in New York, and another professor, I think Yale, and all three decided that it is a myeloma, more specifically a plasmacytoma, a kind of a very bad malignant tumor.

Mrs. FLEMING. Dr. Averett removed it.

Dr. GERSON. Yes; he removed a piece for biopsy, and the others examined it.

Senator PEPPER. Now, let us get Mrs. Fleming. What is your name?

Mrs. FLEMING. Katherine Fleming.

Senator PEPPER. And where do you live?

Mrs. FLEMING. 301 West Mentor, Olney, Philadelphia.

Senator PEPPER. Will you just tell us what your condition was before you went to Dr. Gerson—and this is Miss or Mrs.?

Mrs. FLEMING. Mrs.

Senator PEPPER. Mrs. Fleming.

Mrs. FLEMING. I started several years before, going around from doctor to doctor, and nobody seemed to know what was wrong.

Senator PEPPER. And who told you you had a malignant tumor?

Mrs. FLEMING. Dr. Leonard Averett, who operated the specimen.

Senator PEPPER. And where did he operate?

Mrs. FLEMING. In the Northern Liberties Hospital, Twenty-first and Spruce.

Senator PEPPER. Twenty-first and Spruce Streets, Philadelphia?

Mrs. FLEMING. Philadelphia.

Senator PEPPER. And he operated on you?

Mrs. FLEMING. Yes.

Senator PEPPER. And he told you that you had a malignant tumor?

Mrs. FLEMING. He did not tell me. He told my people.

Senator PEPPER. He told your people that you had a malignant tumor? All right; go ahead, now.

Mrs. FLEMING. So after I came out of the hospital he ordered X-ray treatments. I took 15 of those, and quit work; and so then he discharged me and told my people there was nothing more could be done, it was just a matter of time; and I went from 165 pounds to 130 pounds, and then they took me to Dr. Gerson.

Senator PEPPER. When did you go to Dr. Gerson?

Mrs. FLEMING. May, 2 years ago.

Senator PEPPER. And Dr. Gerson gave you his Gerson diet?

Mrs. FLEMING. Yes, sir.

Senator PEPPER. And did he give you any liver injections?

Mrs. FLEMING. Yes, sir.

Senator PEPPER. Did he give you any other treatment?

Mrs. FLEMING. Just the vitamins.

Senator PEPPER. And vitamins? And so, have you had an examination lately? You consider yourself cured, now?

Mrs. FLEMING. I was examined by Dr. Averett, January, a year ago, and he said I had no signs of ever having it.

Senator PEPPER. You consider yourself cured?

Mrs. FLEMING. I think so.

Senator PEPPER. And you attribute your cure to the treatment that Dr. Gerson gave you?

Mrs. FLEMING. Nothing else; positively.

Dr. GERSON. Her leg was terribly swollen.

Mrs. FLEMING. My leg was like that.

Dr. GERSON. The left leg.

Mrs. FLEMING. The right leg.

Dr. GERSON. Tumor masses pressed on the vena cava, and this was blue and terribly swollen, the leg, so she could hardly walk.

Now, something else happened. The case is interesting in several other respects. I will make it very short. When the patient was one year under my treatment, because the ovaries were killed for treatment reasons, she had terrible flare-ups, menopause reactions, perspiration and heart palpitation and these so-called flare-ups; so I tried to give her an ovary substance; immediately, the ovarian substance brought the tumors back. That is one of these cases where I have now seen that. Immediately, the tumors start to grow. Now, at that time, I found when I gave a little bit of iodine before, you see, I could destroy the tumor so that they cannot more grow. I gave her then for 5 months Lugol's solution, and after this I tried again to give her different substances to see whether the tumors will regrow again. Nothing happened. I gave her fats, and with fats also I could bring the tumors to regrow; but now, even, we, as physicians, are able to bring the tumors back; they can regrow, but we are able to suppress the tumors; when we give in addition to the treatment a little bit of iodine—nothing can happen again. No tumors can regrow again.

The first case in this respect, where I made all these experiments, is a next patient, Mrs. Beatrice Sharpe. This is the second, then came a third; and from now on I knew a little bit of iodine has to be added—but the individuals react differently, and that has to be worked out scientifically.

Mr. MARKEL. Ask Dr. Miley if he is familiar with this case.

Senator PEPPER. Do you know about this patient?

Dr. MILEY. I sent this case to Dr. Gerson, as a test, because a couple of years ago he had made this statement to myself and to Dr. Charles Bailey, of Philadelphia, an outstanding chest surgeon, there, and he was in Seaview and New York. I went over to see his tuberculosis cases, and some of his results were very, very remarkable. He had several bronchial chest fistulas which had healed up, which had no right to heal, and he had mentioned at that time the possibility of using this in malignant disease. Both Dr. Bailey and I smiled skeptically, thinking it was rather fantastic; so I picked out the worst case I could find and sent him one, which happened to be Mrs. Fleming; and much to my surprise she improved. She was supposed to live 3 to 5 months, approximately, and instead, she is still here. The tumors have at least palpably disappeared; they may reappear, but at least there is no evidence now, so far as she is concerned. She has put on very many pounds.

Dr. GERSON. Twenty pounds.

Dr. MILEY. Her sister is giving constant reports, and she says she continued to improve and she has remained improved, and it is 2 years now since that occurred. Certainly, something should have

happened by now if it were going to. We do not know—we are still watching it. She has a 2-year improvement, at least.

Senator PEPPER. Thank you very much for coming, Mrs. Fleming. Now, Doctor, have you another?

Mr. MARKEL. Yes.

Dr. GERSON. Mrs. Beatrice Sharpe.

Senator PEPPER. Have a seat. How do you do?

Mrs. SHARPE. How do you do?

Senator PEPPER. Now, Doctor, let us get the lady's name.

Mrs. SHARPE. Mrs. Beatrice Sharpe.

Senator PEPPER. And your address?

Mrs. SHARPE. 135-53 Two hundred and Thirtieth street, Laurelton, Long Island.

Dr. GERSON. The patient was first operated 3 years ago.

Mrs. SHARPE. 1940.

Dr. GERSON. 1940—now 6 years ago. Where was it?

Mrs. SHARPE. In Jersey City.

Dr. GERSON. Jersey City? And 2 years later she had a recurrence on the breast, left breast operation, the breast was removed, but how much later—2 years, about?

Mrs. SHARPE. Well, about 1941 I had a recurrence.

Dr. GERSON. You were at Memorial Hospital?

Mrs. SHARPE. Memorial Hospital, yes; taking treatments. In 1942 I had to go back and had more radium treatments. In 1943 I had X-ray treatments, and in 1944 they told me I couldn't take any more treatments, and that was all they could do for me.

Dr. GERSON. They sent her home.

Senator PEPPER. Now, I have here in my hand what purports to be a letter written from Memorial Hospital for the treatment of cancer and allied diseases, dated September 27, 1944, and it reads:

At the request of: Dr. Max Gerson, 667 Madison Avenue, New York, N. Y.

Name of patient: Beatrice Sharp. Address: 135-53 Two Hundred and Thirtieth Street, Laurelton, Long Island.

Admitted: To O. P. D. September 8, 1941. Discharged: ———

Diagnosis: Recurrent inoperable carcinoma of left breast.

Remarks: Patient first examined in breast clinic on September 8, 1941, at which time it was noted that she had no local recurrence but had bulky left supraclavicular mass. This was treated with radium element pack in September 1941, patient having received 60,000 mghrs—8,000 mghrs having been given every other day, with excellent regression of mass. Node discovered in left cervical region in September 1942. This was also treated with radium element pack for a total of 64,000 mghrs with complete regression of disease.

What is the 64,000—milligram hours?

Dr. GERSON. No; a unit of measurement.

Senator PEPPER (continuing).

Disease remained quiescent until July 1943, when patient developed multiple skin nodules over left chest wall in region of scar and medial to it. Low voltage X-ray therapy given to these regions, patient having received 1,500 r (500 r×3) to left chest wall anterior and left chest wall lateral. At completion of this cycle two additional treatments (400 r×2) were given to left chest wall anterior, remained under control until July 1944, when it was noted coming active as well as the mass in the cervical area. It was felt that these areas could not be treated because of proximity to previously irradiated skin.

Last known condition: ———

FRANK E. ADAIR,  
Attending Surgeon, Breast Service.

Dr. GERSON. In the photos of X-rays you can see the big nodules, and it was here, at the upper half of the lung, and here, at the supra-clavicular glands where the big nodules were. They disappeared in a short time. In a few cases these nodules and the tumor pain disappear, but it was not so in this case, because here some of the pain resisted and she had also, because the ovaries were killed for treatment reasons, these terrible menopause reactions; so I finally, with all these pains, and she could not stand more the pain, finally I started to give her a little bit, but only one tablet of ovarian substance—5-grain, one a day, instead of giving three or four, which is usual; one tablet given for 3 weeks, and all cancer masses came back; but not any this time, here. We find here it was the left side, but also on the other side. Now, they came back, with a little bit of ovarian substance. Here, all came back—also on the other side—not only here. You can see here, on the other side all glands came back, not only more cancer masses on the left side, they are also on the right. I applied again the first treatment. All glands disappeared in 3 weeks, when nothing more was left. Then I gave her iodine for 6 weeks, and then we gave her again, all ovarian substances we have; we gave her double amounts—three times the amount.

We gave her, in addition, stilbesbrol; we gave her, in addition, premarin—nothing came back. Then we gave her cancer activating (carcinogen) substances, and I have many other cases where I could activate cancer with certain substances. Then could make all disappear. Then we gave her a raw egg yolk. We know this egg yolk was carinogen too. I killed three patients, when I gave them a little bit of egg yolk, half an egg yolk a day, but the poor boy had to die for this. You see, when that had disappeared, in a few cases it could not be, it did not respond a second or a third time to the treatment.

Now, I gave one ounce of egg substance, and, second, the butter, and third, egg yolks—nothing came—nothing. No more apparently can grow any more. That was the first case where these experiments were made.

Senator PEPPER. That was not malignant? The meaning of that letter is that this is a malignant growth?

Dr. GERSON. A regrowing. And now, all pain is gone here in the arm.

Mrs. SHARPE. Yes.

Dr. GERSON. And all other, and the menopause reactions are gone, and now you can do it.

Senator PEPPER. Mrs. Sharpe, you just tell us about your case, will you? What happened to you after you went to Dr. Gerson? Tell us about his treatment.

Mrs. SHARPE. In 1940 I had a mastectomy, and in 1941 I went back and I had this recurrence in my neck, and I was sent over to Memorial Hospital for treatments. In 1942 I had to go back, and in 1943 and 1944 there was nothing more they could do for me, so I heard of Dr. Gerson, through a chiropractor. He gave me Dr. Gerson's name, and I thought I had nothing to lose, so I went to Dr. Gerson's, and in 3 weeks' time on the treatment the mass started to disappear. My head was stiff. I could not move my neck.

Senator PEPPER. You had what—a tumor of the neck?

Mrs. SHARPE. Yes.

Senator PEPPER. You had a big tumor that stuck out here on your neck?

Mrs. SHARPE. Yes.

Senator PEPPER. And after 3 weeks of Dr. Gerson's treatment it started to disappear?

Mrs. SHARPE. Yes.

Senator PEPPER. And it finally has subsided entirely?

Mrs. SHARPE. Oh, yes.

Senator PEPPER. And you have no more of the symptoms?

Mrs. SHARPE. And I am going to business all the time.

Dr. GERSON. She did not lose one working day. Most of my patients, they do not lose even one working day; they continue to work.

Senator PEPPER. You attribute the recovery entirely to the treatment that you received from Dr. Gerson?

Mrs. SHARPE. Oh, absolutely.

Mr. MARKEL. Dr. Miley.

Senator PEPPER. Dr. Miley, have you anything to say about Mrs. Sharpe?

Dr. GERSON. Yes.

Dr. MILEY. I saw her fairly early when she still had some tumor masses. Dr. Gerson was very enthusiastic in claiming they had gone down, and they had gone down partially from the original, but since then they have really gone down much more, and I felt at the time he was a little overenthusiastic about it, but certainly his results today, 6 to 8 months later, since I first saw her, justify the fact that there is certainly a steady subsidence of any signs of recurrence, and she certainly remained clinically better.

Senator PEPPER. Have you any other cases?

Dr. MILEY. Cases have to be observed for a long period of time before any conclusions can be drawn, but she has proved definitely—

Senator PEPPER. Dr. Gerson, have you had other cases, now, of what we would normally call "cancer"? That is, what they think of as a growth—the ordinary case of cancer.

Dr. GERSON. These, here, are recurrences.

Senator PEPPER. Is that what we ordinarily call "cancer"?

Dr. GERSON. Yes; that is cancer.

Senator PEPPER. Is that what she had?

Mr. MARKEL. All these cases had cancer.

Dr. GERSON. Only that in the spinal cord. That is one without metastasis. All others have metastases, and in metastasis cases it is known in medicine that they cannot be influenced.

Senator PEPPER. How many people have you treated for cancer who have favorably responded to your treatment, would you say?

Dr. GERSON. I might say 30 percent; but they are all the most hopeless cases, but when we get some not more than skin cancers, they always—easy to treat! And even skin cancer growing into the bones as basal cell sarcoma, which are known in medical science that they cannot be influenced—as Mr. Gimson had one, here, and the X-rays show how far it had grown into the skull. Professor Howe was very much influenced when he saw this. This was growing through the bones, and now what is left an absolute scar.

Senator PEPPER. You said about 30 percent of the cases that you have treated?

Dr. GERSON. Yes. I would like if you will discuss this with Dr. Miley. When I would say some things, then they would think maybe I would exaggerate it a little bit. I might. I prefer to underestimate. That is much better, you see; then others can have even better results.

Senator PEPPER. Have you anything to say by way of summary of Dr. Gerson's treatment, Dr. Miley?

Mr. MARKEL. Dr. Miley would like to make a statement, if you please, Senator, for the record, with respect to all these things.

Senator PEPPER. Can you give me a sort of summary?

Dr. MILEY. I will give it, and make this short, Senator Pepper.

Senator PEPPER. Let me ask you, Doctor, do you favor the appropriation of public money?

Dr. GERSON. I would be for it—not for myself, personally, but for research.

Senator PEPPER. I do not mean for yourself. Do you favor generally the objectives of this bill?

Dr. GERSON. No. All physicians must have money for research. Research is very important in medicine. The most important thing in medicine is research.

Senator PEPPER. I say, you do favor it? You said "no."

Mr. MARKEL. He thought you meant "object" to it.

Dr. GERSON. I am in favor of the bill, of course.

Mr. MARKEL. Yes; that is right.

Senator PEPPER. All right; now, you tell us, Dr. Miley. Go ahead.

#### **STATEMENT BY DR. GEORGE MILEY, GOTHAM HOSPITAL, NEW YORK CITY, N. Y.**

Dr. MILEY. I wish to congratulate you, Senator Pepper, on the bill. It is a wonderful thing, and I endorse it wholeheartedly. I think all of us are here for the same purpose, regardless of how we approach the subject of cancer, and what our ideas are. As I see it we are all in support of you, Senator Pepper. Our only argument is perhaps in the way that good can be done for people, and that is not a serious difference.

I feel that the Gerson dietary regime offers a new approach to the cancer problem. We do know experimentally that diet definitely does influence cancer. There is a lot of experimental work done, very good work done to substantiate that. I will run through this statement rather briefly.

I do not think Dr. Gerson has mentioned what the diet consists of particularly. The Gerson dietary regime is quite harmless and consists of a low salt, low fat, low animal protein and high carbohydrate diet, plus frequent injections of crude liver extracts and the oral administration of adequate amounts of minerals and vitamins to supplement those vitamins missing in the diet. The diet consists chiefly of large amount of fresh fruit and fresh vegetables and does not allow any meat, milk, alcohol, canned or bottled foods. Tobacco in any form is prohibited. The diet burns down to an alkaline ash and in general is a combination of many well known and approved dietary nutritional discoveries by many other workers. It is reasonable to assume that the closer one's diet is to nature and the soil, with fresh fruit from the trees and fresh vegetables directly from the garden, the nearer one is to normal health. Primary biochemical investigations by Dr. Rudolph Keller indicate that the use of the diet is soon

followed by certain definite eletrochemical changes, notably, shifts toward normal or markedly unbalanced sodium, potassium, and phosphorous ratios in the blood serum and the body tissues. Dr. Keller, as a result of his investigation of the diet, believes that this type of electrochemical reaction can very well change the entire metabolism of the body in cancer patients. A preliminary paper by Dr. Gerson describes the diet in detail and cites 10 cases of cancer in which it appeared that the Gerson dietary regime favorably influenced the course and symptoms of the disease.

This new approach to the cancer problem is of fundamental importance because it is the first promising method which treats cancer as a systemic disease, that is, a disease of abnormal chemistry of the *whole* body. Heretofore, all efforts to treat cancer have been based upon the theory that eradication of the cancer growth must be performed by surgery, X-ray, or radium without regard for abnormal body chemistry which permits the growth to occur. The reason that surgery, X-ray, and radium have not been a real success in the treatment of cancer is that cancer is primarily a disease of abnormal body chemistry, chemistry which is controlled by organs far distant from the site of the cancer. The Gerson dietary regime is an encouraging attempt to return such abnormal body chemistry to normal.

There are certain definite problems to be overcome before any type of treatment of cancer can be considered partially or wholly successful, problems which are not solved by surgery, radium, or X-ray. A survey<sup>1</sup> made by Dr. Stanley Reimann of cancer cases in Pennsylvania over a long period of time showed that those who received no treatment lived longer than those that received surgery, radium, or X-ray. The exceptions were those patients who had received electrosurgery—in other words, the surgery with an electrical knife—and lived approximately as long as those who received no treatment whatsoever. The survey also showed that following the use of radium and X-ray much more harm than good was done to the average cancer patient. This is a conclusion which is not generally accepted and is highly controversial among leading cancer workers. It would appear that none of the routine measures employed today to combat cancer is as effective as their proponents would have us believe.

We have made two new approaches to the solution of the chief problems which have to do with the cancer patient, itself. In other words, we are trying to do the best we can for all types of cancer patients or propose something which can be studied over a long time, of some significance.

(1) The abolition of pain has been possible only by the use of narcotics, which are deleterious to any patient's general health when administered over a long period of time. This problem, in my opinion, has been solved more by the Gerson diet than by any other method today. We have observed marked relief of pain in approximately 90 percent of the patients who entered the hospital with severe types of pain due to cancer.

(2) The further spread of cancer processes has been apparently retarded by the use of the Gerson dietary regime in several cases observed.

(3) A reduction in the size of the original malignant growth has been observed to occur in certain instances following the use of the

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<sup>1</sup> EDITOR'S NOTE.—A communication from Dr. Stanley Reimann to Senator Pepper states that he made no such survey.



Gerson diet, although in some of his private patients his findings are very encouraging, I should say.

(4) The reduction of metastases or secondarily disseminated cancers from the original growth has not been observed in the Gotham Hospital series, but in certain instances of private patients seen in Dr. Gerson's office, there was an apparent disappearance of metastatic nodules.

(5) The control of acute pyogenic (pus forming) infections in areas eroded by cancer, which is one of the chief causes of death in a cancer patient. The only type of treatment in my experience that has been of any use in the control of this type of infection is ultraviolet blood-irradiation therapy, in which I have pioneered for many years, and in which we have tried it in infections which have not responded to sulfa drugs or penicillin. We feel that although this offers only a temporary relief of 3 to 4 weeks' duration, it is of extreme importance to the welfare of the individual patient, especially where the patient's general health must be raised to a level high enough to allow the institution of other treatment, whether the Gerson dietary treatment, surgery, or anything else that may be suggested.

(6) The acute toxic symptoms, such as nausea and vomiting, which are commonly observed in a considerable number of cancer patients may be temporarily alleviated by ultraviolet blood-irradiation therapy. This result, though often only temporary, allows the institution of other therapy which otherwise might not have been possible and as such has a limited but definite value in the treatment of a cancer patient.

(7) Hemorrhage due to erosion by cancer masses is a frequent cause of death. Its control is only possible if there is no spread from an original cancer or there is a reduction in the original tumor or its metastases. To date the Gerson diet is of value in the control of hemorrhage only to the extent to which it limits directly the encroachment of cancer masses upon important blood vessels.

(8) General debility, and especially loss of weight, have been frequently overcome by both the Gerson dietary regime and ultraviolet blood-irradiation therapy, which fortunately may be used together without any contraindications whatsoever. As a result many formerly debilitated patients were able to do normal work again.

Senator PEPPER. Does the patient sustain any loss of weight from the Gerson diet?

Dr. MILEY. No. The diet, although very low in animal protein, seems to be followed at first by a temporary loss of weight, which is usually due to loss of fluid due to the restriction of salt. I think this salt-free diet plays a big part in the reduction of jell around cancer masses. This is a rather well-known finding, and it is one of the many things which Dr. Gerson has used, which is known to influence such swelling.

(9) The maintenance of the morale of the cancer patient is of primary importance at all times. When any one or any combination of the previously mentioned eight problems are solved for the individual cancer patient, his or her morale is enormously improved so that the practical solution of one or more of these problems must be accomplished wherever possible regardless of whether the patient is considered a hopeless case of cancer or not. That is a humane way to look at that.

Next we must consider the problems to be overcome in the prevention of cancer. The pertinent ones are, in my opinion, as follows:

(1) The discovery of the various causes of the various types of cancer.

(2) The elimination of the causes as they become known without the tragic long interval between the making of a fundamental discovery and the better understanding of its importance and the full realization of its benefits to mankind.

(3) Generalized education in regard to the various causes of cancer as they become known.

There have been many approaches to determine the causes of cancer. From clinical observations on cancer patients, the Gerson dietary regime for example provides a most promising lead. In order to profit from this knowledge an enormous amount of collateral biochemistry must be carried out intensively on both cancer patients and cancer animals by competent workers who are equipped with science's most up-to-date tools for such work. There are many great institutions doing this work. Prominent among them are the Lankenau Research Institute of Philadelphia, the National Health Institute of Bethesda, Md., Rockefeller Institute, not to mention many others.

There are no special cancer hospitals as yet doing this highly specialized work in biology and biochemistry to any appreciable degree though they should be encouraged to do this fundamental work in close relation to their carrying out the well-known and often not too successful routine treatment of cancer by surgery, radium, and X-ray.

The history of medicine is filled with tragic errors which allow such a long time to elapse between the time of discovery of a basic principle and the actual medical application of the discovery for the good of mankind. To quote from a recent paper by Hammett (Science, vol. 103, No. 2685, p. 714) :

Nowhere today is this delay more unhappily evident than in the field of cancer research. The accumulated data of Rous, Shope, Coley, Bittner, Strong, Andervont, Green, Greene, Williams, Taylor, Furth, Twombly, Cowdry, Diller, Bawden, Pirie, Stanley, Wycoff, Kunitz, and others indicate beyond peradventure the path for getting at something of practical benefit to the cancer patient of the future other than surgery and radium.

Even the newly announced radioactive phosphorus cure of skin cancer, and skin cancer only, does not approach the deeper body cancer problem from a systemic or fundamental point of view but is a step forward in the local treatment of cancer.

It is obvious that the many potentialities inherent in the Gerson dietary regime for cancer patients should be explored and exploited to the fullest extent for the common good. In order that this new and highly encouraging approach to the problem of cancer cure and prevention be utilized on a statistically significant scale by both laboratory and clinical workers alike, sufficient funds must be made available for this work. This also holds true for the supplemental use of ultraviolet blood-irradiation therapy in controlling secondary infections and certain toxic symptoms in cancer patients. These observations have become apparent to several distinguished physicians who have witnessed the effects of the Gerson diet on cancer patients and whose signed statements are also herewith enclosed.

Therefore, it is my carefully considered opinion that in view of the success so far and the excellent future promise of both the Gerson

dietary regime and ultraviolet blood-irradiation therapy, it would be unthinkable not to give major consideration to these new avenues of approach to the cancer problem in the research program contemplated by bill S. 1875.

(The remainder of Dr. Miley's prepared statement, together with the signed statements of certain distinguished physicians, et cetera, are as follows:)

**STATEMENT OF DR. GEORGE MILEY BEFORE THE SUBCOMMITTEE ON FOREIGN RELATIONS, UNITED STATES SENATE, ON JULY 2, 1946, RE CANCER APPROPRIATIONS BILL, S. 1875**

My name is Dr. George Miley. I was born in Chicago, 1907, graduated from Chicago Latin High School, 1923, graduated with B. A. from Yale University in 1927, from Northwestern Medical School, 1932, interned at Chicago Memorial Hospital in 1932 and 1933, University of Vienna Postgraduate Medical School, 1933, 1934, following which I visited the hospitals in India, China, and Japan.

Next practiced medicine and surgery in Cedar Rapids, Iowa, until January 1937, when I moved to Philadelphia to enter the department of pharmacology at the Hahnemann Medical College and Hospital of Philadelphia. Received doctor of medical science from Hahnemann in 1941 for original research in ultraviolet blood irradiation therapy. Have been in medical research as clinical professor of pharmacology and director of the Blood Irradiation Clinic of the latter institution.

I am a fellow of the American Medical Association, National Gastroenterological Association. A member of the New York State and New York County Medical Societies, Pennsylvania State and Philadelphia County Medical Societies, Philadelphia Physiological Society, American Rheumatism Association, and American Association for the Advancement of Science. I hold a national board certificate and am licensed to practice in the States of Iowa, Illinois, Pennsylvania, and New York. Since August 1945, I have been medical director of the Gotham Hospital, New York, in charge of blood irradiation research, and am acting as the representative of Dr. Stanley Reimann, its head of oncology (science of tumors), and pathology (science of abnormal anatomy), to observe and control as necessary, the experimental work of Dr. Max Gerson in the study of the clinical effects of diet on cancer patients at the Gotham Hospital.

During my research in the field of ultraviolet blood irradiation therapy,<sup>1</sup> which experience includes the administration and use of the method over 8,000 times in more than 3,000 individuals, many important clinical observations were made which were substantiated by other workers in the same field. Those which have to do with the cancer problems are as follows:

(1) Acute pyogenic (pus forming) infections in and around the cancerous area can be controlled better by blood irradiation than by any other known method.

(2) The acute toxic symptoms often present in cancer patients can best be controlled by ultraviolet blood irradiation therapy, which is the best detoxicating agent known to modern medicine, according to the workers in this field.

(3) The efficient control of virus and viruslike infections has been observed by blood irradiation workers throughout the country. This is extremely important in light of the recent demonstration that mothers' milk may contain a transmissible agent productive of malignant growth possibly of a virus nature. Also, there are certain types of experimental cancer which are produced specifically by a virus, so that any method which can inactivate viruses may be important for the treatment of the cancer patient.

(4) Ultraviolet blood irradiation therapy has no influence whatsoever on cancer itself insofar as may be judged by the experiences of all blood irradiation workers and in the light of our present knowledge of the subject.

The Gerson dietary regime is quite harmless and consists of a low-salt, low-fat, low animal protein, and high-carbohydrate diet, plus frequent injections of crude liver extracts and the oral administration of adequate amounts of minerals and vitamins to supplement those vitamins missing in the diet. The diet consists chiefly of large amounts of fresh fruit and fresh vegetables and does not allow any meat, milk, alcohol, canned or bottled foods. Tobacco

<sup>1</sup> See attached reprint of original papers on ultraviolet blood irradiation therapy.

in any form is prohibited. The diet burns down to an alkaline ash and, in general, is a combination of many well-known and approved dietary nutritional discoveries by many other workers. It is reasonable to assume that the closer one's diet is to nature and the soil, with fresh fruit from the trees and fresh vegetables directly from the garden, the nearer one is to normal health. Primary biochemical investigations by Dr. Rudolph Keller indicate that the use of the diet is soon followed by certain definite electrochemical changes; notably, shifts toward normal of markedly unbalanced sodium, potassium, and phosphorous ratios in the blood serum and the body tissues. Dr. Keller, as a result of his investigation of the diet, believes that this type of electrochemical reaction can very well change the entire metabolism of the body in cancer patients. A preliminary paper by Dr. Gerson<sup>2</sup> describes the diet in detail and cites 10 cases of cancer in which it appeared that the Gerson dietary regime favorably influenced the course and symptoms of the disease.

This new approach to the cancer problem is of fundamental importance because it is the first promising method which treats cancer as a systemic disease; that is, a disease of abnormal chemistry of the whole body. Heretofore, all efforts to treat cancer have been based upon the theory that eradication of the cancer growth must be performed by surgery, X-ray or radium without regard for abnormal body chemistry which permits the growth to occur. The reason that surgery, X-ray, and radium have not been a real success in the treatment of cancer is that cancer is primarily a disease of abnormal body chemistry, chemistry which is controlled by organs far distant from the site of the cancer. The Gerson dietary regime is an encouraging attempt to return such abnormal body chemistry to normal.

I first met Dr. Gerson in 1942, at which time I was interested in the effects of the Gerson diet on tuberculosis. I visited his office at 667 Madison Avenue, New York City, with Dr. Charles Bailey, outstanding Philadelphia and New York chest surgeon, and we observed several tuberculosis patients who had made remarkable recoveries following the use of the Gerson diet. During this visit Dr. Gerson mentioned to me, for the first time, the potential use of the Gerson diet in cancer, an idea which then seemed rather fantastic to me, but no longer does. In the last 4 years I have found Dr. Max Gerson to be an honest and ethical practitioner of medicine, interested in bettering modern methods of treatment, as the result of many years of clinical study of the effects of diet on various disease processes. Since January 1946, we have, at the Gotham Hospital, extended hospital facilities, including a special diet kitchen to Dr. Gerson, for a controlled study and observation of his work by physicians. The results are, in my opinion, most encouraging, but a tremendous amount of work needs to be done as yet before statistically significant conclusions can be reached.

There are certain definite problems to be overcome before any type of treatment of cancer can be considered partially or wholly successful, problems which are not solved by surgery, radium or X-ray. A survey made by Dr. Stanley Reimann of cancer cases in Pennsylvania over a long period of time showed that those who received no treatment lived longer than those that received surgery, radium, or X-ray. The exceptions were those patients who had received electro-surgery and lived approximately as long as those who received no treatment whatsoever. The survey also showed that following the use of radium and X-ray much more harm than good was done to the average cancer patient. This is a conclusion which is not generally accepted and is highly controversial among leading cancer workers. It would appear that none of the routine measures employed today to combat cancer are as effective as their proponents would have us believe.

These problems and two new approaches to their solution are described as follows:

(1) The abolition of pain has been possible only by the use of narcotics, which are deleterious to any patient's general health when administered over a long period of time. This problem, in my opinion, has been solved more by the Gerson diet than by any other method today. We have observed marked relief of pain in approximately 90 percent of the patients who entered the hospital with severe types of pain due to cancer.

(2) The further spread of cancer processes have been apparently retarded by the use of the Gerson dietary regime in several cases observed.

(3) A reduction in the size of the original malignant growth has been observed to occur in certain instances following the use of the Gerson diet.

<sup>2</sup> See attached reprint of original paper on Gerson dietary regime in cancer.

(4) The reduction of metastases or secondarily disseminated cancers from the original growth has not been observed in the Gotham Hospital series, but in certain instances of private patients seen in Dr. Gerson's office, there was an apparent disappearance of metastatic nodules.

(5) The control of acute pyogenic (pus forming) infections in areas eroded by cancer, which is one of the chief causes of death in a cancer patient. The only type of treatment in my experience that has been of any use in the control of this type of infection is ultraviolet blood irradiation therapy, already mentioned, and this, though only offering a temporary relief of 3 to 4 weeks' duration, is of extreme importance to the welfare of the individual patient, especially where the patient's general health must be raised to a level high enough to allow the institution of other treatment such as the Gerson dietary regime.

(6) The acute toxic symptoms, such as nausea and vomiting, which is commonly observed in a considerable number of cancer patients may be temporarily alleviated by ultraviolet blood irradiation therapy. This result, though often only temporary, allows the institution of other therapy which otherwise might not have been possible and as such has a limited but definite value in the treatment of a cancer patient.

(7) Hemorrhage due to erosion by cancer masses is a frequent cause of death. Its control is only possible if there is no spread from an original cancer or there is a reduction in the original tumor or its metastases. To date the Gerson diet is of value in the control of hemorrhage only to the extent to which it limits directly the encroachment of cancer masses upon important blood vessels.

(8) General debility, and especially loss of weight, have been frequently overcome by both the Gerson dietary regime and ultraviolet blood irradiation therapy, which fortunately may be used together without any contraindications whatsoever. As a result many formerly debilitated patients were able to do normal work again.

(9) The maintenance of the morale of the cancer patient is of primary importance at all times. When any one, or any combination of the previous eight problems are solved for the individual cancer patient, his or her morale is enormously improved so that the practical solution of one or more of these problems must be accomplished wherever possible regardless of whether the patient is considered a hopeless case of cancer or not.

Next we must consider the problems to be overcome in the prevention of cancer. The pertinent ones are, in my opinion, as follows:

- (1) The discovery of the various causes of the various types of cancer.
- (2) The elimination of the causes as they become known without the tragic long interval between the making of a fundamental discovery and the better understanding of its importance and the full realization of its benefits to mankind.
- (3) Generalized education in regard to the various causes of cancer as they become known.

There have been many approaches to determine the causes of cancer. From clinical observations on cancer patients, the Gerson dietary regime provides a most promising lead. In order to profit from this knowledge an enormous amount of collateral biochemistry must be carried out intensively on both cancer patients and cancer animals by competent workers who are equipped with science's most up-to-date tools for such work. There are many great institutions doing this work. Prominent among them are the Lankenau Research Institute of Philadelphia, the National Health Institute of Bethesda, Md., Rockefeller Institute, not to mention many others.

There are no special cancer hospitals as yet doing this highly specialized work in biology and biochemistry to any appreciable degree though they should be encouraged to do this fundamental work in close relation to their carrying out the well-known and not too successful routine treatment of cancer by surgery, radium, and X-ray.

The ideal vehicle for the administration of the large funds necessary for the furtherance of the study of the principles involved, successful treatment for the prevention of cancer is, in my opinion, a privately controlled, nonprofit research foundation. Recently such a medical research foundation has been organized which recognizes the value of the two new avenues of approach to cancer mentioned above, and is now in the final stages of legalization. The foundation has been organized for medical research because of the feeling by its organizers that such a foundation devoted exclusively to medical research fulfills a definite need for the careful exploration of many important discoveries which

for an unnecessarily long period of time, have been, or may be, overlooked for lack of sufficient funds and a proper administrative vehicle devoted to the investigation of promising original work. Such work often has been considered unimportant or unorthodox by existing avenues of research that have remained closed to many worthwhile scientific workers.

The foundation mentioned will be devoted to the correction of the deficiency which allows, in our present American research practice, this delay of action in making known and clinically applicable important basic discoveries. In the very near future it is proposed to set up within the structure of the foundation an institute of dietetics devoted to the careful correlation of all biochemical and medical knowledge pertaining to the influences of the diet on cancerous growth and its various detrimental effects; at the foundation's institute of dietetics, this knowledge of its practical application will be taught to those dietitians, nurses, technicals, physicians and other cancer research workers who are interested in its approach to solving the problem of the cure and prevention of cancer. Such a foundation also insures both the hospital and the laboratory facilities which are so essential for the testing of new treatments which may conceivably influence favorably the course and symptoms of cancer. In such an environment a carefully controlled evaluation of promising methods of treatment of human cancer would be made available.

The history of medicine is filled with tragic errors which allow such a long time to elapse between the time of discovery of a basic principle and the actual medical application of the discovery for the good of mankind. To quote from a recent paper by Hammett (*Science*, vol. 103, No. 2685, p. 714):

"Nowhere today is this delay more unhappily evident than in the field of cancer research. The accumulated data of Rous, Shope, Coley, Bittner, Strong, Andervont, Green, Greene, Williams, Taylor, Furth, Twombly, Cowdry, Diller, Bawden, Pirie, Stanley, Wycoff, Kuritz, and others indicate beyond peradventure the path for getting at something of practical benefit to the cancer patient of the future other than surgery and radium."

Even the newly announced radioactive phosphorous cure of skin cancer and skin cancer only does not approach the deeper body cancer problem from a systemic or fundamental point of view but is a step forward in the local treatment of cancer.

It is obvious that the many potentialities inherent in the Gerson dietary regime for cancer patients should be explored and exploited to the fullest extent for the common good. In order that this new and highly encouraging approach to the problem of cancer cure and prevention be utilized on a statistically significant scale by both laboratory and clinical workers alike, sufficient funds must be made available for this work. This also holds true for the supplemental use of ultraviolet blood irradiation therapy in controlling secondary infections and certain toxic symptoms in cancer patients. These observations have become apparent to several distinguished physicians who have witnessed the effects of the Gerson diet on cancer patients and whose signed statements are also herewith enclosed.

Therefore, it is my carefully considered opinion that in view of the success so far and the excellent future promise of both the Gerson dietary regime and ultraviolet blood irradiation therapy, it would be unthinkable not to give major consideration to these new avenues of approach to the cancer problem in the research program contemplated by bill S. 1875.

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NEW YORK 21, N. Y., June 29, 1946.

Dr. GEORGE MILEY,  
Medical Director, Gotham Hospital,  
New York, N. Y.

DEAR DR. MILEY: In the last 6 months I have had occasion to observe several patients with advanced cancer treated by the Gerson dietary regime. While all of them did not respond to the treatment, the favorable results in some were very striking, much more so than otherwise could have been expected. I believe that this type of treatment should be investigated intensively and on a large scale as it presents many potentialities for the benefit of the cancer patient.

Sincerely,

JAMES V. RICCI, M. D.

NEW YORK, June 27, 1946.

Dr. GEORGE MILEY,  
New York, N. Y.

MY DEAR DR. MILEY: I have observed several cases of malignancy which have apparently been arrested by the Gerson diet, and I am convinced that every opportunity should be given to the continuation of this research.

Sincerely yours,

HUBERT S. HOWE, M. D.

NEW YORK, June 28, 1946.

Dr. GEORGE MILEY,  
Medical Director, the Gotham Hospital,  
New York 21, N. Y.

DEAR DR. MILEY: For over 3 years I have been observing the effects of the Gerson dietary regime on cancer patients, and it is my carefully considered opinion that many of these patients have been greatly benefited by this type of treatment. The method should be given an intensive trial, as it offers a new and promising approach to the hitherto unsolved problem of a successful treatment for cancer.

Sincerely yours,

ARTHUR L. WASHBURN, M. D.

NEW YORK 21, N. Y., June 27, 1946.

Dr. GEORGE MILEY,  
Medical Director, the Gotham Hospital,  
New York, N. Y.

DEAR DR. MILEY: As you know, I have closely followed the cases of malignancy under treatment by the Gerson diet, particularly the pulmonary ones. I have been much impressed by the apparent reduction of the tumor in several cases and the marked clinical improvement in many of the others. There certainly is a definite benefit in many instances, and it is my firm belief that the research must be continued along these lines.

With best regards, I am,  
Sincerely,

CHARLES P. BAILEY, M. D.

Senator PEPPER. Thank you very much, Dr. Miley. We appreciate your coming.

Dr. GERSON. I have here a letter from a doctor with whom I worked together 7 years, and he would like to give you his statement.

Senator PEPPER. All right. I will just put it in the record, then. Dr. Gerson hands me a letter from Dr. Heinrich F. Wolf, 667 Madison Avenue, New York, dated July 1, 1946, reading as follows:

For the last 7 years I have shared the same office with Dr. Max Gerson, and in that time I have had the opportunity, not only to observe nearly all the important cases treated by Dr. Gerson with his diet, but I have used the latter on my own patients.

The results in some chronic skin diseases, in some types of heart diseases and in some dangerous cases of high blood pressure, were astonishing. In some of my patients the blood pressure that had been up to 170 and 180, went down to 130 permanently, and the symptoms of headaches and dizziness disappeared entirely.

During the last 3 or 4 years, since Dr. Gerson paid particular attention to the effect of his dietary regime on benign and malignant tumors, I observed practically all of the tumor cases which he treated. I observed and supervised their X-rays and saw the patients at nearly every visit.

One of the first cases of malignant tumors was a Mr. Baldry (1942) who, after surgical removal of a mixed tumor of the left side of the neck, developed a metastatic tumor of the right lung which was diagnosed by X-ray and bronchoscopy. The tumor disappeared and there was no recurrence when we last heard from the patient about one year ago (1945).



In 1942 I saw one of his patients who had been operated on for cancer of the tonsils and subsequently treated by radium and X-ray which resulted in an X-ray ulcer about 2 inches in diameter. There were several metastasis in the glands of the neck. Under the dietary treatment the ulcer healed, the glands became very much smaller. After a year the patient left New York. Later I read in the papers that the patient died, 2 months ago.

Since then I have observed many cases of primary and metastatic cancer. I saw two patients, each with a colostomy which had been performed because the cancer had completely obstructed the lumen of the sigmoid and rectum.

I verified this personally by barium enemas carried out through the colostomy opening and the rectum.

In one case (H) the colostomy wound closed and normal passage of the bowels was established.

The other patient treated for about 9 months has gained weight. I had no opportunity to reexamine him as far as the local condition was concerned. I saw him last 3 weeks ago.

One of my own patients whom I referred to Dr. Gerson because she had been suffering from cancer of the stomach for half a year is doing well. I saw her 4 weeks ago.

One of Dr. Gerson's patients who upon a laminectomy was found to suffer from an inoperable malignant intramedullary glioma tumor, has regained the use of her arm which was paralyzed when I first saw her 7 months ago. I saw her last 2 weeks ago.

Among his patients I saw four cases of malignant brain tumor, one of them metastatic. Two seem to be now perfectly well, both of the others had their failing eyesight partly restored; the progress was arrested.

I saw three women who had been operated on for breast tumors, malignant and verified by biopsy, and who had had a recurrence. In all three the metastatic tumors in the lymph glands disappeared, in one of them also a local recurrence.

There were quite a number of failures also but they were in my opinion due to the fact that Dr. Gerson accepted for treatment patients who were so far gone that they were absolutely hopeless, even for the most optimistic observer.

I wish to mention that the dietary treatment is equally effective in benign tumors.

In one of two cases of goiter, the goiter disappeared. In the other the tumor shrunk to about one-third its size. In the first-mentioned case the diagnosis of malignancy was made in the Memorial Hospital, but the method used is not accepted as reliable.

In a case of Recklinghausen the neurofibromas in the face have practically disappeared.

In a case of myoma of the uterus of the size of a small watermelon, clearly outlined by X-ray films, the tumor has become much smaller.

This statement is not intended to give exhaustive summary of Dr. Gerson's work. It is not a copy of his records but a simple report of my personal observations for which I can vouch.

I am intentionally refraining from entering into the question of the theoretical foundation of this method but only report my personal observation of the facts.

HEINRICH F. WOLF, M. D.

Senator PEPPER. The witnesses who care to examine the testimony that they have given, as recorded by the reporter, can get access to the testimony in room 249, Senate Office Building, where it will be available tomorrow.

Dr. GERSON. Mr. Swing is present.

Senator PEPPER. Mr. Raymond Gram Swing, would you care to say anything on the general subject, here, of this bill, or anything related to it?

Mr. SWING. I can speak only as a layman.

Senator PEPPER. Of course, everyone knows the recognized ability of Raymond Gram Swing as one of our distinguished radio commentators in this country.



**STATEMENT BY RAYMOND GRAM SWING, RADIO NEWS  
COMMENTATOR**

**Mr. Swing.** I think this bill is one of the most encouraging expressions of intelligent democracy. I hope that it gets the full approval of Congress. It has an inspired work to do, and I want to say in particular that before I came here today I have seen some of the cancer patients of Dr. Gerson, and I believe that research along these lines is so necessary and so hopeful that I am delighted that you, Senator, have had the heart and the courage to bring the doctor here, and some of his patients; and I thank you for it.

**Senator PEPPER.** Thank you, Mr. Swing. We appreciate your coming.

The hearings will be recessed until 10 o'clock tomorrow morning, and we will have a number of distinguished witnesses at that time. That is expected to conclude the hearings on this bill. The hearing tomorrow will be in this room.

(Whereupon, at 1 p. m., the subcommittee recessed until tomorrow, Wednesday, July 3, 1946, at 10 a. m.)